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DLN: 93493316065585

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)

 \blacktriangleright Do not enter social security numbers on this form as it may be made public

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

OMB No 1545-0047

ZU 14

Open to Public Inspection

	or the 2	014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014	•			
B Cl	neck if ap	plicable C Name of organization ONPOINT COMMUNITY CREDIT UNION		D Emplo	yer ider	ntification number
☐ Ac	ldress cha			93-0	257765	5
Г Na	ame chan	Doing business as		-		
┌ In	ıtıal returr	n		E Tolonh	one num	hor
	nal	Number and street (or P O box if mail is not delivered to street address) Room/sur	te			
	turn/term	illiated		(503)	273-1	764
☐ Ar	nended re	City or town, state or province, country, and ZIP or foreign postal code PORTLAND, OR 972083750		1.		270 270 225
☐ Ap	plication	pending		G Gross	receipts \$	3 270,370,335
		F Name and address of principal officer	H(a) Is th	■ nis a group	return	for
		ROBERT STUART		rdinates?		┌ Yes ┌ No
		PO BOX 3750 PORTLAND, OR 972083750	U/h) A			
			H(b) Are inclu	ali subora ided?	inates	□ Yes □ No
I T	ax-exemp	pt status			n a list	(see instructions)
	/ebsite:	: WWW ONPOINTCU COM	uv-v Gro	up exemp	tion nun	nhar b
			1			
	m of orga art I	anization	L Year of f	ormation 19	932 M	State of legal domicile OR
Po	_	·				
		riefly describe the organization's mission or most significant activities ROMOTE THE FINANCIAL WELL-BEING OF CREDIT UNION MEMBERS THF	OUGH FINA	ΔΝΟΤΔΙ Ρ	RO DII C	TS AND SERVICES
a)	-	ROMOTE THE FINANCIAE WELL BEING OF CREDIT ONION PLEMBERS THE	.0001111117	NCIALI	RODOC	STS AND SERVICES
≧						
Ē	-					
Governance	2 C	heck this box 🔭 if the organization discontinued its operations or disposed o	f more than	25% of its	net as	sets
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න් රෝ		lumber of voting members of the governing body (Part VI, line 1a)			3	9
Ě		lumber of independent voting members of the governing body (Part VI, line 1b)			4	9
Activities &		otal number of individuals employed in calendar year 2014 (Part V, line 2a)			5	657
ĕ		otal number of volunteers (estimate if necessary)		• •	6	721 517
		otal unrelated business revenue from Part VIII, column (C), line 12			7a	731,517
	D IV	let unrelated business taxable income from Form 990-T, line 34			7b 	-1,320,573
		Control of the contro	Pri	or Year	0	Current Year
ā	8			130.060		128,845,507
Rayenue	9	Program service revenue (Part VIII, line 2g)		129,060,		
盏	10 11	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		13,632,	0	14,907,883
	**	Other revenue (Fait VIII, Column (A), mes 5, 60, 60, 90, 100, and 11e)	I		٠ı	
	12	Total revenue—add lines 8 through 11 (must equal Part VIII column (A.) line				
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		142,693,	288	143,753,390
	13	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		142,693,	288	143,753,390
		12)		142,693,	0	143,753,390 0 9,592,760
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines		12,212,	0 916	9,592,760
	13 14 15	Grants and similar amounts paid (Part IX, column (A), lines 1–3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)			0 916 586	9,592,760 48,304,458
enses	13 14	Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)		12,212,	0 916	0 9,592,760
Expenses	13 14 15	Grants and similar amounts paid (Part IX, column (A), lines 1–3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		12,212,	0 916 586	9,592,760 48,304,458
Expenses	13 14 15 16a	Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)		12,212,	0 916 586 0	9,592,760 48,304,458
Expenses	13 14 15 16a b	Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)		12,212, 44,570,	0 916 586 0	9,592,760 48,304,458 0
Expenses	13 14 15 16a b	Grants and similar amounts paid (Part IX, column (A), lines 1–3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		12,212, 44,570, 51,403,	0 916 586 0 353 855	0 9,592,760 48,304,458 0 51,559,936
	13 14 15 16a b 17 18 19	Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	. Beginnir	12,212, 44,570, 51,403, 108,186, 34,506,	0 916 586 0 353 855 433	0 9,592,760 48,304,458 0 51,559,936 109,457,154 34,296,236
	13 14 15 16a b 17 18 19	Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12	Beginnin	12,212, 44,570, 51,403, 108,186, 34,506, ag of Curre	0 916 586 0 353 855 433 ent	0 9,592,760 48,304,458 0 51,559,936 109,457,154 34,296,236 End of Year
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	13 14 15 16a b 17 18 19	Grants and similar amounts paid (Part IX, column (A), lines 1–3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12	Beginning 3, 3, 3,	12,212, 44,570, 51,403, 108,186, 34,506, 108 of Curre Year 356,256, 013,030,	0 916 586 0 353 855 433 ent 419 080	0 9,592,760 48,304,458 0 51,559,936 109,457,154 34,296,236 End of Year 3,559,804,327 3,165,398,756
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Net Assets or Fund Balances	13 14 15 16a b 17 18 19 20 21 22	Grants and similar amounts paid (Part IX, column (A), lines 1–3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12	Beginning 3,	12,212, 44,570, 51,403, 108,186, 34,506, 19 of Curre Year 356,256, 013,030, 343,226,	0 916 586 0 353 855 433 ent 419 080 339	9,592,760 48,304,458 0 51,559,936 109,457,154 34,296,236 End of Year 3,559,804,327 3,165,398,756 394,405,571
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A bu Assets or your Balances	13 14 15 16a b 17 18 19 20 21 22 11 21 er penal knowledd	Grants and similar amounts paid (Part IX, column (A), lines 1–3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 Total liabilities (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20 Signature Block Ities of perjury, I declare that I have examined this return, including accompange and belief, it is true, correct, and complete Declaration of preparer (other the any knowledge	Beginning 3, 3, 3, 3, 3, 3, 4, ring schedul	12,212, 44,570, 51,403, 108,186, 34,506, 19 of Curre Year 356,256, 013,030, 343,226,	0 916 586 0 353 855 433 ent 419 080 339	9,592,760 48,304,458 0 51,559,936 109,457,154 34,296,236 End of Year 3,559,804,327 3,165,398,756 394,405,571 ts, and to the best of
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✓ Yes No

