

## 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



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 private foundations)

► Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2013

Open to Public Inspection

| A Fo                           | or the              | 2013 ca          | endar year, or tax year beginning                    | 01-01-2013 , 2013, and ending 12                                             | -31-2013     |                    |               |                               |
|--------------------------------|---------------------|------------------|------------------------------------------------------|------------------------------------------------------------------------------|--------------|--------------------|---------------|-------------------------------|
|                                | eck ıf a<br>dress c | applicable       | C Name of organization WHATCOM EDUCATIONAL CREDIT UN | ION                                                                          |              |                    | -             | entification number           |
| _                              | aress c<br>me cha   | -                | Doing Business As                                    |                                                                              |              | 91-0               | 71253         | 9                             |
|                                | tial retu           | _                |                                                      |                                                                              |              |                    |               |                               |
| _                              | rmınate             |                  | 600 EAST HOLLY STREET                                | ıl ıs not delivered to street address) Room/                                 | suite        | E Telepi           | none nun      | nber                          |
|                                |                     | return           | City or town, state or province, count               | ry, and ZIP or foreign postal code                                           |              | (360               | )676-         | 1168                          |
| ┌ Ap                           | plicatio            | n pending        | BELLINGHAM, WA 98227                                 |                                                                              |              | <b>G</b> Gross     | receints      | \$ 51,530,859                 |
|                                |                     |                  | <b>F</b> Name and address of princ                   | ipal officer                                                                 | H(a)         | Is this a grou     |               | <u> </u>                      |
|                                |                     |                  | JENNIFER KUTCHER<br>600 EAST HOLLY STREET            |                                                                              |              | subordinates       |               | ┌ Yes 🗸 No                    |
|                                |                     |                  | BELLINGHAM, WA 98227                                 |                                                                              | Н(Ь)         | Are all subord     | linates       | ┌ Yes ┌ No                    |
|                                |                     |                  |                                                      |                                                                              |              | ıncluded?          |               |                               |
|                                |                     | npt status       |                                                      | insert no ) 4947(a)(1) or 527                                                | 4            | If "No," attac     | h a list      | (see instructions)            |
| J W                            | ebsit               | e:► WV           | W WECU COM                                           |                                                                              | H(c)         | Group exemp        | tion nu       | mber ►                        |
| <b>K</b> For                   | m of or             | rganızatıor      | Corporation Trust Association                        | Other 🕨                                                                      | <b>L</b> Yea | ar of formation 1  |               | State of legal domicile<br>/A |
| Pa                             | rt I                | Sum              | mary                                                 |                                                                              |              |                    | V             | <u> </u>                      |
|                                |                     |                  | escribe the organization's mission                   | or most significant activities                                               |              |                    |               |                               |
|                                |                     | IT IS TH         | HE MISSION OF WHATCOM EDU                            | CATIONAL CREDIT UNION TO PI                                                  | ROVIDET      | HE MEANS F         | ORME          | MBERS TO ACHIEVE              |
| 2                              |                     | IHEIRI           | DREAMS                                               |                                                                              |              |                    |               |                               |
| Ĕ                              |                     |                  |                                                      |                                                                              |              |                    |               |                               |
| Ē.                             |                     | Charlet          | b <b>b</b>                                           |                                                                              | 1 - 6 1      | .h 2 F.0/f.t       |               |                               |
| Governance                     | 2                   | Cneckt           | nis box 🞮 - if the organization disc                 | continued its operations or disposed                                         | or more t    | nan 25% of it      | s net a       | ssets                         |
|                                | 3                   | Number           | of voting members of the governir                    | ng body (Part VI, line 1a)                                                   |              |                    | 3             | 9                             |
| Ee≥                            | 4                   | Number           | of independent voting members of                     | f the governing body (Part VI, line 1                                        | b)           |                    | 4             | S                             |
| Activities &                   | 5                   | Total nu         | mber of individuals employed in ca                   | alendar year 2013 (Part V, line 2a)                                          |              |                    | 5             | 353                           |
| ä                              | 6                   | Total nu         | mber of volunteers (estimate if ne                   | cessary)                                                                     |              |                    | 6             | 4                             |
|                                | 7a                  | Total un         | related business revenue from Pa                     | rt VIII, column (C), line 12                                                 |              |                    | 7a            | С                             |
|                                | Ь                   | Net unre         | lated business taxable income fro                    | om Form 990-T, line 34                                                       | <u></u>      |                    | 7b            | C                             |
|                                |                     |                  |                                                      |                                                                              |              | Prior Year         |               | Current Year                  |
| g <sub>i</sub>                 | 8                   |                  |                                                      | e 1 h)                                                                       |              |                    | 0             | 0                             |
| ă Lie                          | _                   |                  |                                                      | e 2g)                                                                        |              | 53,852             |               | 50,040,476                    |
| Revenue                        | 10                  |                  |                                                      | (A), lines 3, 4, and 7d)                                                     | • —          | 720                | ,777          | 840,474                       |
| _                              | 11                  |                  | revenue (Part VIII, column (A), li                   | ines 5, 6d, 8c, 9c, 10c, and 11e)<br>must equal Part VIII, column (A), li    |              |                    | 0             | 56,198                        |
|                                | 12                  |                  |                                                      |                                                                              |              | 54,573             | ,748          | 50,937,148                    |
|                                | 13                  |                  |                                                      | X, column (A), lines 1-3)                                                    |              |                    | 0             | 0                             |
|                                | 14                  | Benef            | ts paid to or for members (Part IX                   | , column (A), line 4)                                                        |              |                    | 0             | 0                             |
| ø                              | 15                  |                  |                                                      | e benefits (Part IX, column (A), lines                                       | ;            | 18,194             | 350           | 19,861,907                    |
| Expenses                       | 16a                 | 5-10<br>Profes   |                                                      | olumn (A), line 11e)                                                         |              | 10,151             | 0             | 13,301,307                    |
| ÷                              | Ь                   |                  | indraising expenses (Part IX, column (D),            |                                                                              | _            |                    |               |                               |
| ш                              | 17                  |                  |                                                      | nes 11a-11d, 11f-24e)                                                        | . —          | 19,481             | ,646          | 17,337,305                    |
|                                | 18                  |                  |                                                      | t equal Part IX, column (A), line 25)                                        |              | 37,675             |               | 37,199,212                    |
|                                | 19                  |                  |                                                      | 8 from line 12                                                               |              | 16,897             |               | 13,737,936                    |
| <u>ኞ</u>                       |                     |                  |                                                      |                                                                              |              | inning of Curr     | ent           | End of Year                   |
| Net Assets or<br>Fund Balances | ]                   | T - 4 - 1        | needs (Dest V. Lees 4.5)                             |                                                                              |              | Year               | 603           |                               |
| Ass<br>JBa                     | 20                  |                  |                                                      |                                                                              |              | 883,830<br>727,119 | _             | 977,324,219<br>806,368,475    |
| 製造                             | 22                  |                  |                                                      | ne 21 from line 20                                                           |              | 156,710            |               | 170,955,744                   |
|                                | 72<br>71 III        |                  | ature Block                                          |                                                                              |              | 130,710            | ,- ' '        | 2.0,555,744                   |
| my k                           | nowle<br>arer h     | dge and as any k | belief, it is true, correct, and comp<br>nowledge    | mined this return, including accompa<br>plete Declaration of preparer (other |              |                    |               |                               |
|                                |                     |                  | e or print name and title                            |                                                                              |              |                    |               |                               |
|                                |                     |                  | Print/Type preparer's name<br>ANIS ISAACSON          | Preparer's signature                                                         | Date         | Check If           | PTIN<br>P0008 | 9104                          |
| Pai                            |                     | i i              | Firm's name                                          | <u> </u><br>LP                                                               |              | self-employed      |               |                               |
|                                | pare                | er               |                                                      |                                                                              |              | Dhone (C)          | 12) 200 2     | 1249                          |
| Ile                            | : On                | dv 🗀             | Firm's address 🟲 20 E THOMAS RD STE 23               | 5UU                                                                          |              | Phone no (60       | 12) 266-2     | 240                           |

PHOENIX, AZ 85012

May the IRS discuss this return with the preparer shown above? (see instructions)  $\,$  .

✓ Yes ☐ No

4d

Other program services (Describe in Schedule O )

| orm 9                                          | 90 (2                                                                                                                                                     | (2013)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Р                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | age <b>2</b>                                                  |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Part                                           | Ш                                                                                                                                                         | Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | .اح                                                           |
| ENCO<br>BEING<br>ADMI<br>STAT<br>ARE C<br>DEPO | COM<br>URAG<br>AND<br>NISTR<br>OF V<br>ONSU                                                                                                               | fly describe the organization's mission  MEDUCATIONAL CREDIT UNION (WECU) IS A MEMBER-OWNED FINANCIAL COOPERATIVE WHERE MISSED TO SAVE AND BORROW RESPONSIBLY AT FAIR AND COMPETITIVE RATES, IMPROVING THEIR DESTANDED OF LIVING THIS STATE-CHARTERED CREDIT UNION IS A MEMBER OF THE NATIONAL TRATION SHARE INSURANCE FUND, AND IS REGULATED BY THE NATIONAL CREDIT UNION ASSOCIES WASHINGTON DEPARTMENT OF FINANCIAL INSTITUTIONS - DIVISION OF CREDIT UNIONS WECUS SUMER LOANS, REAL ESTATE LOANS AND COMMERCIAL LOANS TO MEMBERS, WHICH ARE PRIMARIES FROM MEMBERS FINANCIAL EDUCATION AND COMMUNITY SERVICE ARE ALSO AN INTEGRAL PACKES ONS AND SPIRIT OF SERVICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FINANCIAL WE<br>L CREDIT UNIO<br>IATION, AND TH<br>J'S MAIN PRODU<br>LY FUNDED BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | N<br>I E                                                      |
|                                                |                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                               |
| 3                                              | the pri<br>If "Yes<br>Did thi<br>servic                                                                                                                   | the organization undertake any significant program services during the year which were not listed on orion Form 990 or 990-EZ?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 「Yes ▽ No<br>「Yes ▽ No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                               |
| 4                                              | Descri<br>expen:                                                                                                                                          | cribe the organization's program service accomplishments for each of its three largest program services, as r<br>enses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocat<br>total expenses, and revenue, if any, for each program service reported                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                               |
| 4a                                             | OFFER<br>ANNUA<br>PURCH<br>WITH<br>BE FIN<br>IS NOT<br>MANAG<br>SEMIN<br>VISAS<br>A VISA<br>APPLIC<br>GOOD<br>APPLIC<br>WE HA                             | including grants of \$ ) (Revenue \$  DIT CARD LOANS WECU OFFERS A CREDIT BUILDER LOAN SOLUTION FOR CLASSIC VISA CARDS TO ASSIST MEMBERS WITH ESTABLE ERS THREE TYPES OF CREDIT CARDS - CLASSIC, PLATINUM, AND BUSINESS EACH CARD INCLUDES THE FOLLOWING 1% CASH BAC UAL FEE, LOW FIXED ANNUAL PERCENTAGE RATE (APR), 25 DAY GRACE PERIOD, LOW MONTHLY PAYMENTS, TRAVEL ACCIDENT INSI CHASE TRAVEL TICKETS WITH YOUR WECU VISA, SECURE ONLINE SHOPPING WITH VERIFIED BY VISA, OPTIONAL PAYMENT PROTECT H E-MAX ONLINE BANKING, MOBILE BANKING AND TELE-MAX AUDIO RESPONSE, AND LOCAL SERVICE YOU CAN TRUST WECU STRIVE FINANCIALLY RESPONSIBLE IN 2001, WECU LAUNCHED A STUDENT VISA PROGRAM WITH OUR CLASSIC VISA CARD THE GOAL OF OU OT TO PROMOTE SPENDING, BUT RATHER TO PROVIDE KNOWLEDGE AND AN OPPORTUNITY FOR OUR YOUNG MEMBERS TO LEARN A RAGEMENT AND MAINTAINING GOOD CREDIT OUR PROGRAM IS DESIGNED FOR MEMBERS 16 AND 17 YEARS OF AGE, AND BEGINS W INAR STUDENTS ARE REQUIRED TO ATTEND THE SEMINAR, AND WE STRONGLY ENCOURAGE LEGAL GUARDIANS OR PARENT(S) TO: A SEMINAR COVERS MANY TOPICS, FROM THE DEFINITION OF CREDIT, TO CREDIT SCORES, HOW LOANS WORK, MONEY MANAGEME SA CARD, AND WHAT TO DO IF YOUR CARD IS LOST OR STOLEN UPON SUCCESSFUL COMPLETION OF THE STUDENT VISA SEMINAR, LICATION WITH PROOF OF INCOME OR PARENT/LEGAL GUARDIAN AS CO-BORROWER, STUDENTS CAN APPLY FOR A \$500 CLASSIC VIS LICATION WITH PROOF OF INCOME OR PARENT/LEGAL GUARDIAN AS CO-BORROWER, STUDENTS CAN APPLY FOR A \$500 CLASSIC VIS LICATION WITH PROOF OF INCOME OR PARENT/LEGAL GUARDIAN AS CO-BORROWER THIS PROGRAM HAS BEEN SUCCESSFUL, AND HAVE 130 STUDENT VISA ACCOUNTS WECU HAS APPROXIMATELY A 27% MEMBER PENETRATION IN OUR CREDIT CARD PROGRAM A R 12,000 NEW VISA ACCOUNTS FOR OUR MEMBERS, WITH NEW CREDIT LIMITS TOTALING OVER \$4 9 MILLION                                                                                                                                                                                                                                                          | CK ON PURCHASES, I<br>URANCE WHEN YOU<br>TION, 24 HOUR ACCI<br>ES TO EDUCATE YOU<br>JR STUDENT VISA PR<br>ABOUT MONEY<br>VITH AN EDUCATIONA<br>ATTEND THE STUDE<br>ENT SKILLS, THE BENI<br>AND EITHER A COMI<br>SAND EITHER A COMI<br>STUDENT VISA THE C<br>SA BY FILLING OUT A<br>AS OF THE END OF 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | NO ESS ITH TO OGRAM AL ENT EFIT OF PLETED CARD IS NEW 2013,   |
| 4b                                             | CREDI<br>VERY (<br>ROLE :<br>WECU<br>BALAN                                                                                                                | de ) (Expenses \$ including grants of \$ ) (Revenue \$ ER CONSUMER LOANS WECU OFFERS A CREDIT BUILDER LOAN SOLUTION FOR AUTO LOANS TO ASSIST MEMBERS WITH ESTABLISH OUT ACTIVITY ALONG WITH CREDIT CARD LOANS, WECU OFFERS AUTO, BOAT, RV, PERSONAL, SECURED, TIMELINE, AND OTHER COMPETITIVE RATES, AND OFTEN FUND VERY SMALL LOANS THAT OTHER FINANCIAL INSTITUTIONS WOULD NOT IN THIS CAPACITE IN THE MICRO-LENDING ECONOMY IN 2013, WE ISSUED 4,317 CONSUMER LOANS (EXCLUDING CREDIT CARDS) TO OUR MEMBERS OU ALSO PROVIDES ACCESS TO THE BALANCE FINANCIAL FITNESS PROGRAM FREE OF CHARGE TO MEMBERS PROFESSIONAL FINANCIAL FITNESS PROVIDE DIRECTION AND SUPPORT TO ANY OF OUR MEMBERS WHO NEED HELP MANAGING THEIR DEBT AND GETTING THEIR TRACK IN 2013, THERE WERE 1,091 INSTANCES OF MEMBERS USING THIS SERVICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ONSUMER LOANS WE<br>TY, WECU FILLS A CR<br>RS, TOTALING \$46 MI<br>CIAL COUNSELORS AT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | E HAVE<br>RITICAL<br>ILLION<br>F                              |
| 4c                                             | (Code                                                                                                                                                     | de ) (Expenses \$ including grants of \$ ) (Revenue \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                               |
|                                                | FOR C<br>SKAGI<br>BUSIN<br>PORTF<br>LOANS<br>FAST A<br>FEES,<br>DURIN<br>MORTO<br>OF 20:<br>PENET<br>ADDIT<br>PROMI<br>THE H<br>PROVI<br>\$10,00<br>ADDIT | CU OFFERS SEVERAL TYPE OF BUSINESS LOANS - COMMERCIAL REAL ESTATE, LINES OF CREDIT, COMMERCIAL TERM LOANS, LAND/L COMMERCIAL REAL ESTATE LOANS WECU FACILITATES LOANS THROUGH THE SBA 504 LOAN PROGRAM, OFFERS LOANS FOR PROPEI GIT COUNTIES, OFFICE BUILDINGS, CONDOS, 1-4 AND 5-FAMILY NON-OWNER-OCCUPIED PROPERTIES AND OTHERS AT THE END O INESS LOAN PORTFOLIO CONSISTED OF 451 LOANS FOR A TOTAL OF \$166 MILLION WECU HAS SEEN A STEADY GROWTH IN ITS MEM TFOLIO SINCE ITS INCEPTION IN MAY 2001 THIS GROWTH SERVES AS EVIDENCE TO THE NEED FOR A LOCAL FINANCIAL INSTITUTIONS WITH LOW FEES AND COMPETITIVE RATES OUR BUSINESS MEMBERS CAN ALSO TAKE ADVANTAGE OF PROGRAMS LIKE FREE ONLING AND FREE CHECK PAYMENT SERVICE REAL ESTATE LOANS WECU OFFERS RESIDENTIAL REAL ESTATE LOANS WITH VERY COMPETINGS, MEMBER EDUCATION SEMINARS RELATED TO BUYING A HOME, AND HOME \$TART PROGRAM LOANS THROUGH THE FEDERAL HOMING 2013, WE FUNDED OVER 1,150 RESIDENTIAL FIRST MORTGAGES TO OUR MEMBERS AT THE END OF 2013, WECU HAD OVER 2,2013, WE WERE ALSO SERVICING AN ADDITIONAL 1,974 IN SOLD RESIDENTIAL FIRST MORTGAGES TO OUR MEMBERSHIP PORTFOLIO DETAILS OF THE AVERAGE BALANCE OF RESIDENTIAL FIRST MORTGAGE LOANS BEING SERVICED BY WECU IS APPROVATION, WECU PARTICIPATES IN HOME\$TART HOME\$TART IS A JOINT PROGRAM THROUGH THE FEDERAL HOME LOAN BANK OF SEAT MOTES HOMEOWNERSHIP BY HELPING HOMEBUYERS EARNING UP TO 80% OF THE AREA'S MEDIAN INCOME, ADJUSTED FOR FAMILY HOME\$TART PROGRAM PROVIDES \$3 00 FOR EVERY \$1 00 OF A HOMEBUYER'S DEMONSTRATED FUNDS, UP TO \$5,000 THE HOME\$ HOME\$TART PROGRAM PROVIDES \$3 00 FOR EVERY \$1 00 OF A HOMEBUYER'S DEMONSTRATED FUNDS, UP TO \$5,000 THE HOME\$100 HOME\$TART GRANTS MAY BE USED FOR DOWN PAYMENTS, CLOSING COSTS, OR REHABILITATION OF AN OWNER-OCCUPIED OF THE HOMEBUYER'S DEMONSTRATED FUNDS WITH INDIVIDUAL COUNSELING SESSION BLING OUR NEIGHBORHOOD FAMILIES REALIZE THE "AMERICAN DREAM OF HOMEOWNERSHIP"                                                                                                                              | RTIES IN WHATCOM  PF 2013, WECU'S MEI  WHER BUSINESS LOAM  ON OFFERING BUSINI  LINE BILL PAY - SCHE  ITIVE RATES AND LOV  E LOAN BANK OF SEA  ,585 RESIDENTIAL FII  HOWEVER, AS OF TH  OUR OVERALL REAL E  DIXIMATELY \$159,947  ITLE THE PROGRAM  Y SIZE, PURCHASE AI  STRATED FUNDS, UP  HOUSING UNIT IN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | AND MBER N ESS EDULED, N ATTLE RST HE END ESTATE IN HOME M TO |
|                                                | (Code                                                                                                                                                     | de ) (Expenses \$ including grants of \$ ) (Revenue \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                               |
|                                                | COMM<br>AND S<br>BUILD:<br>EDUCA<br>PARTN<br>COMM<br>NEIGH                                                                                                | MUNITY INVOLVEMENT WHILE TECHNICALLY NOT A CHARTERED SERVICE, IT SHOULD BE HIGHLIGHTED THAT WECU'S PASSIONATE MUNITY SERVICE IS MANIFESTED IN THE SUPPORT OF A LARGE NUMBER OF LOCAL EDUCATION, HEALTH, AND COMMUNITY CONCEINS SCHOLARSHIPS TOTALED OVER \$290,911 IN 2013, AND WERE MADE TO APPROXIMATELY 200 ORGANIZATIONS WECU IS A MAJOR PLOIDING COALITION AND A MAJOR PARTNER WITH THE COMMUNITY ACTION AGENCY, OPPORTUNITY COUNCIL PROJECTS INCLUDE FROM COALITION PRESENTATIONS, PRODUCTION OF FREE FINANCIAL EDUCATION PORTERS AND BROCHURES PROMOTING FREE TAX FILING OF THE SHIP WITH AARP WECU'S SOCIAL RESPONSIBILITY COORDINATOR IS A CUNA CERTIFIED CREDIT UNION FINANCIAL COUNSELGE INMUNITY PRESENTATIONS A MONTH WITH VARIOUS GROUPS WECU'S TWO EDUCATION CENTERS OFFER SPACE IN WHICH LOCAL NOT SHOULD BE | RNS WECU'S DONAT<br>LAYER IN THE LOCAL<br>REQUENT FREE FINAI<br>ASSISTANCE IN<br>DR AND AVERAGED 6<br>DN-PROFIT, OR<br>ON, WECU PROVIDES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ASSET<br>NCIAL<br>FREE<br>MANY                                |
|                                                | (Code                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                               |
|                                                | INCOM<br>ACCOU<br>MONTH<br>ACCOU<br>AND T<br>ACCOU<br>ACCES<br>OR WI<br>MEMBI                                                                             | CKING ACCOUNTS/DEBIT CARDS WECU TRULY STRIVES TO MEET THE NEEDS OF THE UNDERSERVED OUR CREDIT UNION HAS BEED OME CREDIT UNION" (LICU), RECOGNIZING THAT OVER 50% OF THE CREDIT UNIONS MEMBERSHIP ARE PART OF LOW-INCOME HOLD OUNTS AT WECU OFFER MAXIMUM CONVENIENCE WITH NO OR FEW FEES WE HAVE FIVE CHECKING ACCOUNT OPTIONS REGULAR ITHLY SERVICE FEES OR PER CHECK CHARGES, CHECK PLUS, WHICH IS DIVIDEND BEARING, AND IF YOU MAINTAIN A CERTAIN MIN ITH, THERE IS NO MONTHLY SERVICE FEE, MONEY MARKET CHECKING, BUSINESS ECONOMY CHECKING, AND BUSINESS BASIC CHECOUNTS ARE MADE MORE CONVENIENT WITH OUR MOBILE BANKING, DEPOSIT TAKING ATM'S, VISA DEBIT CARD, AROUND THE CLOCOUNTS ARE MADE MORE CONVENIENT WITH OUR MOBILE BANKING, DEPOSIT TAKING ATM'S, VISA DEBIT CARD, AROUND THE CLOCOUNTS OUR VISA DEBIT CARD IS AN ATM CARD, A DEBIT CARD, AND AN ELECTRONIC CHECK ALL ROLLED INTO ONE WITH THIS CASES TO MORE THAN 25,000 SURCHARGE-FREE ATMS THROUGHOUT THE UNITED STATES AND CANADA OUR VISA DEBIT CARDS ARE WITHDRAWALS COME DIRECTLY OUT OF OUR MEMBERS' CHECKING ACCOUNT WECU NOW OWNS 17 ATMS THROUGHOUT WHATCO HEERS HAVE SURCHARGE-FREE ACCESS TO ALL ATMS THAT DISPLAY THE CO-OP NETWORK LOGO ABOUT 79% OF OUR ADULT MEME VICE WITH WECU IN ALL, THERE ARE OVER 52,863 MEMBERS WITH CHECKING SERVICE, AND OVER 45,397 VISA DEBIT CARD HOLD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | USEHOLDS CHECKING CHECKING WITH NO ITHING CHECKING CHECKING CK ACCESS WITH E-MON ALL CHECKING ARD, MEMBERS HAVE ON OUTH, AND OUTBERS HAVE A CHECKING CHECKING ARD, MEMBERS HAVE A CHECKING COUNTY, AND OUTBERS HAVE A CHECKING CHECK | NG<br>O<br>H<br>IAX<br>E<br>IASES<br>R                        |

Total program service expenses ▶ 4e

) (Revenue \$

including grants of \$

Form **990** (2013)

# 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)? If "Yes," complete Schedule A                                                                                                                                                                         | 1   |     | Νo |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?                                                                                                                                                                                                         | 2   |     | No |
| 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 $I^{\bullet}$                                                                                                          | 3   | Yes |    |
| 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? <i>If "Yes," complete Schedule C, Part III</i>                                                                        | 5   |     | No |
| 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? <i>If "Yes," complete Schedule D, Part I</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? If "Yes," complete Schedule D, Part II                                                                                            | 7   |     | No |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 2                                                                                                                                                | 8   |     | No |
| 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   |     | No |
| 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  |     | No |
| 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                                                                                                                                                            |     |     |    |
| a   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI                                                                                                                                                                      | 11a | Yes |    |
| 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 | Yes |    |
| c   | 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 |     | No |
| 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 16? If "Yes," complete Schedule D, Part IX                                                                                                                      | 11d |     | No |
| e   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $X^{\bullet}$                                                                                                                                                                         | 11e | Yes |    |
| 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 | Yes |    |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII                                                                                                                                                         | 12a | Yes |    |
| 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 |     | No |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$                                                                                                                                                                                                       | 13  |     | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                                                                               | 14a |     | No |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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 | 14b |     | No |
| 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 foreign organization? If "Yes," complete Schedule F, Parts II and IV                                                                                                            | 15  |     | No |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> " <i>Yes," complete Schedule F, Parts III and IV</i>                                                                                       | 16  |     | No |
| 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 (see instructions)                                                                                             | 17  |     | No |
| 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 "Yes," complete Schedule G, Part II</i>                                                                                                                     | 18  |     | No |
| 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  |     | No |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                                                                                                                                                                                               | 20a |     | No |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                                                                                              | 20b |     |    |

| Par | t IV Checklist of Required Schedules (continued)                                                                                                                                                                                                                                                          |     |     |    |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                                                                                                      | 21  |     | No |
| 22  | Did the organization report more than \$5,000 of grants or 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  |     | No |
| 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? <i>If "Yes," complete Schedule J</i>                                               | 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a                            | 24a |     | No |
| b   | 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 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 | <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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  | 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, 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 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  |     | No |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)                                                                                                              |     |     |    |
| а   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part  IV                                                                                                                                                                                                  |     |     |    |
|     |                                                                                                                                                                                                                                                                                                           | 28a |     | No |
|     | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV                                                                                                                                                                                | 28b | Yes |    |
| С   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV                                                                                    | 28c | Yes |    |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$                                                                                                                                                                                                | 29  |     | Νo |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>                                                                                                                           | 30  |     | No |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I                                                                                                                                                                                        | 31  |     | No |
| 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  |     | No |
| 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  |     | No |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1                                                                                                                                                                  | 34  |     | No |
| 35a | Did the organization have a controlled entity within the meaning of section $512(b)(13)$ ?                                                                                                                                                                                                                | 35a |     | No |
| b   | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2                                                                                         | 35b |     |    |
| 36  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2                                                                                                                                  | 36  |     |    |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization                                                                                                                                                                                          |     |     |    |
|     | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI                                                                                                                                                                                              | 37  |     | No |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?                                                                                                                                                                                            | 20  | Yes |    |

| 9. | 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  | ]<br>No |
| .a | Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   26,851                                                                                                                                                                            |            | 1 63 | 140     |
|    | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0                                                                                                                                                                                  |            |      |         |
|    | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable                                                                                                                                                           |            |      |         |
|    | gaming (gambling) winnings to prize winners?                                                                                                                                                                                                                          | <b>1</b> c | Yes  |         |
|    | 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                                                                                         |            |      |         |
| )  | 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 (see instructions)                                             | 2b         | Yes  |         |
| 1  | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                                                         | За         |      | No      |
| )  | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O                                                                                                                                                           | 3b         |      |         |
| 3  | 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         |      | No      |
| )  | 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                                                                                                                                                         |            |      |         |
| ı  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                                                 | 5a         |      | No      |
| )  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                                                      | 5b         |      | No      |
| :  | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                                                    |            |      |         |
| •  |                                                                                                                                                                                                                                                                       | 5с         |      |         |
|    | 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 as charitable contributions?                                                           | 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                                                                        | 7a         |      |         |
|    | services provided to the payor?                                                                                                                                                                                                                                       | 7a<br>7b   |      |         |
|    | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to                                                                                                                                                  |            |      |         |
|    | file Form 8282?                                                                                                                                                                                                                                                       | 7c         |      |         |
| ı  | If "Yes," indicate the number of Forms 8282 filed during the year   7d                                                                                                                                                                                                |            |      |         |
|    |                                                                                                                                                                                                                                                                       |            |      |         |
| •  | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                                                       | 7e         |      |         |
|    | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                                          | 7f         |      |         |
|    | 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 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.                                                                                                                                                                                                             |            |      |         |
|    | Did the organization make any taxable distributions under section 4966?                                                                                                                                                                                               | 9a         |      |         |
|    | 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                                                                                                                                                                                        |            |      |         |
|    | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities                                                                                                                                                                           |            |      |         |
|    | Section 501(c)(12) organizations. Enter                                                                                                                                                                                                                               |            |      |         |
|    | Gross income from members or shareholders                                                                                                                                                                                                                             |            |      |         |
| )  | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )                                                                                                                                          |            |      |         |
| 1  | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                                            | 12a        |      |         |
| )  | If "Yes," enter the amount of tax-exempt interest received or accrued during the year                                                                                                                                                                                 |            |      |         |
|    | Section 501(c)(29) qualified nonprofit health insurance issuers.                                                                                                                                                                                                      |            |      |         |
|    | Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O                                                                                | 13a        |      |         |
| ,  | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans                                                                                                             |            |      |         |
|    | Enter the amount of reserves on hand                                                                                                                                                                                                                                  |            |      |         |
|    | Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                                                            | 14a        |      | No      |
|    | If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O                                                                                                                                                             | 14h        |      |         |