including grants of \$

4e Total program service expenses ►

(Expenses \$

) (Revenue \$

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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Νo
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I^{\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? <i>If "Yes," complete Schedule C, Part II</i>	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,"</i> complete Schedule D, Part III	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^{\square}	9	Yes	
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	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		No
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	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> "Yes," complete Schedule F, Parts III and IV	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 $11e^{7}$ 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 domestic 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 or for domestic individuals 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		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	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 "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
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? <i>If "Yes," complete Schedule R, Part I</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? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 0	(2014)

	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	Yes	.) No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 83,509		1 es	NO
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0	_		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	,		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	res	
la	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
Ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N (
2	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	F-		
-	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		No
a	organization solicit any contributions that were not tax deductible as charitable contributions?	L		INC
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).		1	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
:	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
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		
ı	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
1	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.			
	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
		8		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter	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	1		
-	facilities	1		
	Section 501(c)(12) organizations. Enter			
3	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
a	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	1		
	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			
3	Enter the amount of reserves on hand	1		
_	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
u	· · · · · · · · · · · · · · · · · · ·			

Section A. Governing Body and Management

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

Check if 3 chedule 0 contains a response of note to any fine in this rait vi	Check if Schedule C	contains a response or note to any line in this Part VI														
--	---------------------	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax 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			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		No
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
6	Did the organization have members or stockholders?	6	Yes	
7a	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	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ıe Cod	e.)
			V	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		Yes	No
b 11a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	10b	Yes	No
b 11a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	No
b 11a b 12a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes Yes Yes	No
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a	Yes Yes Yes	No
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes Yes Yes Yes	No
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a b c	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b 16a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes Yes	No

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website V 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
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►LISA HEATH CONTROLLER

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ♦ 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

	1							<u> </u>		
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot	not box h an or/tr	offic ustee	ess er e)	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) C HARMS DIRECTOR	4 00	х						0	0	0
(2) K MORRIS BOD SECRETARY	4 00	х		х				799	0	0
(3) L JOHNSON BOD VICE CHAIR	8 00	х		х				1,450	0	0
(4) L SCHULWITZ DIRECTOR	4 00	х						0	0	0
(5) M SCALLY DIRECTOR	4 00	х						0	0	0
(6) S GOLDSCHMIDT DIRECTOR	4 00	х						8,678	0	0
(7) S GRAY DIRECTOR	4 00	х						1,440	0	0
(8) T TSURUTA DIRECTOR	4 00	х						0	0	0
(9) W PEDERSON BOD CHAIR	8 00	х		х				1,840	0	0
(10) J HUNT SVP/CHIEF FINANCIAL OFFICER	45 00			х				1,103,413	0	91,637
(11) K SCHRADER SVP/COO/RISK OFFICER	45 00			х				905,114	0	91,086
(12) R STUART PRESIDENT	50 00			х				1,697,335	0	213,602
(13) J ARMSTRONG SVP/HUMAN RESOURCES	45 00				х			809,728	0	108,182
(14) T MCVAY SVP/RETAIL DELIVERY	45 00				х			972,192	0	139,565
		•						ı		Form 990 (2014)

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot rect	note boo	checle checken Highest compensated	ss er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(15) A EMERSON ONPOINT MORTGAGE MANAGER	45 00					х		240,281	0	34,070
(16) C SCHRECK MORTGAGE LOAN OFFICER	45 00					х		205,292	0	34,159
(17) M DEBUHR VP/CONSUMER CREDIT ADMINISTRATION	45 00					х		202,689	0	83,018
(18) M VOLK SR FINANCIAL ADVISOR	45 00					х		254,475	0	39,023
(19) W KEITH INVESTMENT SERVICES MANAGER	45 00					х		206,413	0	27,093

1b	Sub-Total	•			
c	Total from continuation sheets to Part VII, Section A	M			
d	Total (add lines 1b and 1c)	•	6,611,139	0	861,435
	·				

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization •64

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	3	,
(A) Name and business address	(B) Description of services	(C) Compensation
DIEBOLD GLOBAL FINANCE CORPORATION PO BOX 644399 PITTSBURGH, PA 152644399	ATM SERVICE/SUPPORT	4,943,132
WEBER MARKETING GROUP 225 TERRY AVE N SUITE 400 SEATTLE, WA 98109	MRKTNG/PROMOTIONAL	4,299,732
FISERV PO BOX 99924 GRAPEVINE, TX 760999724	ONLINE BANKING SERVICES	4,101,452
KAYE-SMITH PO BOX 956 RENTON, WA 980570956	BULK MAILINGS	1,487,039
FIRST CHOICE NW APPRAISAL MGMNT INC 6700 SW 105TH AVE BEAVERTON, OR 97008	REAL ESTATE APPRAISAL	1,273,795
2. Total number of independent contractors (including but not limited to those listed above) who received more than	