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

| Check if Schedule O contains a response or note to any line in this Part VI |  |  |  |  |  |  | <u>.</u> ア |
|-----------------------------------------------------------------------------|--|--|--|--|--|--|------------|
|                                                                             |  |  |  |  |  |  |            |

| 36  | ction A. Governing Body and Management                                                                                                                                                                                                                                                       |          |        |     |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------|-----|
|     |                                                                                                                                                                                                                                                                                              |          | Yes    | No  |
| 1a  | Enter the number of voting members of the governing body at the end of the tax  1a  9                                                                                                                                                                                                        |          |        |     |
|     | year                                                                                                                                                                                                                                                                                         |          |        |     |
|     | 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                                                                             |          |        |     |
| ь   | Enter the number of voting members included in line 1a, above, who are                                                                                                                                                                                                                       |          |        |     |
|     | ındependent                                                                                                                                                                                                                                                                                  |          |        |     |
| 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        | Yes    |     |
| 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        |        | No  |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                                                                                                                                                                             | 4        |        | No  |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's assets?                                                                                                                                                                                   | 5        |        | No  |
| _   |                                                                                                                                                                                                                                                                                              | $\vdash$ | V      | NO  |
| 6   | Did the organization have members or stockholders?                                                                                                                                                                                                                                           | 6        | Yes    |     |
| /a  | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?                                                                                                                                           | 7a       | Yes    |     |
| ь   | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,                                                                                                                                                                              | 7b       | Yes    |     |
|     | or persons other than the governing body?                                                                                                                                                                                                                                                    |          |        |     |
| 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        |        | No  |
| Se  | ection B. Policies (This Section B requests information about policies not required by the Internal R                                                                                                                                                                                        | evenu    | ıe Cod | e.) |
|     |                                                                                                                                                                                                                                                                                              |          | Yes    | No  |
| 10a | Did the organization have local chapters, branches, or affiliates?                                                                                                                                                                                                                           | 10a      | Yes    |     |
| b   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?                                                                   | 10b      | Yes    |     |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?                                                                                                                                                                  | 11a      | Yes    |     |
| ь   | Describe in Schedule O the process, if any, used by the organization to review this Form 990                                                                                                                                                                                                 |          |        |     |
|     | Did the organization have a written conflict of interest policy? If "No," go to line 13                                                                                                                                                                                                      | 12a      | Yes    |     |
|     | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give                                                                                                                                                                             | 12b      | Yes    |     |
| c   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe                                                                                                                                                                           |          |        |     |
| 4.0 | In Schedule O how this was done                                                                                                                                                                                                                                                              | 12c      | Yes    |     |
| 13  | Did the organization have a written whistleblower policy?                                                                                                                                                                                                                                    | 13       | Yes    |     |
| 14  | Did the organization have a written document retention and destruction policy?                                                                                                                                                                                                               | 14       | Yes    |     |
| 15  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                                                         |          |        |     |
| а   | The organization's CEO, Executive Director, or top management official                                                                                                                                                                                                                       | 15a      | Yes    |     |
| b   | Other officers or key employees of the organization                                                                                                                                                                                                                                          | 15b      | Yes    |     |
|     | If "Yes" to line 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 arrangement with a taxable entity during the year?                                                                                                                                        | 16a      |        | No  |
| b   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16       |        |     |
|     |                                                                                                                                                                                                                                                                                              | 16b      |        |     |
|     | Light the Chates with which a conventable Form COO is marriaged to be filed.                                                                                                                                                                                                                 |          |        |     |
| 17  | List the States with which a copy of this Form 990 is required to be filed▶                                                                                                                                                                                                                  |          |        |     |
| 18  | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)                                                                                                                                                                                  |          |        |     |

- - Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►JENNIFER KUTCHER PRESIDENTCEO 600 E HOLLY STREET BELLINGHAM, WA 982279750 (360)756-7716

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

Check if Schedule O contains a response or note to any 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

- 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, 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 neither the organization nor any related organization compensated any current officer, director, or trustee

| (A) (B) (C) (D) (E) Name and Title Average Position (do not check Reportable Reportable |                                                                 |                                   |                       |                    |                      |                              |                 |                                                                       | (F)                                                                        |                                                 |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------|-----------------------|--------------------|----------------------|------------------------------|-----------------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------|
| Name and Title                                                                          | A verage<br>hours per<br>week (list<br>any hours<br>for related | more<br>pers<br>and               | than<br>on is         | one<br>bot<br>ecto | box<br>h an<br>or/tr | , unle<br>offic<br>ustee     | ess<br>er<br>e) | Reportable<br>compensation<br>from the<br>organization<br>(W- 2/1099- | Reportable<br>compensation<br>from related<br>organizations<br>(W- 2/1099- | Estimated amount of other compensation from the |
|                                                                                         | organizations<br>below<br>dotted line)                          | Individual trustee<br>or director | Institutional Trustee | Officei            | Ke) employee         | Highest compensated employee | Former          | MISC)                                                                 | ` Misc)                                                                    | organization<br>and related<br>organizations    |
| (1) KRISTI LEWIS TYRAN                                                                  | 4 00                                                            | х                                 |                       |                    |                      |                              |                 | 0                                                                     | 0                                                                          | 0                                               |
| DIRECTOR                                                                                |                                                                 |                                   |                       |                    |                      |                              |                 |                                                                       |                                                                            |                                                 |
| (2) CATHIE OBERG                                                                        | 4 00                                                            | x                                 |                       |                    |                      |                              |                 | 0                                                                     | 0                                                                          | 0                                               |
| BOARD CHAIR (3) JAMES WALSH                                                             | 4.00                                                            |                                   |                       |                    |                      |                              |                 |                                                                       |                                                                            |                                                 |
| DIRECTOR                                                                                | 4 00                                                            | ×                                 |                       |                    |                      |                              |                 | 0                                                                     | 0                                                                          | 0                                               |
| (4) DAVID WASCHKE                                                                       | 4 00                                                            |                                   |                       |                    |                      |                              |                 |                                                                       |                                                                            |                                                 |
| DIRECTOR                                                                                |                                                                 | X                                 |                       |                    |                      |                              |                 | 0                                                                     | 0                                                                          | 0                                               |
| (5) BRUCE BURPEE                                                                        | 4 00                                                            | ×                                 |                       |                    |                      |                              |                 | 0                                                                     | 0                                                                          | 0                                               |
| DIRECTOR                                                                                |                                                                 | ^                                 |                       |                    |                      |                              |                 |                                                                       | O                                                                          | 0                                               |
| (6) ASHOK KHANNA                                                                        | 4 00                                                            | х                                 |                       |                    |                      |                              |                 | 1,569                                                                 | 0                                                                          | 0                                               |
| DIRECTOR                                                                                |                                                                 |                                   |                       |                    |                      |                              |                 |                                                                       |                                                                            |                                                 |
| (7) PHILIP ISLE                                                                         | 4 00                                                            | ×                                 |                       |                    |                      |                              |                 | 1,857                                                                 | 0                                                                          | 0                                               |
| BOARD VICE-CHAIR (8) DALE ZENDER                                                        | 4 00                                                            |                                   |                       |                    |                      |                              |                 |                                                                       |                                                                            |                                                 |
| BOARD SECRETARY                                                                         |                                                                 | X                                 |                       |                    |                      |                              |                 | 1,788                                                                 | 0                                                                          | 0                                               |
| (9) HARTWELL BRESSLER                                                                   | 4 00                                                            |                                   |                       |                    |                      |                              |                 |                                                                       |                                                                            |                                                 |
| DIRECTOR                                                                                |                                                                 | X                                 |                       |                    |                      |                              |                 | 2,101                                                                 | 0                                                                          | 0                                               |
| (10) WAYNE LANGEI                                                                       | 40 00                                                           |                                   |                       |                    |                      |                              |                 |                                                                       |                                                                            |                                                 |
| PRESIDENT/CEO                                                                           |                                                                 |                                   |                       | Х                  |                      |                              |                 | 1,342,849                                                             | 0                                                                          | 40,080                                          |
| (11) ROBERT LANGEI                                                                      | 60 00                                                           |                                   |                       |                    |                      |                              |                 |                                                                       |                                                                            |                                                 |
| EVP/CFO                                                                                 |                                                                 |                                   |                       | Х                  |                      |                              |                 | 207,967                                                               | 0                                                                          | 30,468                                          |
| (12) KATHLEEN GAVIN                                                                     | 40 00                                                           |                                   |                       |                    |                      |                              |                 |                                                                       |                                                                            |                                                 |
| SENIOR VP                                                                               |                                                                 |                                   |                       |                    | Х                    |                              |                 | 310,662                                                               | 0                                                                          | 34,492                                          |
| (13) JEFF DYKSTRA                                                                       | 60 00                                                           |                                   |                       |                    |                      | ,,                           |                 | 202 550                                                               |                                                                            | 27.620                                          |
| EVP/COO                                                                                 |                                                                 |                                   |                       |                    |                      | Х                            |                 | 202,550                                                               | 0                                                                          | 37,620                                          |
| (14) JENNIFER KUTCHER                                                                   | 60 00                                                           |                                   |                       |                    |                      | ,                            |                 | 100 673                                                               | 0                                                                          | 22.407                                          |
| EVP/CLO                                                                                 |                                                                 |                                   |                       |                    |                      | Х                            |                 | 199,673                                                               | 0                                                                          | 33,487                                          |
| (15) LISA LANGEI                                                                        | 43 00                                                           |                                   |                       |                    |                      | х                            |                 | 152,406                                                               | 0                                                                          | 27,822                                          |
| VP/MARKETING & COMPLIANCE                                                               |                                                                 |                                   |                       |                    |                      |                              |                 | 132,406                                                               | 0                                                                          |                                                 |
| (16) COLIN NAYLOR                                                                       | 45 00                                                           |                                   |                       |                    |                      | х                            |                 | 156,529                                                               | 0                                                                          | 32,168                                          |
| VP/CIO                                                                                  |                                                                 |                                   |                       |                    |                      |                              |                 | 130,329                                                               | 0                                                                          | J2,108                                          |
| (17) KENT BOUMA                                                                         | 50 00                                                           |                                   |                       |                    |                      | х                            |                 | 121 F60                                                               | 0                                                                          | 20.266                                          |
| VP/BUSINESS SERVICES                                                                    |                                                                 |                                   |                       |                    |                      |                              |                 | 131,560                                                               | 0                                                                          | 29,366                                          |
|                                                                                         |                                                                 |                                   |                       |                    |                      |                              |                 |                                                                       |                                                                            | Form <b>990</b> (2013)                          |

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

|         | (A)<br>Name and Title                                                | (B)<br>Average<br>hours per<br>week (list<br>any hours | Average Position (do not check ours per more than one box, unless person is both an officer and a director/trustee) or |                       |               |              |                              |          |                 | table<br>nsation<br>the<br>tion (W- | <b>(E)</b> Reportable compensation from related organizations (W | ,_          | (F)<br>Estima<br>amount o<br>compens<br>from t | ited<br>f other<br>sation<br>:he |
|---------|----------------------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------|--------------|------------------------------|----------|-----------------|-------------------------------------|------------------------------------------------------------------|-------------|------------------------------------------------|----------------------------------|
|         |                                                                      | for related<br>organizations<br>below<br>dotted line)  | Individual trustee<br>or director                                                                                      | Institutional Trustee | Officei       | Key employee | Highest compensated employee | Former   | 2/1099          | -MISC)                              | 2/1099-MISC)                                                     | '           | organizati<br>relati<br>organiza               | ed                               |
|         |                                                                      |                                                        |                                                                                                                        |                       |               |              |                              |          |                 |                                     |                                                                  |             |                                                |                                  |
|         |                                                                      |                                                        |                                                                                                                        |                       |               |              |                              |          |                 |                                     |                                                                  |             |                                                |                                  |
|         |                                                                      |                                                        |                                                                                                                        |                       |               |              |                              |          |                 |                                     |                                                                  |             |                                                |                                  |
|         |                                                                      |                                                        |                                                                                                                        |                       |               |              |                              |          |                 |                                     |                                                                  |             |                                                |                                  |
|         |                                                                      |                                                        |                                                                                                                        |                       |               |              |                              |          |                 |                                     |                                                                  |             |                                                |                                  |
|         |                                                                      |                                                        |                                                                                                                        |                       |               |              |                              |          |                 |                                     |                                                                  |             |                                                |                                  |
|         |                                                                      |                                                        |                                                                                                                        |                       |               |              |                              |          |                 |                                     |                                                                  |             |                                                |                                  |
|         |                                                                      |                                                        |                                                                                                                        |                       |               |              |                              |          |                 |                                     |                                                                  |             |                                                |                                  |
|         |                                                                      |                                                        |                                                                                                                        |                       |               |              |                              |          |                 |                                     |                                                                  |             |                                                |                                  |
|         |                                                                      |                                                        |                                                                                                                        |                       |               |              |                              |          |                 |                                     |                                                                  | $\parallel$ |                                                |                                  |
|         |                                                                      |                                                        |                                                                                                                        |                       |               |              |                              |          |                 |                                     |                                                                  |             |                                                |                                  |
|         |                                                                      |                                                        |                                                                                                                        |                       |               |              |                              |          |                 |                                     |                                                                  | +           |                                                |                                  |
|         |                                                                      |                                                        |                                                                                                                        |                       |               |              |                              |          |                 |                                     |                                                                  | -           |                                                |                                  |
|         |                                                                      |                                                        |                                                                                                                        |                       |               |              |                              | <u> </u> |                 |                                     |                                                                  |             |                                                |                                  |
| 1b<br>c | Sub-Total                                                            |                                                        | · ·                                                                                                                    |                       | •             |              |                              | -        |                 |                                     |                                                                  |             |                                                |                                  |
| d       | Total (add lines 1b and 1c) .                                        |                                                        |                                                                                                                        |                       | ٠.            | •            | •                            | •        |                 | 2,711,511                           |                                                                  | 0           |                                                | 265,503                          |
| 2       | Total number of individuals (in                                      |                                                        |                                                                                                                        |                       |               |              | d abov                       | e) w     | l<br>ho receive |                                     |                                                                  |             |                                                |                                  |
|         | \$100,000 of reportable compe                                        | ensation from th                                       | e organ                                                                                                                | ızatıc                | on <b>►</b> : | L 1          |                              |          |                 |                                     |                                                                  |             |                                                |                                  |
|         |                                                                      |                                                        |                                                                                                                        |                       |               |              |                              |          |                 |                                     |                                                                  |             | Yes                                            | No                               |
| 3       | Did the organization list any fo                                     |                                                        |                                                                                                                        |                       |               |              | emplo                        | yee      | , or highes     | t compen                            | sated employee                                                   |             |                                                |                                  |
|         | on line 1a? If "Yes," complete S                                     |                                                        |                                                                                                                        |                       |               | •            |                              | •        |                 |                                     |                                                                  | 3           |                                                | No                               |
| 4       | For any individual listed on line organization and related organ     |                                                        |                                                                                                                        |                       |               |              |                              |          |                 |                                     |                                                                  |             |                                                |                                  |
|         | ındıvıdual                                                           |                                                        |                                                                                                                        |                       | •             |              |                              | •        |                 |                                     |                                                                  | 4           | Yes                                            |                                  |
| 5       | Did any person listed on line 1<br>services rendered to the organ    |                                                        |                                                                                                                        |                       |               |              |                              |          |                 | anızatıon<br>• • •                  | or individual for                                                | 5           |                                                | No                               |
| Se      | ection B. Independent Co                                             | ntractors                                              |                                                                                                                        |                       |               |              |                              |          |                 |                                     |                                                                  |             |                                                |                                  |
| 1       | Complete this table for your five compensation from the organization | /e highest comp                                        |                                                                                                                        |                       |               |              |                              |          |                 |                                     |                                                                  |             | s tax year                                     |                                  |
|         | N                                                                    | (A)<br>ame and business                                | address                                                                                                                |                       |               |              |                              |          |                 | Des                                 | (B)<br>cription of services                                      |             | (C<br>Comper                                   |                                  |
|         | SON CONSTRUCTION CORP 2034 FRAM                                      | IKLIN ST BELLINGHA                                     | AM WA 98                                                                                                               | 225                   |               |              |                              |          |                 | GENERAL C                           | ONTRACTOR                                                        |             |                                                | ,265,022                         |
|         | HENRY & ASSOCIATES (JHA) P O BOX                                     |                                                        | 5708                                                                                                                   |                       |               |              |                              |          |                 |                                     | PROCESSOR PROCESSING AND                                         |             |                                                | 776,927                          |
| DIAMO   | OND MARKETING 710 SW 34TH ST REN                                     | ITON WA 98057                                          |                                                                                                                        |                       |               |              |                              |          |                 | POSTAGE                             |                                                                  |             |                                                | 714,493                          |
| EN PC   | INTE GLOBAL SERVICES LLC PO BOX 5                                    | 14429 LOS ANGELES                                      | S CA 9005                                                                                                              | 1                     |               |              |                              |          |                 | COMPUTER<br>SOFTWARE                | HARDWARE AND<br>PROVIDER                                         |             |                                                | 703,681                          |