Form 99								Page 9
Part V	/ 1111	Statement o	o f Revenue ule O contains a respon	se or note to any lir	ne in this Part VIII			
		Check if Schedi	ure o contains a respon	se of floce to any fi	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s	1a	Federated cam	paigns 1a					
Grants mounts	ь	Membership du	ies 1b					
190 190	C	Fundraising eve	ents 1c					
Giffs, nilar An	d	Related organiz	zations 1d					
n 	e	Government grant						
Contributions, Gifts, Grants and Other Similar Amounts	f		ons, gifts, grants, and 1f					
tribu	g		ons included in lines					
Son	h	Total. Add lines	s 1 a - 1 f	🛌				
				Business Code				
ann.	2a	INTEREST MEMBER	r Loans	522100	84,834,028	84,834,028		
eye eye	ь	INTERCHANGE INC	COME	522100	21,020,649	21,020,649		
Program Serwce Revenue	С	OTHER OPERATING	G INCOME	522100	12,054,954	11,488,443	566,511	
er v	d	SERVICE FEES		522100	10,935,876	10,770,870	165,006	
ج ج	e							
<u>ت</u> ق	f	All other progra	am service revenue					
ዿ	g	Total. Add lines	l s 2a – 2f	►	128,845,507			
	3		ome (including dividenc		14,318,105			14,318,105
	4		ar amounts) stment of tax-exempt bond p	-	14,310,103			14,510,103
	5	Royalties	· · · · · · · · · · · · · · · · · · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		Koyanies I	(ı) Real	(II) Personal				
	6a	Gross rents	. ,	. ,				
	ь	Less rental expenses						
	c	Rental income						
	d	or (loss)	me or (loss)					
	"	Net remarmed	(i) Securities	(II) O ther				
	7a	Gross amount from sales of assets other	124,958,513	2,248,210				
	Ь	than inventory Less cost or						
		other basis and sales expenses	124,400,062	2,216,883				
	c	Gain or (loss)	558,451	31,327				
	d	Net gain or (los	ss)		589,778			589,778
Other Revenue	8a	events (not inc	ludings reported on line 1c)					
<u>.</u>			a					
Ě	Ь		penses b					
J	9a	Gross income f	(loss) from fundraising effrom gaming activities ne 19	events 🛌				
	ь	less directer	apenses b					
			(loss) from gaming activ	/ities				
		Gross sales of	inventory, less	-				
		returns and allo	F					
	ь	less sostafa	a oods sold b					
			(loss) from sales of inve	entory				
		Miscellaneous		Business Code				
	11a							
	ь							
	c							
	d	All other reven	ue					
	e		L s 11a-11d	🕨				
	12	Total revenue	See Instructions					
	1				143,753,390	128,113,990	731,517	14,907,883

Form	990 (2014)				Page 10
	IX Statement of Functional Expenses				
Section	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	Part IX	(B)	(c)	
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members	9,592,760			
5	Compensation of current officers, directors, trustees, and key employees	7,484,790			
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	27,968,582			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,485,620			
9	Other employee benefits	6,303,050			
10	Payroll taxes	3,062,416			
11	Fees for services (non-employees)				
а	Management				
b	Legal	417,174			
C	Accounting	149,481			
d	Lobbying				
e	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)	16,185,520			
12	Advertising and promotion	6,807,826			
13	Office expenses	8,366,437			
14	Information technology	4,202,660			
15	Royalties				
16	Occupancy	6,062,146			
17	Travel	457,064			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	263,575			
20	Interest	45			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,607,289			
23	Insurance	577,013			
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	PROVISION FOR LOAN LOSS	1,078,742			
b					
c					
d					
e	All other expenses	4,384,964			
25	Total functional expenses. Add lines 1 through 24e	109,457,154			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Par	LA	Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	303,884,145	1	353,200,332
	2	Savings and temporary cash investments	30.743.851	2	26,859,258
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	7,643,637	4	7,558,336
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	1,010,007	5	7,,000,000
Assets	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			
Š	_		4 000 505 444	6	2.457.070.004
⋖	7	Notes and loans receivable, net	1,960,565,111	7	2,157,976,681
	8	Inventories for sale or use	2 222 722	8	4 000 070
	9	Prepaid expenses and deferred charges	3,868,792	9	4,082,976
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 41,463,569			
	b	Less accumulated depreciation	, ,	10c	10,875,570
	11	Investments—publicly traded securities	985,936,320	11	944,656,042
	12	Investments—other securities See Part IV, line 11	39,680,839	12	39,727,304
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	14,224,747	15	14,867,828
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,356,256,419	16	3,559,804,327
	17	Accounts payable and accrued expenses	37,578,142	17	40,946,960
	18	Grants payable		18	
	19	Deferred revenue	189,954	19	179,748
	20	Tax-exempt bond liabilities		20	
Ø	21	Escrow or custodial account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	711,222	21	1,075,679
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
ge		persons Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	907,961	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule	0.070.040.004		0.400.400.000
		D	2,973,642,801	25	3,123,196,369
	26	Total liabilities. Add lines 17 through 25	3,013,030,080	26	3,165,398,756
.o O		Organizations that follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 27 through 29, and lines 33 and 34.			
ĕ	27	Unrestricted net assets		27	
Fund Balance	28	Temporarily restricted net assets		28	
<u> </u>	29	Permanently restricted net assets		29	
Ĭ		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and			
or F		complete lines 30 through 34.			
0	30	Capital stock or trust principal, or current funds	О	30	0
Assets	31	Paid-in or capital surplus, or land, building or equipment fund	o	31	0
AS	32	Retained earnings, endowment, accumulated income, or other funds	343,226,339	32	394,405,571
≱	33	Total net assets or fund balances	343,226,339	33	394,405,571
_	34	Total liabilities and net assets/fund balances	3,356,256,419	34	3,559,804,327

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		143,7	753,390
2	Total expenses (must equal Part IX, column (A), line 25)	2		109,4	157,154
3	Revenue less expenses Subtract line 2 from line 1	3		34,2	296,236
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		343,2	226,339
5	Net unrealized gains (losses) on investments	5		16,3	324,545
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		į	558,451
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		394,4	105,571
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				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 it 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		

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DLN: 93493316065585

OMB No 1545-0047

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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. ► 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-B.

Na	Section 501(c)(4), (5), or (6) org			Employer i	dent if ic	ation numb	er
ON	POINT COMMUNITY CREDIT UNION			93-02577	65		
Par	t I-A Complete if the o	rganization is exempt und	er section 501			ganizatio	n.
1	Provide a description of the o	rganization's direct and indirect po	olitical campaign ac	ctivities in Part IV			
2	Political expenditures			▶	\$ _		25,000
3	Volunteer hours				_		0
Par	t I-B Complete if the o	rganization is exempt und	er section 501	(c)(3).			
1		se tax incurred by the organization		• • • • • • • • • • • • • • • • • • • •	- \$		
2	Enter the amount of any excis	se tax incurred by organization ma	nagers under section	on 4955	•		
3	If the organization incurred a	section 4955 tax, did it file Form	4720 for this year?	,		┌ Yes	┌ No
4 a	Was a correction made?					☐ Yes	┌ No
b	If "Yes," describe in Part IV						
Par	rt I-C Complete if the o	rganization is exempt und	er section 501	(c), except section	501(c)(3).	
1	Enter the amount directly exp	ended by the filing organization fo	r section 527 exen	npt function activities 🕨	+ \$_		
2	Enter the amount of the filing exempt function activities	organization's funds contributed t	o other organization	ns for section 527	\$ _		25,000
3	Total exempt function expend	itures Add lines 1 and 2 Enter he	ere and on Form 11	20-POL, line 17b	٠ \$		25,000
4	Did the filing organization file	Form 1120-POL for this year?			T —	✓ Yes	┌ No
		ons received that were promptly an political action committee (PAC) (b) Address			(e)	n Part IV Amount of ntributions and prompt rectly delived separate porganization	f political received ly and ered to a plitical If none,
(1)	CU LEGISLATIVE ACTION FUND	8205 SW CREEKSIDE PL SUITE 220 BEAVERTON, OR 97075	93-0953356	25,00	00	enter -() -
		i	1		1		

5 c	hedule C (Form 990 or 990-EZ) 2014					Page 2
Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	:)(3) and file	d Form 5768	
	Check If the filing organization belongs to a expenses, and share of excess lobb	ying expenditures)		_	p member's nam	e, address, EIN,
	Limits on Lobbying E (The term "expenditures" means an	xpenditures			(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	ying)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax				
	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 \$500,00	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	00		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1f)				
h	Subtract line 1g from line 1a If zero or less, ente	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	ır - 0 -				
j	If there is an amount other than zero on either lin section 4911 tax for this year?	ne 1h or line 1ı, did the	organızatıon file F	Form 4720 repo	rtıng	┌ Yes ┌ No
	4-Year Av (Some organizations that made a s columns below. See t		ection do not	have to com		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a	Lobbying nontaxable amount					
ь	Lobbying ceiling amount (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

Pa		ization is exempt under section 501(c)(3) and has I tion under section 501(h)).	ТОИ			'	age J
For e	each "Yes" response to lines 1a through 1.1	below, provide in Part IV a detailed description of the lobbying	(6	a)		(b)	
activ		scion, provide in rate IV a declared description of the lossying	Yes	No	4	mour	nt
1		tion attempt to influence foreign, national, state or local fluence public opinion on a legislative matter or referendum,					
а	Volunteers?						
b	Paid staff or management (include com	npensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?						
d	Mailings to members, legislators, or th	e public?					
е	Publications, or published or broadcas	t statements?					
f	Grants to other organizations for lobby	ing purposes?					
g	Direct contact with legislators, their st	affs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, cor	oventions, speeches, lectures, or any similar means?					
i	O ther activities?						
j	Total Add lines 1c through 1i			_			
2a		rganization to be not described in section 501(c)(3)?			4		
Ь	If "Yes," enter the amount of any tax II						
С		ncurred by organization managers under section 4912		Ī			
d		tion 4912 tax, did it file Form 4720 for this year?					
Pa	rt III-A Complete if the organi 501(c)(6).	ization is exempt under section 501(c)(4), section !	501(c)(5),	or se	ectio	n
						Yes	No
1	Were substantially all (90% or more) o	lues received nondeductible by members?		Γ	1		
2	Did the organization make only in-hous	se lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry ove	er lobbying and political expenditures from the prior year?			3		
Pa		ization is exempt under section 501(c)(4), section ! r (a) BOTH Part III-A, lines 1 and 2, are answered " es."					
1	Dues, assessments and similar amoun	ts from members	1				
2	Section 162(e) nondeductible lobbying expenses for which the section 527(f)	and political expenditures (do not include amounts of political tax was paid).					
а	Current year		2a				
b	Carryover from last year		2b				
С	Total		2c				
3		6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	does the organization agree to carryov	n line 2c exceeds the amount on line 3, what portion of the excess er to the reasonable estimate of nondeductible lobbying and					
	political expenditure next year?		4				
5	Taxable amount of lobbying and politic	· · · · · · · · · · · · · · · · · · ·	5				
Р	art IV Supplemental Informa	ation					
		-A, line 1, Part l-B, line 4, Part l-C, line 5, Part II-A (affiliated groulls, complete this part for any additional information	ıp lıst),	Part I	[-A,I	nes 1	and
	Return Reference	Explanation					
PAF	ENH	CONTRIBUTION WAS TO THE CREDIT UNION LEGISLATIVE A ANCES CREDIT UNIONS' VISIBILITY AMONG LAWMAKERS AN ITICAL RELATIONSHIPS					