COMPLETE OFFICE 11521 E MARGINAL WAY S SUITE 100 SEATTLE WA 98168

\$100,000 of compensation from the organization >24

2 Total number of independent contractors (including but not limited to those listed above) who received more than

506,828

OFFICE EQUIPMENT AND SUPPLIES

| Form 99                                                   |                |                                                                                        |                      |                                        |                                         | Page <b>9</b>                                        |
|-----------------------------------------------------------|----------------|----------------------------------------------------------------------------------------|----------------------|----------------------------------------|-----------------------------------------|------------------------------------------------------|
| Part V                                                    | <b>/      </b> | Statement of Revenue Check if Schedule O contains a response or note to any lir        | ne in this Part VIII |                                        |                                         |                                                      |
|                                                           |                | The continue of contains a response of note to any in                                  | (A)<br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512-514 |
| क ह                                                       | 1a             | Federated campaigns 1a                                                                 |                      |                                        |                                         |                                                      |
| Gifts, Grants<br>ilar Amounts                             | b              | Membership dues 1b                                                                     |                      |                                        |                                         |                                                      |
| A<br>A<br>B<br>B                                          | С              | Fundraising events 1c                                                                  |                      |                                        |                                         |                                                      |
| ifts<br>Iar                                               | d              | Related organizations 1d                                                               |                      |                                        |                                         |                                                      |
| ⊞.                                                        | e              | Government grants (contributions) 1e                                                   |                      |                                        |                                         |                                                      |
| tion<br>r S                                               | f              | All other contributions, gifts, grants, and <b>1f</b>                                  |                      |                                        |                                         | j j                                                  |
| Contributions, Giffs, Grants<br>and Other Similar Amounts | g              | Noncash contributions included in lines                                                |                      |                                        |                                         |                                                      |
| id C                                                      |                | 1a-1f \$                                                                               |                      |                                        |                                         |                                                      |
| <u>ပြ</u>                                                 | h              | Total. Add lines 1a-1f                                                                 |                      |                                        |                                         |                                                      |
| e<br>=                                                    | 3-             | Business Code                                                                          |                      |                                        |                                         |                                                      |
| wen                                                       | 2a<br>b        | PROGRAM SERVICE REVENUE 522100                                                         | 50,040,476           | 50,040,476                             |                                         |                                                      |
| ა<br>⊊                                                    | C              |                                                                                        |                      |                                        |                                         |                                                      |
| rwc<br>Z                                                  | d              |                                                                                        |                      |                                        |                                         |                                                      |
| ž                                                         | e              |                                                                                        |                      |                                        |                                         |                                                      |
| Program Service Revenue                                   | f              | All other program service revenue                                                      |                      |                                        |                                         |                                                      |
| <u>Ş</u>                                                  | g              | Total. Add lines 2a-2f                                                                 | 50,040,476           |                                        |                                         |                                                      |
|                                                           | 3              | Investment income (including dividends, interest,                                      |                      |                                        |                                         |                                                      |
|                                                           |                | and other similar amounts)                                                             | 840,591              | 840,591                                |                                         |                                                      |
|                                                           | 4<br>  5       | Income from investment of tax-exempt bond proceeds  Royalties                          |                      |                                        |                                         |                                                      |
|                                                           |                | (i) Real (ii) Personal                                                                 |                      |                                        |                                         |                                                      |
|                                                           | 6a             | Gross rents                                                                            |                      |                                        |                                         |                                                      |
|                                                           | b              | Less rental expenses                                                                   |                      |                                        |                                         |                                                      |
|                                                           | c              | Rental income or (loss)                                                                |                      |                                        |                                         |                                                      |
|                                                           | d              | Net rental income or (loss)                                                            |                      |                                        |                                         |                                                      |
|                                                           | _              | (i) Securities (ii) Other                                                              |                      |                                        |                                         |                                                      |
|                                                           | 7a             | Gross amount from sales of 593,594 assets other                                        |                      |                                        |                                         |                                                      |
|                                                           | ١.             | than inventory Less cost or                                                            |                      |                                        |                                         |                                                      |
|                                                           | b              | other basis and 593,711 sales expenses                                                 |                      |                                        |                                         |                                                      |
|                                                           | С              | Gain or (loss) -117                                                                    |                      |                                        |                                         |                                                      |
|                                                           | d              | Net gain or (loss)                                                                     | -117                 | -117                                   |                                         |                                                      |
| une                                                       | 8a             | Gross income from fundraising events (not including  \$                                |                      |                                        |                                         |                                                      |
| Other Revenue                                             |                | of contributions reported on line 1c) See Part IV, line 18 a                           |                      |                                        |                                         |                                                      |
| the                                                       | ь              | Less direct expenses b                                                                 |                      |                                        |                                         |                                                      |
| ō                                                         | С              | Net income or (loss) from fundraising events 🕨                                         |                      |                                        |                                         |                                                      |
|                                                           | 9a             | Gross income from gaming activities See Part IV, line 19                               |                      |                                        |                                         |                                                      |
|                                                           |                | a                                                                                      |                      |                                        |                                         |                                                      |
|                                                           | ь              | Less direct expenses b                                                                 |                      |                                        |                                         |                                                      |
|                                                           |                | Net income or (loss) from gaming activities                                            |                      |                                        |                                         |                                                      |
|                                                           | 104            | returns and allowances .                                                               |                      |                                        |                                         |                                                      |
|                                                           |                | a                                                                                      |                      |                                        |                                         |                                                      |
|                                                           | Ь              | Less cost of goods sold <b>b</b> Net income or (loss) from sales of inventory <b>b</b> |                      |                                        |                                         |                                                      |
|                                                           | <del>-</del>   | Miscellaneous Revenue Business Code                                                    |                      |                                        |                                         |                                                      |
|                                                           | 11a            | EXTRAORDINARY GAINS 900099                                                             | 56,198               | 56,198                                 |                                         |                                                      |
|                                                           | ь              |                                                                                        |                      |                                        |                                         |                                                      |
|                                                           | С              |                                                                                        |                      |                                        |                                         |                                                      |
|                                                           | d              | All other revenue                                                                      |                      |                                        |                                         |                                                      |
|                                                           | е              | Total. Add lines 11a-11d ▶                                                             | 56,198               |                                        |                                         |                                                      |
|                                                           | 12             | Total revenue. See Instructions                                                        | 50,937,148           | 50,937,148                             | 0                                       | О                                                    |

|            | 990 (2013)                                                                                                                                                                                                       |                       |                             |                                 | Page 10                 |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------|---------------------------------|-------------------------|
|            | Statement of Functional Expenses                                                                                                                                                                                 |                       |                             | laha asluman (A.)               |                         |
| ectio      | on 501(c)(3) and 501(c)(4) organizations must complete all columns. All                                                                                                                                          |                       |                             |                                 |                         |
|            | Check if Schedule O contains a response or note to any line in this                                                                                                                                              |                       | (B)                         |                                 | <u>.</u>                |
|            | ot include amounts reported on lines 6b,<br>o, 9b, and 10b of Part VIII.                                                                                                                                         | (A)<br>Total expenses | Program service<br>expenses | Management and general expenses | Fundraising<br>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                                                                                                                                                                                  |                       |                             |                                 |                         |
| 5          | Compensation of current officers, directors, trustees, and key employees                                                                                                                                         | 2,981,092             |                             |                                 |                         |
| 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                                                                                                                                                                                         | 10,764,600            |                             |                                 |                         |
| 8          | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)                                                                                                               | 2,019,769             |                             |                                 |                         |
| 9          | Other employee benefits                                                                                                                                                                                          | 3,134,551             |                             |                                 |                         |
| 10         | Payroll taxes                                                                                                                                                                                                    | 961,895               |                             |                                 |                         |
| 11         | Fees for services (non-employees)                                                                                                                                                                                |                       |                             |                                 |                         |
| а          | Management                                                                                                                                                                                                       |                       |                             |                                 |                         |
| b          | Legal                                                                                                                                                                                                            | 120,627               |                             |                                 |                         |
| С          | Accounting                                                                                                                                                                                                       | 194,550               |                             |                                 |                         |
| d          | Lobbying                                                                                                                                                                                                         |                       |                             |                                 |                         |
| е          | Professional fundraising services See Part IV, line 17                                                                                                                                                           |                       |                             |                                 |                         |
| f          | Investment management fees                                                                                                                                                                                       |                       |                             |                                 |                         |
| g          | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)                                                                                                       | 192,470               |                             |                                 |                         |
| L2         | Advertising and promotion                                                                                                                                                                                        | 453,488               |                             |                                 |                         |
| .3         | Office expenses                                                                                                                                                                                                  | 1,067,372             |                             |                                 |                         |
| .4         | Information technology                                                                                                                                                                                           | 1,007,372             |                             |                                 |                         |
| .5         | Royalties                                                                                                                                                                                                        |                       |                             |                                 |                         |
| .6         | ·                                                                                                                                                                                                                | 000 270               |                             |                                 |                         |
|            | Occupancy                                                                                                                                                                                                        | 908,278               |                             |                                 |                         |
| L7<br>L8   | Payments of travel or entertainment expenses for any federal, state, or local public officials                                                                                                                   | 258,734               |                             |                                 |                         |
| L <b>9</b> | Conferences, conventions, and meetings                                                                                                                                                                           | 135,080               |                             |                                 |                         |
| 20         | Interest                                                                                                                                                                                                         | 3,075,293             |                             |                                 |                         |
| 21         | Payments to affiliates                                                                                                                                                                                           |                       |                             |                                 |                         |
| 22         | Depreciation, depletion, and amortization                                                                                                                                                                        | 1,922,699             |                             |                                 |                         |
| 23         | Insurance                                                                                                                                                                                                        | 610,130               |                             |                                 |                         |
| 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) amount, list line 24e expenses on Schedule O)                   |                       |                             |                                 |                         |
| а          | OTHER OPERATING EXPENSE                                                                                                                                                                                          | 8,398,584             |                             |                                 |                         |
| ь          |                                                                                                                                                                                                                  | , ,                   |                             |                                 |                         |
| c          |                                                                                                                                                                                                                  |                       |                             |                                 |                         |
| d          |                                                                                                                                                                                                                  |                       |                             |                                 |                         |
| e          | All other expenses                                                                                                                                                                                               |                       |                             |                                 |                         |
| 25         | Total functional expenses. Add lines 1 through 24e                                                                                                                                                               | 37,199,212            |                             |                                 |                         |
| <u>2</u> 6 | 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) | 37,133,212            |                             |                                 |                         |

Part X Balance Sheet

|                        |     | Check if Schedule O contains a response or note to any line in                                                                                                                                                                                             | n this i           | art X               |                      | (A) Beginning of year |     | (B) End of year  |
|------------------------|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------|----------------------|-----------------------|-----|------------------|
|                        | 1   | Cash-non-interest-bearing                                                                                                                                                                                                                                  |                    |                     |                      | 21,010,009            | 1   | 20,221,712       |
|                        | 2   | Savings and temporary cash investments                                                                                                                                                                                                                     |                    |                     |                      | 129,038,020           | 2   | 109,651,505      |
|                        | 3   | Pledges and grants receivable, net                                                                                                                                                                                                                         |                    |                     |                      |                       | 3   |                  |
|                        | 4   | Accounts receivable, net                                                                                                                                                                                                                                   |                    |                     |                      |                       | 4   |                  |
|                        | 5   | Loans and other receivables from current and former officers, employees, and highest compensated employees Complete I Schedule L                                                                                                                           | dırect<br>Part II  | of                  | stees, key           |                       | 5   |                  |
| assets                 | 6   | Loans and other receivables from other disqualified persons (section $4958(f)(1)$ ), persons described in section $4958(c)(3)$ employers and sponsoring organizations of section $501(c)(9)$ beneficiary organizations (see instructions) Complete Part II | )(B), a<br>) volun | nd conti<br>tary em | ributing<br>ployees' |                       | 6   |                  |
| Š                      | 7   | Notes and loans receivable, net                                                                                                                                                                                                                            |                    |                     |                      | 603,983,944           | 7   | 697,610,877      |
| ∢                      | 8   | Inventories for sale or use                                                                                                                                                                                                                                |                    |                     |                      |                       | 8   |                  |
|                        | 9   | Prepaid expenses and deferred charges                                                                                                                                                                                                                      |                    |                     |                      |                       | 9   |                  |
|                        | 10a | Land, buildings, and equipment cost or other basis<br>Complete Part VI of Schedule D                                                                                                                                                                       | 10a                |                     | 45,975,724           |                       |     |                  |
|                        | b   | Less accumulated depreciation                                                                                                                                                                                                                              | 10b                |                     | 15,062,712           | 27,513,783            | 10c | 30,913,012       |
|                        | 11  | Investments—publicly traded securities                                                                                                                                                                                                                     |                    |                     |                      | 4,281,165             | 11  | 4,788,127        |
|                        | 12  | Investments—other securities See Part IV, line 11                                                                                                                                                                                                          |                    |                     |                      | 85,320,400            | 12  | 100,735,300      |
|                        | 13  | Investments—program-related See Part IV, line 11                                                                                                                                                                                                           |                    |                     |                      |                       | 13  |                  |
|                        | 14  | Intangible assets                                                                                                                                                                                                                                          |                    |                     |                      |                       | 14  |                  |
|                        | 15  | Other assets See Part IV, line 11                                                                                                                                                                                                                          |                    |                     |                      | 12,683,282            | 15  | 13,403,686       |
|                        | 16  | Total assets. Add lines 1 through 15 (must equal line 34) .                                                                                                                                                                                                |                    |                     |                      | 883,830,603           | 16  | 977,324,219      |
|                        | 17  | Accounts payable and accrued expenses                                                                                                                                                                                                                      |                    |                     |                      | 6,381,208             | 17  | 7,740,729        |
|                        | 18  | Grants payable                                                                                                                                                                                                                                             |                    |                     |                      |                       | 18  |                  |
|                        | 19  | Deferred revenue                                                                                                                                                                                                                                           |                    |                     |                      |                       | 19  |                  |
|                        | 20  | Tax-exempt bond liabilities                                                                                                                                                                                                                                |                    |                     |                      |                       | 20  |                  |
| <i>ι</i> Δ             | 21  | Escrow or custodial account liability Complete Part IV of Sc                                                                                                                                                                                               | hedule             | D.                  |                      | 982,469               | 21  | 1,170,334        |
| ilities                | 22  | Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disqua                                                                                                                                   | tors, t            |                     |                      |                       |     |                  |
| Liabili                |     | persons Complete Part II of Schedule L                                                                                                                                                                                                                     |                    |                     |                      |                       | 22  |                  |
|                        | 23  | Secured mortgages and notes payable to unrelated third part                                                                                                                                                                                                | ies .              |                     |                      |                       | 23  |                  |
|                        | 24  | Unsecured notes and loans payable to unrelated third parties                                                                                                                                                                                               |                    |                     | ı                    |                       | 24  |                  |
|                        | 25  | Other liabilities (including federal income tax, payables to reland other liabilities not included on lines 17-24) Complete P                                                                                                                              |                    | •                   | ,                    | 7,0 ,                 |     | <b>70- 4 11-</b> |
|                        |     | D                                                                                                                                                                                                                                                          |                    |                     |                      | 719,756,082           | 25  | 797,457,412      |
|                        | 26  | Total liabilities. Add lines 17 through 25                                                                                                                                                                                                                 |                    |                     |                      | 727,119,759           | 26  | 806,368,475      |
| У<br>Ф                 |     | Organizations that follow SFAS 117 (ASC 958), check here lines 27 through 29, and lines 33 and 34.                                                                                                                                                         | ¯ ar               | d compl             | ete                  |                       |     |                  |
| č                      | 27  | Unrestricted net assets                                                                                                                                                                                                                                    |                    |                     |                      |                       | 27  |                  |
|                        | 28  | Temporarily restricted net assets                                                                                                                                                                                                                          |                    |                     |                      |                       | 28  |                  |
| 2                      | 29  | Permanently restricted net assets                                                                                                                                                                                                                          |                    |                     |                      |                       | 29  |                  |
| Ī                      |     | Organizations that do not follow SFAS 117 (ASC 958), check complete lines 30 through 34.                                                                                                                                                                   | here 🕨             | ⁺  ✓ and            | d                    |                       |     |                  |
| o<br>v                 | 30  | Capital stock or trust principal, or current funds                                                                                                                                                                                                         |                    |                     |                      | О                     | 30  | 0                |
| Ř                      | 31  | Paid-in or capital surplus, or land, building or equipment fund                                                                                                                                                                                            |                    |                     |                      | 0                     | 31  | 0                |
| Assets or Fund Balance | 32  | Retained earnings, endowment, accumulated income, or other                                                                                                                                                                                                 | r funds            |                     |                      | 156,710,844           | 32  | 170,955,744      |
| ₹                      | 33  | Total net assets or fund balances                                                                                                                                                                                                                          |                    |                     |                      | 156,710,844           | 33  | 170,955,744      |
| 2                      | 34  | Total liabilities and net assets/fund balances                                                                                                                                                                                                             |                    |                     |                      | 883,830,603           | 34  | 977,324,219      |

| Par | Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI                                                                                                         |           |    |       | F       |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|-------|---------|
|     |                                                                                                                                                                                                                   |           |    |       |         |
| 1   | Total revenue (must equal Part VIII, column (A), line 12)                                                                                                                                                         | 1         |    | 50,9  | 937,148 |
| 2   | Total expenses (must equal Part IX, column (A), line 25)                                                                                                                                                          | 2         |    | 37,:  | 199,212 |
| 3   | Revenue less expenses Subtract line 2 from line 1                                                                                                                                                                 | 3         |    | 13,   | 737,936 |
| 4   | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                                                                                                                         | 4         |    | 156,7 | 710,844 |
| 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         |    | Ĭ     | 506,964 |
| 10  | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))                                                                                                     | 10        |    | 170,9 | 955,744 |
| Par | t XII Financial Statements and Reporting                                                                                                                                                                          |           |    |       |         |
|     | Check if Schedule O contains a response or note to any line in this Part XII                                                                                                                                      |           |    |       | . ᅜ     |
|     |                                                                                                                                                                                                                   |           |    | Yes   | No      |
| 1   | Accounting method used to prepare the Form 990                                                                                                                                                                    |           |    |       |         |
| 2a  | Were the organization's financial statements compiled or reviewed by an independent accountant?                                                                                                                   |           | 2a |       | No      |
|     | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both                                                       | wed on    |    |       |         |
|     | Separate basis Consolidated basis Both consolidated and separate basis                                                                                                                                            |           |    |       |         |
| b   | Were the organization's financial statements audited by an independent accountant?                                                                                                                                |           | 2b | Yes   |         |
|     | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both                                                                   | rate      |    |       |         |
|     | ▼ Separate basis                                                                                                                                                                                                  |           |    |       |         |
| c   | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant? | nt of the | 2c | Yes   |         |
|     | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O                                                                                          | n         |    |       |         |
| 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?                                                          | e         | 3a |       | No      |
| b   | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the                                                                                                      |           | 3b |       |         |

DLN: 93493321059054

## OMB No 1545-0047

Open to Public Inspection

## **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

| Na                                             | me of the organization                                   | organizations Complete Part III                                                                                                                                          |                                            | Employer id                                                                | entification number                                                                                                                         |
|------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| WH                                             | ATCOM EDUCATIONAL CREDIT UI                              | NION                                                                                                                                                                     |                                            | 91-071253                                                                  | 39                                                                                                                                          |
| Par                                            | t I-A Complete if the                                    | e organization is exempt unde                                                                                                                                            | r section 501                              |                                                                            |                                                                                                                                             |
| 1                                              | Provide a description of the                             | he organization's direct and indirect pol                                                                                                                                | ıtıcal campaıgn ac                         | tivities in Part IV                                                        |                                                                                                                                             |
| 2                                              | Political expenditures                                   |                                                                                                                                                                          |                                            | ►                                                                          | \$                                                                                                                                          |
| 3                                              | Volunteer hours                                          |                                                                                                                                                                          |                                            |                                                                            |                                                                                                                                             |
| Par                                            | t I-B Complete if the                                    | e organization is exempt unde                                                                                                                                            | r section 501                              | (c)(3).                                                                    |                                                                                                                                             |
| 1                                              | Enter the amount of any e                                | excise tax incurred by the organization                                                                                                                                  | under section 495                          | 5                                                                          | \$                                                                                                                                          |
| 2                                              | Enter the amount of any e                                | excise tax incurred by organization man                                                                                                                                  | agers under section                        | on 4955 🕨                                                                  | \$                                                                                                                                          |
| 3                                              | If the organization incurre                              | ed a section 4955 tax, did it file Form 4                                                                                                                                |                                            | ┌ Yes ┌ No                                                                 |                                                                                                                                             |
| 4a                                             | Was a correction made?                                   |                                                                                                                                                                          |                                            |                                                                            | ┌ Yes ┌ No                                                                                                                                  |
| b                                              | If "Yes," describe in Part                               |                                                                                                                                                                          |                                            |                                                                            |                                                                                                                                             |
| Par                                            | t I-C Complete if the                                    | e organization is exempt unde                                                                                                                                            | r section 501                              | (c), except section 5                                                      | 501(c)(3).                                                                                                                                  |
| 1                                              | ·                                                        | expended by the filing organization for                                                                                                                                  |                                            |                                                                            | \$                                                                                                                                          |
| 2                                              | Enter the amount of the fi<br>exempt function activities | ling organization's funds contributed to<br>s                                                                                                                            | other organization                         | ns for section 527                                                         | \$10,000                                                                                                                                    |
| 3                                              | Total exempt function exp                                | penditures Add lines 1 and 2 Enter he                                                                                                                                    | re and on Form 11                          | 20-POL, line 17b                                                           | \$ 10,000                                                                                                                                   |
| 4                                              | Did the filing organization                              | i file <b>Form 1120-POL</b> for this year?                                                                                                                               |                                            |                                                                            | ✓ Yes No                                                                                                                                    |
| 5                                              | organization made payme amount of political contrib      | ses and employer identification number<br>ents For each organization listed, enter<br>butions received that were promptly and<br>l or a political action committee (PAC) | the amount paid fr<br>d directly delivered | om the filing organization<br>d to a separate political or                 | 's funds Also enter the<br>ganization, such as a                                                                                            |
|                                                | (a) Name                                                 | (b) Address                                                                                                                                                              | (c) EIN                                    | (d) A mount paid from<br>filing organization's<br>funds If none, enter -0- | (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|                                                | NORTHWEST CREDIT UNION<br>OCIATION                       | 33301 9TH AVE S STE 200<br>FEDERAL WAY, WA 98003                                                                                                                         | 91-0460483                                 | 10,000                                                                     |                                                                                                                                             |
| (2) CREDIT UNION LEGISLATIVE<br>ACTION COUNCIL |                                                          | 601 PENNSYLVANIA AVENUE NW<br>SOUTH BU<br>WASHINGTON, DC 200042601                                                                                                       | 52-1154361                                 |                                                                            | 5,730                                                                                                                                       |
|                                                |                                                          |                                                                                                                                                                          |                                            |                                                                            |                                                                                                                                             |
|                                                |                                                          |                                                                                                                                                                          |                                            |                                                                            |                                                                                                                                             |
|                                                |                                                          |                                                                                                                                                                          |                                            |                                                                            |                                                                                                                                             |
|                                                |                                                          |                                                                                                                                                                          |                                            |                                                                            |                                                                                                                                             |

| Sch | nedule C (Form 990 or 990-EZ) 2013                                                    |                           |                                        |                                     |                 | Page <b>2</b>    |
|-----|---------------------------------------------------------------------------------------|---------------------------|----------------------------------------|-------------------------------------|-----------------|------------------|
| Pä  | art II-A Complete if the organization                                                 | is exempt under           | section 501(                           | c)(3) and file                      | ed Form 5768    |                  |
| _   | under section 501(h)).                                                                |                           | Link in Doub TV an                     | - h - 66:1: - h - d                 |                 | a adduces FIN    |
| ٠.  | Check ► If the filing organization belongs to a expenses, and share of excess lobb    |                           | iist in Part IV ea                     | ch amiliated gro                    | up members nam  | e, address, EIN, |
| 3   | Check ► ☐ If the filing organization checked bo                                       |                           | l" provisions app                      | ly                                  |                 |                  |
|     | Limits on Lobbying E<br>(The term "expenditures" means ar                             |                           | (a) Filing<br>organization's<br>totals | ( <b>b)</b> Affiliated group totals |                 |                  |
| La  | Total lobbying expenditures to influence public o                                     | pinion (grass roots lob   | bying)                                 |                                     |                 |                  |
| ь   | Total lobbying expenditures to influence a legisl                                     | ative body (direct lobby  | yıng)                                  |                                     |                 |                  |
| c   | Total lobbying expenditures (add lines 1a and 1                                       | Γ                         |                                        |                                     |                 |                  |
| d   | O ther exempt purpose expenditures                                                    |                           |                                        | Γ                                   |                 |                  |
| e   | Total exempt purpose expenditures (add lines 1                                        | c and 1d)                 |                                        | Γ                                   |                 |                  |
| f   | Lobbying nontaxable amount Enter the amount is columns                                | rom the following table   | ın both                                |                                     |                 |                  |
|     | If the amount on line 1e, column (a) or (b) is:                                       | The lobbying nontax       | able amount is:                        |                                     |                 |                  |
|     | Not over \$500,000                                                                    | 20% of the amount on lir  | ne 1e                                  |                                     |                 |                  |
|     | Over \$500,000 but not over \$1,000,000                                               | \$100,000 plus 15% of the | e excess over \$500,0                  | 00                                  |                 |                  |
|     | Over \$1,000,000 but not over \$1,500,000                                             | \$175,000 plus 10% of the | e excess over \$1,000                  | ,000                                |                 |                  |
|     | Over \$1,500,000 but not over \$17,000,000                                            | \$225,000 plus 5% of the  | excess over \$1,500,0                  | 000                                 |                 |                  |
|     | Over \$17,000,000                                                                     | \$1,000,000               |                                        |                                     |                 |                  |
| g   | Grassroots nontaxable amount (enter 25% of lir                                        | ue 1f)                    |                                        |                                     |                 |                  |
| h   | Subtract line 1g from line 1a If zero or less, ent                                    | er-0-                     |                                        |                                     |                 |                  |
| i   | Subtract line 1f from line 1c If zero or less, ente                                   | er - 0 -                  |                                        |                                     |                 |                  |
| j   | If there is an amount other than zero on either li<br>section 4911 tax for this year? | ne 1h or line 1ı, did the | organization file                      | Form 4720 repo                      | orting          | ┌ Yes ┌ No       |
|     | (Some organizations that made a columns below. See t                                  | he instructions fo        | ection do not<br>r lines 2a thro       | havè to con<br>ough 2f on p         |                 | ne five          |
|     | Lobbying Exp                                                                          | enditures During          | 4-Year Avera<br>⊤                      | ging Period                         | 1               | 1                |
|     | Calendar year (or fiscal year<br>beginning in)                                        | (a) 2010                  | <b>(b)</b> 2011                        | <b>(c)</b> 2012                     | <b>(d)</b> 2013 | (e) Total        |
| 2a  | Lobbying nontaxable amount                                                            |                           |                                        |                                     |                 |                  |
| b   | Lobbying ceiling amount<br>(150% of line 2a, column(e))                               |                           |                                        |                                     |                 |                  |
| C   | Total lobbying expenditures                                                           |                           |                                        |                                     |                 |                  |
| d   | Grassroots nontaxable amount                                                          |                           |                                        |                                     |                 |                  |