Part IV Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2014

DLN: 93493316065585

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

Open to Public Inspection

	ne of the organization OINT COMMUNITY CREDIT UNION		Employer identification number
UNP	ONAL COMMONTAL CREDIT ONTON		93-0257765
Pa	rt I Organizations Maintaining Donor Advorganization answered "Yes" to Form 990		
		(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
<u>!</u>	Aggregate value of contributions to (during year)		
}	Aggregate value of grants from (during year)		
ŀ	Aggregate value at end of year		
;	Did the organization inform all donors and donor advise funds are the organization's property, subject to the or		or advised
5	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the beneficonferring impermissible private benefit?		
ar	t II Conservation Easements. Complete if	the organization answered "Yes" to	Form 990, Part IV, line 7.
L	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space	or education) Preservation of an I	historically important land area ertified historic structure
:	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	a qualified conservation contribution in th	
а	Total number of conservation easements	 	Held at the End of the Year
_	Total acreage restricted by conservation easements	-	2b
b	Number of conservation easements on a certified histo	aria atrijatura inaliidad in (a)	
c d	Number of conservation easements on a certified first Number of conservation easements included in (c) acc historic structure listed in the National Register	` ` _	2c
,	Number of conservation easements modified, transferi	L	
	the tax year ►	rea, released, extinguished, or terminated	by the organization during
	the tax year F		
	Number of states where property subject to conservat	ion easement is located 🟲	_
•	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?	the periodic monitoring, inspection, hand	ling of violations, and Yes No
•	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easem	ents during the year
•	A mount of expenses incurred in monitoring, inspecting	g, and enforcing conservation easements	during the year
3	Does each conservation easement reported on line 2(and section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of sect	(ion 170(h)(4)(B)(i)
)	In Part XIII, describe how the organization reports conbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easements.	e footnote to the organization's financial :	
ar	Complete if the organization answered "Y		or Other Similar Assets.
.a	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide, in Part XIII, the text of the footnote to	ets held for public exhibition, education, o	r research in furtherance of public
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide the following amounts relating to thes	.16 (ASC 958), to report in its revenue s ets held for public exhibition, education, o	tatement and balance sheet
	(i) Revenue included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS		r financial gain, provide the
а	Revenue included in Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		▶ - \$

Part	Organizations Maintaining Col	lections of Art	, His	tori	cal T	reası	ires, or Ot	<u>her</u>	Similar As	sets (c	continued)
3	Using the organization's acquisition, accessic collection items (check all that apply)	on, and other record	ds, ch	neck	•		_		significant use	of its	
а	Public exhibition		d	Γ	Loan	orexc	hange progra	ms			
b	Scholarly research		e	Γ	Othe	r					
c	Preservation for future generations										
4	Provide a description of the organization's col Part XIII	lections and explai	ın hov	w the	y furth	er the	organızatıon's	exe	empt purpose	ın	
5	During the year, did the organization solicit or									-	-
Dar	assets to be sold to raise funds rather than to to talk Escrow and Custodial Arrange									Yes	│ No
Pal	Part IV, line 9, or reported an am-						ii alisweleu	16	S to Follis	,,	
1a	Is the organization an agent, trustee, custodia included on Form 990, Part X?						or other asse	ts no	ot	┌ Yes	✓ No
b	If "Yes," explain the arrangement in Part XIII	and complete the	follov	wing t	able						
									An	nount	
C	Beginning balance						<u> </u>	lc			
d	Additions during the year						1	.d			
e	Distributions during the year						_	.е			
f	Ending balance							Lf			
2a	Did the organization include an amount on For	m 990, Part X, line	21,	for e	scrow	orcust	odial account	tliab	oility?	✓ Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII										<u> </u>
Pa	rt V Endowment Funds. Complete if										
1a	Beginning of year balance	(a)Current year	(b) Prior	year	b (c)⊺	wo years back	(d)∏	nree years back	(e)Four	years back
ь	Contributions										
c	Net investment earnings, gains, and losses										
_	_					_					
d	Grants or scholarships										
е	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent year end balanc	e (lın	ne 1g	, colun	nn (a))	held as				
а	Board designated or quasi-endowment 🕨										
ь	Permanent endowment ▶										
c	Temporarily restricted endowment ►										
	The percentages in lines 2a, 2b, and 2c shoul	d equal 100%									
За	Are there endowment funds not in the possess	sion of the organiza	ation	that	are hel	danda	admınıstered	for t	he		
	organization by								2-4	Yes	No
	(i) unrelated organizations		•	•		•		•	3a(
b	If "Yes" to 3a(II), are the related organization:								31		+
4	Describe in Part XIII the intended uses of the	•								I	<u> </u>
Par	t VI Land, Buildings, and Equipmen		he o	rgan	ızatıo	n ans	wered 'Yes'	to F	orm 990, Pa	rt IV, l	ine
	11a. See Form 990, Part X, line 10 Description of property	0.			Cost or		(b)Cost or oth basis (other)		(c) Accumulated depreciation	(d) B	ook value
				-							
	and						1,261,0		4 004 ==		1,261,003
	Buildings		•				4,319,3		1,921,79	+	2,397,572
	Leasehold improvements		•				14,421,0 21,462,1	_	11,510,72 17,155,48	+	2,910,346
	Other		•				21,462,1	.33	17,155,48	<u> </u>	4,306,649
	I. Add lines 1a through 1e <i>(Column (d) must eq</i>			ımn (B), line	10(c).) .			+	10,875,570
			,	1	,, .	. (-/*.	, <u> </u>		Schedule [

Part VII Investments—Other Securities. Co	mplete if the organization	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 Other		
- Cities		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	F	
Part VIII Investments—Program Related. C	omplete if the organization	n answered 'Yes' to Form 990, Part IV, line 11c.
See Form 990, Part X, line 13. (a) Description of investment	(b) Book value	(c) Method of valuation
(a) Description of investment	(b) Book value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	►	
), Part IV, line 11d See Form 990, Part X, line 15
(a) Desc	ription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line	15.)	
Part X Other Liabilities. Complete if the org		o Form 990, Part IV, line 11e or 11f. See
Form 990, Part X, line 25.	(h) Dealersline	
1 (a) Description of liability	(b) Book value	
Federal income taxes		
SAVINGS	573,539,218	
CHECKING MONEY MARKET ACCOUNTS	692,323,115	
MONEY MARKET ACCOUNTS	1,165,292,156	
INDIVIDUAL RETIREMENT ACCOUNTS (IRA)	207,275,430	
CERTIFICATES OF DEPOSIT	484,766,450	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	2 1 2 2 1 0 6 2 6 0	
2 Liability for incertain tay positions. In Part VIII. provi	3,123,196,369	ha ayaan aati an'a financial atatamanta that vanayta tha

Part	Reconciliation of Revenue per Audited Fir the organization answered 'Yes' to Form 990, P			ts With Re	venue _l	per R	eturn Complete if
1	Total revenue, gains, and other support per audited financia					1	143,873,570
2	Amounts included on line 1 but not on Form 990, Part VIII,	line 12					
а	Net unrealized gains (losses) on investments		2a		120,180		
b	Donated services and use of facilities	[2b				
c	Recoveries of prior year grants	[2c				
d	Other (Describe in Part XIII)	[2d				
e	Add lines 2a through 2d					2e	120,180
3	Subtract line 2e from line 1					3	143,753,390
4	Amounts included on Form 990, Part VIII, line 12, but not	n 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 revenue Add lines 3 and 4c. (This must equal Form 99	0, Part I, line 1	L2) .			5	143,753,390
Part	Reconciliation of Expenses per Audited Find the organization answered 'Yes' to Form 990,			nts With E	xpense	s per	Return. Complete
1	Total expenses and losses per audited financial statements					1	109,457,154
2	Amounts included on line 1 but not on Form 990, Part IX, lir	ie 25					
а	Donated services and use of facilities		2a				
b	Prior year adjustments		2b				
C	Other losses		2c				
d	Other (Describe in Part XIII)		2d				
e	Add lines 2a through 2d					2e	0
3	Subtract line 2e from line 1					3	109,457,154
4	Amounts included on Form 990, Part IX, line 25, but not on	lıne 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 3 and 4c. (This must equal Form 9	90, Part I, line	18)			5	109,457,154
Part	t XIII Supplemental Information						
Part	vide the descriptions required for Part II, lines 3, 5, and 9, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XI; rmation						de any additional
	Return Reference	Explanation					
PART	THE FUNDS ONPOINT COL						
	ARE HELD IN AN ESCROW						
PART	THE CREDIT UNION IS EX UNION IS A STATE-CHAR' SUCH, THE CREDIT UNION THE PERFORMANCE OF AC FASB CODIFICATION TOP UNCERTAIN TAX POSITIO PRESENTED IN THE FINAN POSITIONS TAKEN OR FX	TERED CREDIT I IS EXEMPT FI TIVITIES THA IC 740, INCO NS SHOULD B CIAL STATEM	UNIO ROM F AT ARE ME TA E REC ENTS	N DESCRIB EDERAL TA) E IN FURTHE XES, PROVI DGNIZED, M THIS REQU	ED IN IR(KATION (RANCE (DES GUII EASURE IRES THI	C SEC OF INC OF ITS DANC D, DIS E EVA	TION 501(C)(14) AS COME DERIVED FROM EXEMPT PURPOSES E FOR HOW CLOSED AND LUATION OF TAX

Jenedale 2 (1 01111 330) 2013		r age 5		
Part XIII Supplemental Information	on (continued)			
Return Reference	Explanation			
-				