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

Grassroots lobbying expenditures

| Sch    | edule C (Form 990 or 990-EZ) 2013                                                         |                                                                                                                                                                                                                                                                                                                                            |                                     |                                               | P                                        | age <b>3</b>      |
|--------|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------|------------------------------------------|-------------------|
| Pa     |                                                                                           | ization is exempt under section 501(c)(3) and has I<br>tion under section 501(h)).                                                                                                                                                                                                                                                         |                                     |                                               |                                          |                   |
| For e  | each "Yes" response to lines 1a through 1i                                                | below, provide in Part IV a detailed description of the lobbying                                                                                                                                                                                                                                                                           | (a                                  | 1)                                            | (b)                                      |                   |
| activ  |                                                                                           | , ,                                                                                                                                                                                                                                                                                                                                        | Yes                                 | No                                            | Amou                                     | nt                |
| 1      | During the year, did the filing organiza                                                  | tion attempt to influence foreign, national, state or local                                                                                                                                                                                                                                                                                |                                     |                                               |                                          |                   |
|        |                                                                                           | offluence public opinion on a legislative matter or referendum,                                                                                                                                                                                                                                                                            |                                     |                                               |                                          |                   |
|        | through the use of                                                                        |                                                                                                                                                                                                                                                                                                                                            |                                     |                                               |                                          |                   |
| a      | Volunteers?                                                                               |                                                                                                                                                                                                                                                                                                                                            |                                     |                                               |                                          |                   |
| Ь      | = :                                                                                       | npensation in expenses reported on lines 1c through 1i)?                                                                                                                                                                                                                                                                                   |                                     |                                               |                                          |                   |
| С.     | Media advertisements?                                                                     |                                                                                                                                                                                                                                                                                                                                            |                                     |                                               |                                          |                   |
| d      | Mailings to members, legislators, or th                                                   | ·                                                                                                                                                                                                                                                                                                                                          |                                     |                                               |                                          |                   |
| e      | Publications, or published or broadcas                                                    | <b>-</b>                                                                                                                                                                                                                                                                                                                                   |                                     |                                               |                                          |                   |
| f      | Grants to other organizations for lobby                                                   |                                                                                                                                                                                                                                                                                                                                            |                                     |                                               |                                          |                   |
| g<br>h |                                                                                           | taffs, government officials, or a legislative body? nventions, speeches, lectures, or any similar means?                                                                                                                                                                                                                                   |                                     |                                               |                                          |                   |
|        | Other activities?                                                                         | inventions, speeches, lectures, or any similar means.                                                                                                                                                                                                                                                                                      |                                     |                                               |                                          |                   |
| i      | Total Add lines 1c through 1:                                                             |                                                                                                                                                                                                                                                                                                                                            |                                     |                                               |                                          |                   |
| 2a     | _                                                                                         | rganization to be not described in section 501(c)(3)?                                                                                                                                                                                                                                                                                      | 1                                   |                                               |                                          |                   |
| ъ      | If "Yes," enter the amount of any tax i                                                   |                                                                                                                                                                                                                                                                                                                                            |                                     |                                               |                                          |                   |
| c      |                                                                                           | ncurred by organization managers under section 4912                                                                                                                                                                                                                                                                                        |                                     |                                               |                                          |                   |
| d      |                                                                                           | ction 4912 tax, did it file Form 4720 for this year?                                                                                                                                                                                                                                                                                       | 1                                   |                                               |                                          |                   |
| Pai    |                                                                                           | ization is exempt under section 501(c)(4), section                                                                                                                                                                                                                                                                                         | 501(c)                              | (5), o                                        | r sectio                                 |                   |
|        | 501(c)(6).                                                                                |                                                                                                                                                                                                                                                                                                                                            |                                     | , , , ,                                       |                                          |                   |
|        |                                                                                           |                                                                                                                                                                                                                                                                                                                                            |                                     | _                                             | Yes                                      | No                |
| 1      |                                                                                           | dues received nondeductible by members?                                                                                                                                                                                                                                                                                                    |                                     | L                                             | 1                                        |                   |
| 2      |                                                                                           | se lobbying expenditures of \$2,000 or less?                                                                                                                                                                                                                                                                                               |                                     |                                               | 2                                        |                   |
| 3      |                                                                                           | er lobbying and political expenditures from the prior year?                                                                                                                                                                                                                                                                                |                                     | L                                             | 3                                        |                   |
| Pa     |                                                                                           | lization is exempt under section 501(c)(4), section !<br>r (a) BOTH Part III-A, lines 1 and 2, are answered "<br>'es."                                                                                                                                                                                                                     |                                     |                                               |                                          |                   |
| 1      | Dues, assessments and similar amoun                                                       |                                                                                                                                                                                                                                                                                                                                            | 1                                   |                                               |                                          |                   |
| 2      | Section 162(e) nondeductible lobbyin                                                      | g and political expenditures (do not include amounts of political                                                                                                                                                                                                                                                                          |                                     |                                               |                                          |                   |
|        | expenses for which the section 527(f)                                                     | ) tax was paid).                                                                                                                                                                                                                                                                                                                           |                                     |                                               |                                          |                   |
| a      | Current year                                                                              |                                                                                                                                                                                                                                                                                                                                            | 2a                                  |                                               |                                          |                   |
| b      | Carryover from last year                                                                  |                                                                                                                                                                                                                                                                                                                                            | 2b                                  |                                               |                                          |                   |
|        | Total                                                                                     | CO22(2)(1)(A) notices of non-deductible postion 1C2(a) dues                                                                                                                                                                                                                                                                                | 2c                                  |                                               |                                          |                   |
| 3<br>4 |                                                                                           | 6033(e)(1)(A) notices of nondeductible section 162(e) dues n line 2c exceeds the amount on line 3, what portion of the excess                                                                                                                                                                                                              | 3                                   |                                               |                                          |                   |
| 4      |                                                                                           | ver to the reasonable estimate of nondeductible lobbying and                                                                                                                                                                                                                                                                               |                                     |                                               |                                          |                   |
|        | political expenditure next year?                                                          | ,                                                                                                                                                                                                                                                                                                                                          | 4                                   |                                               |                                          |                   |
| 5      | Taxable amount of lobbying and politic                                                    | cal expenditures (see instructions)                                                                                                                                                                                                                                                                                                        | 5                                   |                                               |                                          |                   |
| P      | art IV Supplemental Inform                                                                | ation                                                                                                                                                                                                                                                                                                                                      |                                     |                                               |                                          |                   |
|        | ovide the descriptions required for Part l<br>rt II-B, line 1 Also, complete this part fo | l-A, line 1, Part l-B, line 4, Part l-C, line 5, Part II-A (affiliated grou<br>or any additional information                                                                                                                                                                                                                               | ıp lıst),                           | Part II                                       | -A, line 2                               | , and             |
|        | Return Reference                                                                          | Explanation                                                                                                                                                                                                                                                                                                                                |                                     |                                               |                                          |                   |
| PAF    | · · · · · · · · · · · · · · · · · · ·                                                     | ITRIBUTIONS ARE MADE TO A POLITICAL ACTION COMMITTE                                                                                                                                                                                                                                                                                        | •                                   | •                                             |                                          |                   |
|        | WEC<br>PAY<br>UNI<br>CUL<br>SHA                                                           | U'S NORTHWEST CREDIT UNION ASSOCIATION (NWCUA) DUI<br>ABLE TO NWCUA, AND THE PAC PIECE IS DISTRIBUTED BY TH<br>ON LEGISLATIVE ACTION FUND (CULAF), WHICH IS OUR WAS<br>AF'S FUNDS ARE RAISED FROM THE DUES INVOICES AS PART<br>RE" CONTRIBUTION LISTED FOR EACH STATE-CHARTERED C<br>U COLLECTED \$5,730 00 FROM EMPLOYEES IN CONTRIBUTION | IE NWC<br>HINGT(<br>OF A \<br>REDIT | UA TO<br>ON STA<br>OLUN <sup>*</sup><br>UNION | THE CRE<br>TE PAC<br>TARY "FA<br>IN 2013 | DIT<br>AIR-<br>3, |

| Schedule C (Form 990 or 990-EZ) 2013                                          |
|-------------------------------------------------------------------------------|
|                                                                               |
|                                                                               |
|                                                                               |
|                                                                               |
|                                                                               |
|                                                                               |
| <br>AUGUST 2013 ALONG WITH A WASHINGTON CONTRIBUTOR DISCLOSURE SPREADSHEET    |
| TO CULAC, AND WE SENT THE CONTRIBUTIONS WEEKLY DURING THE MONTHS OF JULY AND  |
| AND CULAC MAY ONLY RECEIVE PERSONAL CONTRIBUTIONS THE CHECKS WERE PAYABLE     |
| ADMINISTERED BY CUNA THESE ARE CAMPAIGN CONTRIBUTIONS AT THE FEDERAL LEVEL,   |
| CREDIT UNION LEGISLATIVE ACTION COUNCIL (CULAC), WHICH IS OUR FEDERAL PAC,    |
| WECU COLLECTED \$5,730 00 FROM EMPLOYEES IN CONTRIBUTIONS DESIGNATED FOR THE  |
| SHARE" CONTRIBUTION LISTED FOR EACH STATE-CHARTERED CREDIT UNION IN 2013,     |
| CULAF'S FUNDS ARE RAISED FROM THE DUES INVOICES AS PART OF A VOLUNTARY "FAIR- |
| UNION LEGISLATIVE ACTION FUND (CULAF), WHICH IS OUR WASHINGTON STATE PAC      |
| PAYABLE TO NWCUA, AND THE PAC PIECE IS DISTRIBUTED BY THE NWCUA TO THE CREDIT |

| 201104410 3 (1 01111 3 3 0 01 3 3 0 12 ) 2 0 1 3 | r age -               |  |  |  |  |
|--------------------------------------------------|-----------------------|--|--|--|--|
| Part IV Supplemental Information                 | on <i>(continued)</i> |  |  |  |  |
| Return Reference                                 | Explanation           |  |  |  |  |
|                                                  |                       |  |  |  |  |
|                                                  |                       |  |  |  |  |
|                                                  |                       |  |  |  |  |
|                                                  |                       |  |  |  |  |
|                                                  |                       |  |  |  |  |
|                                                  |                       |  |  |  |  |
|                                                  |                       |  |  |  |  |
|                                                  |                       |  |  |  |  |
|                                                  |                       |  |  |  |  |
|                                                  |                       |  |  |  |  |
|                                                  |                       |  |  |  |  |
|                                                  |                       |  |  |  |  |

Schedule D (Form 990) 2013

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

DLN: 93493321059054

OMB No 1545-0047

(Form 990)

**SCHEDULE D** 

Department of the Treasury

# **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. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

| ınaı | Country of the countr |                                                    |           |                              | Inspect     |         |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------|------------------------------|-------------|---------|
|      | ne of the organization<br>TCOM EDUCATIONAL CREDIT UNION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                    |           | oloyer identifica<br>0712539 | tion numbe  | r       |
| Pai  | Organizations Maintaining Donor Advorganization answered "Yes" to Form 990,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                    |           |                              | . Complet   | e ıf th |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (a) Donor advised funds                            |           | (b) Funds and                | other accou | nts     |
|      | Total number at end of year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                    |           |                              |             |         |
|      | Aggregate contributions to (during year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |           |                              |             |         |
|      | Aggregate grants from (durıng year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                    |           |                              |             |         |
|      | Aggregate value at end of year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    |           |                              |             |         |
|      | Did the organization inform all donors and donor advisor funds are the organization's property, subject to the organization's property.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <del>-</del>                                       | nor advi  | ısed                         | ┌ Yes       | ┌ No    |
|      | Did the organization inform all grantees, donors, and do<br>used only for charitable purposes and not for the benefic<br>conferring impermissible private benefit?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                    |           |                              | ┌ Yes       | ┌ No    |
| ır   | t II Conservation Easements. Complete if                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | the organization answered "Yes"                    | to Forn   | n 990, Part IV               | /, line 7.  |         |
|      | Purpose(s) of conservation easements held by the orga  Preservation of land for public use (e g , recreation  Protection of natural habitat  Preservation of open space  Complete lines 2a through 2d if the organization held a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | or education)  Preservation of a Preservation of a | certifie  | d historic struc             | ture        |         |
|      | easement on the last day of the tax year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |           |                              |             |         |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |           | Held at the                  | End of the  | Year    |
|      | Total number of conservation easements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                    | 2a        |                              |             |         |
|      | Total acreage restricted by conservation easements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                    | 2b        |                              |             |         |
|      | Number of conservation easements on a certified histo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | oric structure included in (a)                     | 2c        |                              |             |         |
|      | Number of conservation easements included in (c) acq<br>historic structure listed in the National Register                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | uired after 8/17/06, and not on a                  | 2d        |                              |             |         |
|      | Number of conservation easements modified, transferrenthe tax year -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ed, released, extinguished, or termina             | ted by th | ne organization              | during      |         |
|      | Number of states where property subject to conservati                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | on easement is located ►                           |           |                              |             |         |
|      | Does the organization have a written policy regarding t enforcement of the conservation easements it holds?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | he periodic monitoring, inspection, ha             | ndling of | f violations, and            | ┌ Yes       | ┌ No    |
|      | Staff and volunteer hours devoted to monitoring, inspect                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | cting, and enforcing conservation ease             | ements o  | during the year              |             |         |
|      | A mount of expenses incurred in monitoring, inspecting  \$\blue{\star}\$\$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | , and enforcing conservation easemen               | ts durin  | g the year                   |             |         |
|      | Does each conservation easement reported on line 2(d and section 170(h)(4)(B)(ii)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | d) above satisfy the requirements of se            | ection 17 | 70(h)(4)(B)(ı)               | ┌ Yes       | ┌ No    |
|      | In Part XIII, describe how the organization reports conbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | e footnote to the organization's financia          |           |                              |             |         |
| П    | Organizations Maintaining Collections Complete if the organization answered "Ye                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    | , or Ot   | her Similar                  | Assets.     |         |
|      | If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asset service, provide, in Part XIII, the text of the footnote to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ts held for public exhibition, education           | , or rese | earch in furthera            |             |         |
|      | If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assets service, provide the following amounts relating to these                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ts held for public exhibition, education           |           |                              |             | ıc      |
|      | (i) Revenues included in Form 990, Part VIII, line 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                    |           | <b>►</b> \$                  |             |         |
|      | (ii) Assets included in Form 990, Part X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |           |                              |             |         |
|      | If the organization received or held works of art, historic following amounts required to be reported under SFAS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    |           |                              |             |         |
|      | Revenues included in Form 990, Part VIII, line 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |           | <b>►</b> \$                  |             |         |
| ,    | Accests included in Form 990 Part V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                    |           | <b>b</b> ¢                   |             |         |