Schedule D (Form 990) 2014

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

Open to Public Inspection

Name of the organization ONPOINT COMMUNITY CREDIT UNION

Employer identification number

93-0257765

		93-0237703			
Pa	t I Questions Regarding Compensati	on			
				Yes	No
1a		rovided any of the following to or for a person listed in Form III to provide any relevant information regarding these items			
	First-class or charter travel	Housing allowance or residence for personal use			
	▼ Travel for companions	Payments for business use of personal residence			
	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		organization follow a written policy regarding payment or described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to directors, trustees, officers, including the CEO/Ex	o reimbursing or allowing expenses incurred by all secutive Director, regarding the items checked in line 1a?	2	Yes	
3	organization's CEO/Executive Director Check all	ganization used to establish the compensation of the that apply Do not check any boxes for methods nsation of the CEO/Executive Director, but explain in Part III			
	✓ Compensation committee	Written employment contract			
	✓ Independent compensation consultant	✓ Compensation survey or study			
	Form 990 of other organizations	A pproval by the board or compensation committee			
4	During the year, did any person listed in Form 990 or a related organization), Part VII, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contro	ol payment?	4a		No
b	Participate in, or receive payment from, a supplem	nental nonqualified retirement plan?	4b	Yes	
С	Participate in, or receive payment from, an equity-	-based compensation arrangement?	4c		No
	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), 501(c)(4), and 501(c)(29) organiz	zations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section compensation contingent on the revenues of	A, line 1a, did the organization pay or accrue any			
а	The organization?		5a		
b	Any related organization?		5b		
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in Form 990, Part VII, Section compensation contingent on the net earnings of	A, line 1a, did the organization pay or accrue any			
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 payments not described in lines 5 and 6? If "Yes,"	A, line 1a, did the organization provide any non-fixed " describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII subject to the initial contract exception described in Part III	, paid or accured pursuant to a contract that was In Regulations section 53 4958-4(a)(3)? If "Yes," describe	_		
			8		<u> </u>
9	If "Yes" to line 8, did the organization also follow t section $53 4958-6(c)$?	the rebuttable presumption procedure described in Regulations	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)(1)-(111) 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-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation in
	(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	column(B) reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2014

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

Also complete this part for any da	dictional information
Return Reference	Explanation
PART I, LINE 1A	FIRST CLASS TRAVEL - PRESIDENT/CEO, ALL BOD (10 PEOPLE), NOT TAXABLE TO INDIVIDUALS TRAVEL FOR COMPANIONS - ALL BOD (9 PEOPLE), TAXABLE TO INDIVIDUALS TAX INDEMNIFICATION AND GROSS-UP - ALL NON-VOLUNTEERS LISTED, TAXABLE TO INDIVIDUALS HEALTH AND SOCIAL CLUBS - PRESIDENT/CEO, TAXABLE TO INDIVIDUALS PERSONAL SERVICES - PRESIDENT/CEO AND SELECT SENIOR EXECUTIVES (5 PEOPLE), TAXABLE TO INDIVIDUALS
PART I, LINE 4B	THE FOLLOWING INDIVIDUALS RECEIVED PAYMENT FROM A 457(F) PLAN JIM HUNT - \$200,000 MICHELE DEBUHR - \$50,000
PART II	THE BOARD OF DIRECTORS CONTROLS ALL COMPENSATION OR BENEFIT CHANGES THAT WOULD AFFECT THE PRESIDENT/CEO ALL CHANGES TO THE PRESIDENT/CEO'S COMPENSATION AND BENEFITS ARE GOVERNED BY AN EMPLOYMENT CONTRACT AND ANY AMENDMENTS TO THE CONTRACT THE COMPENSATION COMMITTEE REVIEWS THE PRESIDENT/CEO'S COMPENSATION PACKAGE EACH YEAR THE SALARY SCHEDULE AND BENEFITS PROGRAMS FOR THE PRESIDENT/CEO AND THE EXECUTIVE TEAM ARE TIED TO THE GEOGRAPHIC STUDIES OF SALARIES AND BENEFITS PERFORMED BY PROFESSIONAL ORGANIZATIONS WITH EXPERTISE IN THE AREA OF COMPENSATION IN 2014 THERE WAS A CHANGE TO THE COMPENSATION STRUCTURE THAT RESULTED IN THE DISCONTINUATION OF ADDITIONAL DEFERRALS INTO THE 457(F) RETIREMENT PLAN THESE DOLLARS WERE PAID AND NOTATED IN SCHEDULE J PART II COLUMN (II)

Schedule J (Form 990) 2014

Additional Data

Software ID: Software Version:

EIN: 93-0257765

Name: ONPOINT COMMUNITY CREDIT UNION

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

(A) Name and Title		(i) Base Compensation	f W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation	SC compensation (iii) O ther reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
1 J HUNT, SVP/CHIEF FINANCIAL OFFICER	(1) (11)		605,970	217,069	80,379 0	11,258 0	1,195,050	200,000
1 K SCHRADER, SVP/COO/RISK OFFICER	(I) (II)	I	612,825 0	15,956 0	84,601 0	6,485 0	996,200	0
2 R STUART, PRESIDENT	(I) (II)	1	942,996	121,347 0	206,386 0	7,216 0	1,910,937	0
3 J ARMSTRONG, SVP/HUMAN RESOURCES	(I) (II)		555,998 0	24,271 0	94,537 0	13,645 0	917,910	0
4 T MCVAY, SVP/RETAIL DELIVERY	(I) (II)	·	646,124	33,325 0	125,920 0	13,645 0	1,111,757	0
5 A EMERSON, ONPOINT MORTGAGE MANAGER	(I) (II)	I ' I	163,862 0	6,919 0	23,597 0	10,473 0	274,351	0
6 C SCHRECK, MORTGAGE LOAN OFFICER	(I) (II)		204,931	361 0	20,514 0	13,645 0	239,451	0
7 M DEBUHR, VP/CONSUMER CREDIT ADMINISTRATION	(I) (II)	1 · · · · · · · · · · · · · · · · · · ·	46,843 0	54,626 0	73,362 0	9,656 0	285,707	50,000 0
8 M VOLK, SR FINANCIAL ADVISOR	(I) (II)		253,530 0	945 0	25,378 0	13,645 0	293,498	0
9 W KEITH, INVESTMENT SERVICES MANAGER	(I) (II)		111,661	4,083	20,608	6,485 0	233,506	0

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SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Name of the organization ONPOINT COMMUNITY CREDIT UNION **Employer identification number** 93-0257765

990 Schedule O, Supplem	
Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	
FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBERS OF THE CREDIT UNION ELECT THE BOARD OF DIRECTORS FROM A SLATE OF CANDIDATES PU T FORTH BY THE NOMINATING COMMITTEE PRIOR TO THE ANNUAL MEETING BOARD POSITIONS HAVE STAG GERED RENEWAL DATES IN THREE YEAR TERMS
FORM 990, PART VI, SECTION A, LINE 7B	MEMBERS OF THE CREDIT UNION HAVE THE RIGHT TO APPROVE THE GOVERNING BODY'S ELECTION AND RE MOVAL OF MEMBERS OF THE GOVERNING BODY, AS WELL AS OTHER MATTERS THAT ARE SUBJECT TO THE A PPROVAL OF MEMBERS OF THE CREDIT UNION AS THEY OCCUR
FORM 990, PART VI, SECTION B, LINE 11	INFORMATION FOR THE COMPLETION OF THE TAX RETURN WAS GATHERED BY THE CREDIT UNION'S ACCOUN TING DEPARTMENT THE ACCOUNTING FIRM, RSM US LLP, PREPARED THE TAX RETURN AND IT WAS PRESE NTED TO THE BOARD OF DIRECTORS PRIOR TO FILING BY RSM US LLP
FORM 990, PART VI, SECTION B, LINE 12C	MONITORING OF THE CONFLICT OF INTEREST POLICY IS CONDUCTED THROUGH AN ANNUAL POLICY REVIEW STAFF MEMBERS ARE REQUIRED EACH YEAR TO REVIEW, READ, AND SIGN THE CONFLICTS OF INTEREST POLICY BOARD OF DIRECTORS ANNUALLY ADOPT THE BOARD GOVERNANCE MANUAL, WHICH INCLUDES A C ONFLICT OF INTEREST POLICY AT THE POINT OF A POTENTIAL CONFLICT FOR A BOARD MEMBER, A PEE R REVIEW IS CONDUCTED ENFORCEMENT OF THE CONFLICT OF INTEREST POLICY FOR BOARD MEMBERS AN D STAFF IS BASED ON A REVIEW OF POTENTIAL CONFLICTS AND, IF A CONFLICT EXISTS, APPROPRIATE MEDIATION OCCURS
FORM 990, PART VI, SECTION B, LINE 15A	THE BOARD OF DIRECTORS CONTROLS ALL COMPENSATION OR BENEFIT CHANGES THAT WOULD AFFECT THE PRESIDENT/CEO ALL CHANGES TO THE PRESIDENT/CEO'S COMPENSATION AND BENEFITS ARE GOVERNED B Y AN EMPLOY MENT CONTRACT AND ANY AMENDMENTS TO THE CONTRACT THE COMPENSATION COMMITTEE RE VIEWS THE PRESIDENT/CEO'S COMPENSATION PACKAGE EACH YEAR THE SALARY SCHEDULE AND BENEFITS PROGRAMS FOR THE PRESIDENT/ CEO AND THE EXECUTIVE TEAM ARE TIED TO GEOGRAPHIC STUDIES OF SALARIES AND BENEFITS PERFORMED BY PROFESSIONAL ORGANIZATIONS WITH EXPERTISE IN THE AREA O F COMPENSATION IN 2014 THERE WAS A CHANGE TO THE COMPENSATION STRUCTURE THAT RESULTED IN THE DISCONTINUATION OF ADDITIONAL DEFERRALS INTO THE 457(F) RETIREMENT PLAN THESE DOLLARS WERE PAID AND NOTATED IN SCHEDULE J PART II COLUMN (II)
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE UPON WRITTEN REQUEST
FORM 990, PART IX, LINE 11G	COLLECTION SERVICES 6,455 COLLECTION SERVICES - OREO 187,359 OTHER LOAN FEES 1,438,444 BUSINESS LOAN FEES 14,723 VISA DEBIT CARD PROGRAM SERVICES 3,529,114 VISA CREDIT CARD PR OGRAM SERVICES 2,571,256 VISA GIFT CARD PROGRAM SERVICES 20,271 ATM/POS CARD PROGRAM SER VICES 5,039,515 OUTSIDE PROFESSIONAL SERVICES 3,378,383
FORM 990, PART XI, LINE 9	RECLASSIFICATION ADJUSTMENTS 558,451