| Part        | Organizations Maintaining Collections                                                                            | s of Art, H    | istori           | cal T                | reası          | ures, or Oth                           | er Similar A                | ssets            | (continued)            |
|-------------|------------------------------------------------------------------------------------------------------------------|----------------|------------------|----------------------|----------------|----------------------------------------|-----------------------------|------------------|------------------------|
| 3           | Using the organization's acquisition, accession, and ot collection items (check all that apply)                  | her records,   | check            | any of               | the fol        | lowing that are                        | a significant u             | se of its        |                        |
| а           | Public exhibition                                                                                                | d              | ı 「              | Loan                 | orexc          | hange program                          | s                           |                  |                        |
| b           | Scholarly research                                                                                               | €              | · 「              | Othe                 | r              |                                        |                             |                  |                        |
| c           | Preservation for future generations                                                                              |                |                  |                      |                |                                        |                             |                  |                        |
| 4           | Provide a description of the organization's collections a Part XIII                                              | and explain h  | now the          | y furth              | er the         | organızatıon's e                       | exempt purpos               | e ın             |                        |
| 5           | During the year, did the organization solicit or receive assets to be sold to raise funds rather than to be main |                |                  |                      |                |                                        | mılar                       | ┌ Yes            | s □ No                 |
| Par         |                                                                                                                  | Complete       | ıf the           | organ                | ıızatıo        |                                        | Yes" to Form                | 990,             | <u> </u>               |
| 1a          | Is the organization an agent, trustee, custodian or othe included on Form 990, Part X?                           |                |                  |                      |                | or other assets                        | not                         | ┌ Yes            | s                      |
| b           | If "Yes," explain the arrangement in Part XIII and com                                                           | plete the foll | lowing           | table                |                |                                        |                             |                  |                        |
|             |                                                                                                                  |                |                  |                      |                |                                        | 1                           | mount            |                        |
| c           | Beginning balance                                                                                                |                |                  |                      |                | 1c                                     |                             |                  |                        |
| d           | Additions during the year                                                                                        |                |                  |                      |                | 1d                                     |                             |                  |                        |
| e           | Distributions during the year                                                                                    |                |                  |                      |                | 1e                                     |                             |                  |                        |
| f           | Ending balance                                                                                                   |                |                  |                      |                | 1f                                     |                             |                  |                        |
| 2a          | Did the organization include an amount on Form 990, F                                                            | art X, line 2  | 1?               |                      |                |                                        |                             | √ Yes            | i                      |
| b           | If "Yes," explain the arrangement in Part XIII Check I                                                           | here if the ex | planat           | on has               | been           | provided in Part                       | XIII                        |                  | . 「                    |
| Pai         | t V Endowment Funds. Complete if the org                                                                         | anızatıon a    | nswer            | ed "Ye               |                | •                                      |                             |                  |                        |
|             | (a)Curre                                                                                                         | nt year        | <b>(b)</b> Prior | year                 | <b>b (c)</b> ⊺ | Two years back (d                      | Three years bac             | k <b>(e)</b> Fou | ır years back          |
| 1a          | Beginning of year balance                                                                                        |                |                  |                      |                |                                        |                             |                  |                        |
| Ь           | Contributions                                                                                                    |                |                  |                      | _              |                                        |                             |                  |                        |
| С           | Net investment earnings, gains, and 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 current year e                                                           | end balance (  | line 1g          | , colum              | nn (a))        | held as                                |                             |                  |                        |
| а           | Board designated or quasi-endowment 🕨                                                                            |                |                  |                      |                |                                        |                             |                  |                        |
| b           | Permanent endowment ►                                                                                            |                |                  |                      |                |                                        |                             |                  |                        |
| c           | Temporarily restricted endowment ►<br>The percentages in lines 2a, 2b, and 2c should equal 1                     | .00%           |                  |                      |                |                                        |                             |                  |                        |
| За          | Are there endowment funds not in the possession of th                                                            | e organizatio  | n that           | are hel              | danda          | admınıstered fo                        | r the                       |                  |                        |
|             | organization by  (i) unrelated organizations                                                                     |                |                  |                      |                |                                        | Гэ                          | a(i)             | es No                  |
|             | (ii) related organizations                                                                                       |                |                  |                      | •              |                                        | <b>—</b>                    | a(ii)            |                        |
| ь           | If "Yes" to 3a(II), are the related organizations listed a                                                       |                |                  | · ·<br>dule R?       |                |                                        | · · · · -                   | 3b               | <u> </u>               |
| 4           | Describe in Part XIII the intended uses of the organiza                                                          | atıon's endov  | vment f          | unds                 |                |                                        | _                           |                  | <u></u>                |
| Par         | Land, Buildings, and Equipment. Com<br>11a. See Form 990, Part X, line 10.                                       | plete if the   | orgar            | nizatio              | n ans          | wered 'Yes' to                         | Form 990, I                 | Part IV,         | line                   |
|             | Description of property                                                                                          |                |                  | Cost or<br>Is (Inves |                | <b>(b)</b> Cost or other basis (other) | (c) Accumulate depreciation |                  | Book value             |
| <b>1a</b> l | and                                                                                                              |                |                  |                      |                | 10,466,656                             | 5                           |                  | 10,466,656             |
| <b>b</b> E  | Buildings                                                                                                        |                |                  |                      |                | 18,964,498                             | 3,445,                      | 540              | 15,518,958             |
|             | easehold improvements                                                                                            |                |                  |                      |                | 586,280                                | 491,                        | 383              | 94,897                 |
| C L         |                                                                                                                  |                |                  |                      |                |                                        | -                           | $\overline{}$    |                        |
|             | quipment                                                                                                         |                |                  |                      |                | 10,705,666                             | 9,312,                      | 239              | 1,393,427              |
| d E         | quipment                                                                                                         |                |                  |                      |                | 10,705,666<br>5,252,62 <sup>4</sup>    |                             |                  | 1,393,427<br>3,439,074 |

| Part VII Investments—Other Securities. Com                              | plete if the organization a | answered 'Yes' to Form 990, Part IV, line                     | 11b.    |
|-------------------------------------------------------------------------|-----------------------------|---------------------------------------------------------------|---------|
| See Form 990, Part X, line 12.  (a) Description of security or category | (b)Book value               | (c) Method of valuation                                       |         |
| (including name of security)                                            |                             | Cost or end-of-year market value                              |         |
| (1)Financial derivatives (2)Closely-held equity interests               |                             |                                                               |         |
| (3)Other                                                                |                             |                                                               |         |
| (A) OTHER INVESTMENTS                                                   | 98,860,000                  | С                                                             |         |
| (B) FHLB STOCK                                                          | 1,875,300                   | С                                                             |         |
|                                                                         |                             |                                                               |         |
|                                                                         |                             |                                                               |         |
|                                                                         |                             |                                                               |         |
|                                                                         |                             |                                                               |         |
|                                                                         |                             |                                                               |         |
|                                                                         |                             |                                                               |         |
|                                                                         |                             |                                                               |         |
|                                                                         |                             |                                                               |         |
|                                                                         |                             |                                                               |         |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12)        | 100,735,300                 |                                                               |         |
| Part VIII Investments—Program Related. Con                              |                             |                                                               | ne 11c. |
| See Form 990, Part X, line 13.                                          | (h) Baak walua              | (a) Mathad of valuation                                       |         |
| (a) Description of investment                                           | (b) Book value              | (c) Method of valuation Cost or end-of-year market value      |         |
|                                                                         |                             |                                                               |         |
|                                                                         |                             |                                                               |         |
|                                                                         |                             |                                                               |         |
|                                                                         |                             |                                                               |         |
|                                                                         |                             |                                                               |         |
|                                                                         |                             |                                                               |         |
|                                                                         |                             |                                                               |         |
|                                                                         |                             |                                                               |         |
|                                                                         |                             |                                                               |         |
|                                                                         |                             |                                                               |         |
|                                                                         |                             |                                                               |         |
|                                                                         |                             |                                                               |         |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )       |                             |                                                               |         |
| Part IX Other Assets. Complete if the organization (a) Descrip          |                             | , Part IV, line 11d See Form 990, Part X, line (b) Book value | 15      |
| (u) beschip                                                             | tion                        | (b) Book value                                                |         |
|                                                                         |                             |                                                               |         |
|                                                                         |                             | +                                                             |         |
|                                                                         |                             |                                                               |         |
|                                                                         |                             |                                                               |         |
|                                                                         |                             |                                                               |         |
|                                                                         |                             |                                                               |         |
|                                                                         |                             |                                                               |         |
|                                                                         |                             |                                                               |         |
|                                                                         |                             | +                                                             |         |
|                                                                         |                             |                                                               |         |
|                                                                         |                             |                                                               |         |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.        | )                           |                                                               |         |
| Part X Other Liabilities. Complete if the organ                         | ization answered 'Yes' to   | o Form 990, Part IV, line 11e or 11f. See                     |         |
| Form 990, Part X, line 25.  1 (a) Description of liability              | (b) Book value              |                                                               |         |
| Federal income taxes                                                    | ,,=                         |                                                               |         |
| OTHER LIABILITIES                                                       | 6,678,942                   |                                                               |         |
| MEMBER SHARE DRAFT                                                      | 151,309,318                 |                                                               |         |
| MEMBER IRA SHARES                                                       | 26,879,938                  |                                                               |         |
| SHARE AND IRA CDS                                                       | 18,194,944                  |                                                               |         |
| SHARE SAVINGS                                                           | 592,933,009                 |                                                               |         |
| ACCRUED PENSIONS AND PROFIT SHARING                                     | 1,461,261                   |                                                               |         |
|                                                                         |                             |                                                               |         |
|                                                                         |                             |                                                               |         |
|                                                                         |                             |                                                               |         |
|                                                                         |                             |                                                               |         |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶     | 797,457,412                 |                                                               |         |

| Par  | Reconciliation of Revenue per Audited Financial Statements With Revenue per the organization answered 'Yes' to Form 990, Part IV, line 12a.                                                                                                 | oer R | <b>Leturn</b> Complete If |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------|
| 1    | Total revenue, gains, and other support per audited financial statements                                                                                                                                                                    | 1     | 50,937,148                |
| 2    | Amounts 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 XIII).............2d                                                                                                                                                                                                |       |                           |
| e    | Add lines <b>2a</b> through <b>2d</b>                                                                                                                                                                                                       | 2e    | 0                         |
| 3    | Subtract line <b>2e</b> from line <b>1</b>                                                                                                                                                                                                  | 3     | 50,937,148                |
| 4    | Amounts 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 XIII)...............4b                                                                                                                                                                                              |       |                           |
| C    | Add lines <b>4a</b> and <b>4b</b>                                                                                                                                                                                                           | 4c    | 0                         |
| 5    | Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)                                                                                                                                                 | 5     | 50,937,148                |
| Part | Reconciliation of Expenses per Audited Financial Statements With Expenses if the organization answered 'Yes' to Form 990, Part IV, line 12a.                                                                                                | s per | Return. Complete          |
| 1    | Total expenses and losses per audited financial statements                                                                                                                                                                                  | 1     | 37,199,212                |
| 2    | Amounts included on line 1 but not on Form 990, Part IX, line 25                                                                                                                                                                            |       |                           |
| а    | Donated services and use of facilities                                                                                                                                                                                                      |       |                           |
| b    | Prior year adjustments                                                                                                                                                                                                                      |       |                           |
| c    | Other losses                                                                                                                                                                                                                                |       |                           |
| d    | Other (Describe in Part XIII )                                                                                                                                                                                                              |       |                           |
| e    | Add lines 2a through 2d                                                                                                                                                                                                                     | 2e    | 0                         |
| 3    | Subtract line <b>2e</b> from line <b>1</b>                                                                                                                                                                                                  | 3     | 37,199,212                |
| 4    | Amounts 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 XIII).............. 4b                                                                                                                                                                                              |       |                           |
| C    | Add lines 4a and 4b                                                                                                                                                                                                                         | 4c    | 0                         |
| 5    | Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18)                                                                                                                                                | 5     | 37,199,212                |
| Par  | Supplemental Information                                                                                                                                                                                                                    |       |                           |
| Part | ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2l<br>V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to<br>mation |       | de any additional         |
|      | Return Reference Explanation                                                                                                                                                                                                                |       |                           |
| PART | X, LINE 2 THE CREDIT UNION EVALUATED ITS TAX POSITIONS AND DETERN POSITIONS EXIST AS OF DECEMBER 31, 2013 AND 2012                                                                                                                          | MINEC | NO UNCERTAIN TAX          |
| PART | IV, LINE 2B MONEY RECEIVED WITH MORTGAGE PAYMENTS THAT IS HELD IN TAXES                                                                                                                                                                     | ESCRO | OW FOR REAL ESTATE        |
|      |                                                                                                                                                                                                                                             |       |                           |

|           | <u> </u>          |                      |
|-----------|-------------------|----------------------|
| Part XIII | Supplemental Info | ormation (continued) |
| Ret       | turn Reference    | Explanation          |
|           |                   |                      |
|           |                   |                      |
|           |                   |                      |
|           |                   |                      |
|           |                   |                      |
|           |                   |                      |
|           |                   |                      |
|           |                   |                      |
|           |                   |                      |
|           |                   |                      |
|           |                   |                      |
|           |                   |                      |
|           |                   |                      |
|           |                   |                      |

Schedule D (Form 990) 2013

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

DLN: 93493321059054

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

► Complete if the organization answered "Yes" to 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.

Open to Public Inspection

Name of the organization WHATCOM EDUCATIONAL CREDIT UNION **Employer identification number** 

91-0712539

| Pa | rt I Questions Regarding Compensation                                                                                                                                                                                                                                                                                    |    |     |    |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|----|
|    |                                                                                                                                                                                                                                                                                                                          |    | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, 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                                                                                                                                                                                                                                           |    |     |    |
|    | ▼ Travel for companions                                                                                                                                                                                                                                                                                                  |    |     |    |
|    | Tax idemnification 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 in 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 | Yes |    |
| 2  | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?                                                                                                       |    | V   |    |
|    | an ectors, trastees, officers, metalling the elegative bifector, regarding the feeling effective in fine fu                                                                                                                                                                                                              | 2  | Yes |    |
| 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                                                                                                                                                                                                                                                                     |    |     |    |
|    |                                                                                                                                                                                                                                                                                                                          |    |     |    |
|    | Form 990 of other organizations  Approval by the board or compensation committee                                                                                                                                                                                                                                         |    |     |    |
| 4  | 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                                                                                                                                                                       |    |     |    |
| а  | Receive a severance payment or change-of-control payment?                                                                                                                                                                                                                                                                | 4a |     | No |
| b  | Participate in, or receive payment from, a supplemental nonqualified retirement plan?                                                                                                                                                                                                                                    | 4b | Yes |    |
| С  | Participate in, or receive payment from, an equity-based compensation arrangement?                                                                                                                                                                                                                                       | 4c |     | Νo |
|    | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III                                                                                                                                                                                                             |    |     |    |
|    | Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.                                                                                                                                                                                                                                                 |    |     |    |
| 5  | 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 |     |    |
|    | Any related organization?                                                                                                                                                                                                                                                                                                | 5b |     |    |
|    | If "Yes," to line 5a or 5b, describe in Part III                                                                                                                                                                                                                                                                         | 55 |     |    |
| 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 |     |    |
| b  | Any related organization?                                                                                                                                                                                                                                                                                                | 6b |     |    |
|    | If "Yes," to line 6a or 6b, describe in Part III                                                                                                                                                                                                                                                                         |    |     |    |
| 7  | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III                                                                                                                                         | 7  |     |    |
| 8  | 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 Regulations section 53 4958-4(a)(3)? If "Yes," describe                                                                                                                                                                                                           |    |     |    |
|    | ın 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)?                                                                                                                                                                                 | 9  |     |    |

## Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is 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) 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

| (A) Name and Title                             |             | (B) Breakdown of         | W-2 and/or 1099-MI                        | SC compensation                           | (C) Retirement and             | (D) Nontaxable | (E) Total of columns | (F) Compensation                          |
|------------------------------------------------|-------------|--------------------------|-------------------------------------------|-------------------------------------------|--------------------------------|----------------|----------------------|-------------------------------------------|
|                                                |             | (i) Base<br>compensation | (ii) Bonus &<br>ıncentive<br>compensation | (iii) Other<br>reportable<br>compensation | other deferred<br>compensation | benefits       | (B)(ı)-(D)           | reported as deferred<br>in prior Form 990 |
| (1)WAYNE LANGEI<br>PRESIDENT/CEO               | (i)<br>(ii) | 439,625<br>0             | 87,413<br>0                               | 815,811<br>0                              | 28,050<br>0                    | 12,030<br>0    | 1,382,929            | 0                                         |
| (2)ROBERT LANGEI                               | (i)         | 172,865                  | 33,392                                    | 1,710                                     | 23,018                         | 7,450          | 238,435              | 0                                         |
| EVP/CFO                                        | (ii)        | 0                        | 0                                         | 0                                         | 0                              | 0              | 0                    |                                           |
| (3)KATHLEEN GAVIN                              | (i)         | 173,206                  | 34,789                                    | 102,667                                   | 23,209                         | 11,283         | 345,154              | 0                                         |
| SENIOR VP                                      | (ii)        | 0                        | 0                                         | 0                                         | 0                              | 0              | 0                    |                                           |
| (4)JEFF DYKSTRA                                | (i)         | 164,965                  | 33,392                                    | 4,193                                     | 23,294                         | 14,326         | 240,170              | 0                                         |
| EVP/COO                                        | (ii)        | 0                        | 0                                         | 0                                         | 0                              | 0              | 0                    |                                           |
| (5)JENNIFER                                    | (i)         | 164,062                  | 33,212                                    | 2,399                                     | 22,977                         | 10,510         | 233,160              | 0                                         |
| KUTCHER EVP/CLO                                | (ii)        | 0                        | 0                                         | 0                                         | 0                              | 0              | 0                    |                                           |
| (6)LISA LANGEI<br>VP/MARKETING &<br>COMPLIANCE | (i)<br>(ii) | 124,706<br>0             | 25,885<br>0                               | 1,815<br>0                                | 17,434<br>0                    | 10,388<br>0    | 180,228              | 0                                         |
| (7)COLIN NAYLOR                                | (i)         | 127,869                  | 26,415                                    | 2,245                                     | 17,954                         | 14,214         | 188,697              | 0                                         |
| VP/CIO                                         | (ii)        | 0                        | 0                                         | 0                                         | 0                              | 0              | 0                    |                                           |
| (8)KENT BOUMA VP/BUSINESS SERVICES             | (i)<br>(ii) | 107,356<br>0             | 22,515<br>0                               | 1,689<br>0                                | 15,210<br>0                    | 14,156<br>0    | 160,926<br>0         | 0                                         |

Schedule J (Form 990) 2013

## Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

| Return Reference Explanation |                                                                                                                                                                                                                                                   |
|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ,                            | SCHEDULE J, PART III, SUPPLEMENTAL INFORMATION THE CREDIT UNION MADE CONTRIBUTIONS TO A 457 (F) PLAN ON BEHALF OF THE CEO, WAYNE LANGEI, AND THE EXECUTIVE VICE PRESIDENT, KATHLEEN GAVIN, IN THE AMOUNTS OF \$508,253 AND \$75,349, RESPECTIVELY |

Schedule J (Form 990) 2013

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

DLN: 93493321059054

### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Transactions with Interested Persons**

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

| Name of the or<br>WHATCOM EDUCA |                | LINION           |                          |              |                             |                  |                     | Employ | er ident/      | tificatio | on numbe       | er       |
|---------------------------------|----------------|------------------|--------------------------|--------------|-----------------------------|------------------|---------------------|--------|----------------|-----------|----------------|----------|
| Will Coll Eboch                 | TOWNE CREDIT   | ONION            |                          |              |                             |                  | 9                   | 91-07  | 12539          |           |                |          |
|                                 |                |                  |                          |              | 3) and section              |                  |                     |        |                |           |                |          |
|                                 |                |                  |                          |              | 90, Part IV, line           |                  |                     |        |                |           |                |          |
| <b>1 (a)</b> Nam                | e of disqualit | fied person      |                          | •            | n disqualified              | (c) Des          | cription            | of tra | nsaction       | ր  -      | <b>(d)</b> Cor |          |
|                                 |                |                  | pers                     | on and organ | lization                    |                  |                     |        |                |           | Yes            | No       |
|                                 |                |                  |                          |              |                             |                  |                     |        |                |           |                | -        |
|                                 |                |                  |                          |              |                             |                  |                     |        |                |           |                |          |
|                                 |                |                  |                          |              |                             |                  |                     |        |                |           |                |          |
|                                 |                |                  |                          |              |                             |                  |                     |        |                |           |                |          |
|                                 |                |                  |                          |              |                             |                  |                     |        |                |           |                | •        |
|                                 |                |                  |                          |              |                             |                  |                     |        |                |           |                |          |
|                                 |                |                  |                          |              |                             |                  |                     |        |                |           |                | •        |
|                                 |                |                  |                          |              |                             |                  |                     |        |                |           |                | -        |
|                                 |                |                  |                          |              |                             |                  |                     |        |                |           |                |          |
|                                 |                |                  |                          |              |                             |                  |                     |        |                |           |                |          |
|                                 |                |                  |                          |              | r disqualified pe           |                  | he yea              | r unde | rsectioi       | n         |                |          |
| 4958 .                          |                |                  |                          |              |                             |                  |                     |        | <b>&gt;</b> \$ |           |                |          |
| <b>3</b> Enter the a            | amount of tax  | x, ıf any, on lı | ne 2, above,             | reımbursed b | by the organizat            | ion              |                     |        | <b>F</b> \$    |           |                |          |
| Do 10 TT 1 0                    |                | d / s            | . T                      | - d D        |                             |                  |                     |        |                |           |                |          |
|                                 |                |                  | Interest                 |              | <b>5.</b><br>990-EZ, Part V | / line 202 or    | Form 0              | 100 D  | art IV lu      | no 26     | or if the      |          |
|                                 |                |                  |                          |              | , line 5, 6, or 22          |                  | roiiii <del>s</del> | 90, F  | aitiv, ii      | ille 20,  | or it tile     |          |
| (a) Name of                     | (b)            | (c)              | (d) Loar                 |              | (e)Original                 | (f)Balance       | <b>(g)</b> In       |        | (h)            |           | (i)Wr          | ıtten    |
| ınterested                      | Relationsh     |                  | 1 ` '                    |              | principal                   | due              | defaul              |        | Approv         | /ed       | agreer         |          |
| person                          | with           | loan             | organızat                | ion?         | amount                      |                  |                     |        | by             |           |                |          |
|                                 | organizatio    | on               |                          |              |                             |                  |                     |        | board<br>or    |           |                |          |
|                                 |                |                  |                          |              |                             |                  |                     |        | commi          | ttee?     |                |          |
|                                 |                |                  | То                       | From         |                             |                  | Yes                 | No     | Yes            | No        | Yes            | No       |
|                                 |                |                  |                          |              |                             |                  |                     |        |                |           |                |          |
|                                 |                |                  |                          |              |                             |                  |                     |        |                |           |                |          |
|                                 |                |                  |                          |              |                             |                  |                     |        |                |           |                |          |
|                                 |                |                  |                          |              |                             |                  |                     |        |                |           |                |          |
|                                 |                |                  |                          |              |                             |                  |                     |        |                |           |                |          |
|                                 |                |                  |                          |              |                             |                  |                     |        |                |           | <u> </u>       |          |
| Γotal                           |                | <b>►</b> \$      | 1                        |              |                             |                  |                     |        |                |           |                |          |
|                                 |                |                  |                          |              | ed Persons.                 |                  |                     |        |                |           |                |          |
| Соі                             | mplete if th   | ne organiza      | tion answer              |              | n Form 990, P               |                  | 27.                 |        |                |           |                |          |
| (a) Name of Ir                  |                |                  | nship betwee             |              | unt of assistanc            | e <b>(d)</b> Typ | e of ass            | istand | :e <b>(e</b>   | ) Purpo   | se of ass      | sistance |
| perso                           | n              |                  | erson and th<br>nization | e            |                             |                  |                     |        |                |           |                |          |
|                                 |                | Organ            | iizatioii                |              |                             |                  |                     |        |                |           |                |          |
|                                 |                |                  |                          |              |                             |                  |                     |        |                |           |                |          |
|                                 |                |                  |                          |              |                             | <del></del>      |                     |        |                |           |                |          |
|                                 |                |                  |                          |              |                             |                  |                     |        |                |           |                |          |
|                                 |                |                  |                          |              |                             |                  |                     |        |                |           |                |          |
|                                 |                |                  |                          |              |                             |                  |                     |        |                |           |                |          |
|                                 |                |                  |                          |              |                             |                  |                     |        |                |           |                |          |
|                                 |                |                  |                          |              |                             |                  |                     |        |                |           |                |          |

| Part IV Business Transactions : Complete if the organization |                                                                                             |                                | e 28a, 28b, or 28c.                              |     |    |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------|-----|----|
| (a) Name of Interested person                                | (b) Relationship between interested person and the organization  (c) A mount of transaction | (d) Description of transaction | (e) Sharing<br>of<br>organization's<br>revenues? |     |    |
|                                                              |                                                                                             |                                |                                                  | Yes | No |
| (1) SHANNON DYKSTRA 1099 EIN 53-<br>7043345                  | SPOUSE OF EVP/COO                                                                           | 7,553                          | FEES PAID FOR JANITORIAL SERVICES                |     | No |
|                                                              |                                                                                             |                                |                                                  |     |    |
|                                                              |                                                                                             |                                |                                                  |     |    |
|                                                              |                                                                                             |                                |                                                  |     |    |
|                                                              |                                                                                             |                                |                                                  |     |    |
|                                                              |                                                                                             |                                | l                                                |     |    |

## Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

| Return Reference | Explanation |  |  |
|------------------|-------------|--|--|
|                  |             |  |  |

Schedule L (Form 990 or 990-EZ) 2013

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE O

As Filed Data -

DLN: 93493321059054

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

► Attach to Form 990 or 990-EZ.

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

2013
Open to Public Inspection

Name of the organization
WHATCOM EDUCATIONAL CREDIT UNION

Employer identification number
91-0712539

| Return Reference | Explanation                                                                                      |
|------------------|--------------------------------------------------------------------------------------------------|
|                  | A SPOUSAL RELATIONSHIP AND A FATHER/SON RELATIONSHIP EXIST WITHIN THE EXECUTIVE MANAGEMENT GROUP |

| Return Reference                        | Explanation                                                                                                                                        |
|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, PART VI,<br>SECTION A, LINE 6 | THE ORGANIZATION HAS MEMBERS THE CREDIT UNION'S MEMBERS RECEIVE A SHARE OF THE ORGANIZATION'S PROFITS OR EXCESS DUES IN THE FORM OF CASH DIVIDENDS |

| Return Reference Explanation             |                                                                                                                                                                         |  |  |  |
|------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| FORM 990, PART VI,<br>SECTION A, LINE 7A | MEMBERS OF THE CREDIT UNION HAVE THE RIGHT TO ELECT ONE OR MORE MEMBERS OF THE ORGANIZATION'S GOVERNING BODY, WHETHER PERIODICALLY, OR AS VACANCIES ARISE, OR OTHERWISE |  |  |  |

| Return Reference                         | Explanation                                                                                                                                                                                                                               |  |  |  |  |  |
|------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| FORM 990, PART VI,<br>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 BOARD, AS WELL AS OTHER MATTERS THAT ARE SUBJECT TO THE APPROVAL OF MEMBERS OF THE CREDIT UNION AS THEY OCCUR |  |  |  |  |  |

| Return<br>Reference                         | Explanation                                                                                                                                                                                                                                                                                                                                 |
|---------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, PART<br>VI, SECTION B,<br>LINE 11 | OUR FORM 990 TAX FILING IS REVIEWED BY WECU'S ACCOUNTING MANAGER AND VP/CFO IN DETAIL IT IS COMPARED TO OUR PREVIOUS YEAR'S RETURN, TIED BACK TO OUR FINANCIAL STATEMENTS AND OUR GENERAL LEDGER RECORDS THEN, IT IS REVIEWED BY OUR PRESIDENT/CEO PRIOR TO FILING A COPY OF FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING |

| Return<br>Reference                             | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 12C | WECU'S CONFLICT OF INTEREST POLICY FOCUSES ON DEFINING AND PREVENTING CONFLICTS OF INTEREST BEFORE ENGAGING IN ANY ACTIVITY, TRANSACTION, OR BEFORE ENTERING INTO ANY RELATIONSHIP THAT MIGHT GIVE RISE TO A CONFLICT OF INTEREST, EMPLOYEES MUST SEEK REVIEW FROM THEIR MANAGERS, THE INTERNAL AUDITOR, OR THE HUMAN RESOURCES DEPT WECU'S HR DEPT, STAFF LIAISON, AND INTERNAL AUDITOR ARE RESPONSIBLE FOR ENSURING THAT NO CONFLICT OF INTERESTS OCCUR THAT COULD HAVE A NEGATIVE EFFECT ON WECU IF ANY ONE SUSPECTS A CONFLICT OF INTEREST, IT IS REPORTED TO MANAGEMENT, THE STAFF LIAISON, THE HR DEPT, OR THE INTERNAL AUDITOR WECU HAS VARIOUS ANNUAL REVIEWS AND CONTROLS IN PLACE TO MONITOR SITUATIONS IN WHICH A CONFLICT OF INTEREST MIGHT ARISE, WHICH ARE PERFORMED BY MANAGEMENT, OR OUR INTERNAL AUDITOR |

| Return<br>Reference                            | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 15 | COMPENSATION FOR THE PRESIDENT/CEO IS DETERMINED BY THE DETAILS OF THE EMPLOYMENT CONTRACT SET FORTH BETWEEN THE BOARD OF DIRECTORS AND THE PRESIDENT/CEO TO ENSURE THAT PAY RATES ARE COMPETITIVE WITHIN THE MARKETPLACE, THE CREDIT UNION PARTICIPATES IN A NUMBER OF INDUSTRY-SPECIFIC SALARY/COMPENSATION SURVEYS SUCH AS THOSE SPONSORED BY CREDIT UNION NATIONAL ASSOCIATION (CUNA), CREDIT UNION EXECUTIVE SOCIETY (CUES), AND THE WASHINGTON BANK AND CREDIT UNION SALARY AND BENEFIT SURVEY UTILIZING DATA FROM THESE SURVEYS, WECU'S PRESIDENT/CEO AND EVP DETERMINE THE OVERALL SALARY STRUCTURE |

| Return<br>Reference                            | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VI,<br>SECTION C,<br>LINE 19 | WECU HAS A MEMBER RIGHTS POLICY IN WHICH WE STIPULATE HOW OUR MEMBERS CAN REQUEST AND RECEIVE CREDIT UNION CORPORATE RECORDS, WHICH INCLUDE OUR ARTICLES AND BY LAWS, MINUTES OF MEMBERSHIP MEETINGS AND ANNUAL FINANCIAL REPORT, FINANCIAL REPORTS AND FORMS, CODE OF ETHICS, BOARD GOVERNANCE POLICIES, AND BOARD OF DIRECTORS AND SUPERVISORY COMMITTEE NAMES A MEMBER REQUEST MUST BE SUBMITTED IN WRITING TO THE CREDIT UNION AND SPECIFICALLY IDENTIFY THE DISCLOSABLE RECORDS REQUESTED THE CREDIT UNION MAY REQUIRE THE MEMBER TO SIGN A CONFIDENTIALITY AGREEMENT TO PROTECT THE CREDIT UNION FROM UNAUTHORIZED DISCLOSURE OF CERTAIN PROPRIETARY INFORMATION IF ANY DOCUMENTS CONTAIN MEMBER INFORMATION, IT WILL BE EXPUNGED FROM THE DOCUMENT BEFORE BEING PROVIDED TO THE PUBLIC |

| Return Reference          | Explanation                                              |
|---------------------------|----------------------------------------------------------|
| FORM 990, PART XI, LINE 9 | NET CHANGE IN UNREALIZED GAIN ON AFS INVESTMENTS 506,964 |

| Return Reference               | Explanation                                                                                            |
|--------------------------------|--------------------------------------------------------------------------------------------------------|
| FORM 990, PART XII, LINE<br>2C | THE SUPERVISORY COMMITTEE ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDITED FINANCIAL STATEMENTS |