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DLN: 93493319024786

OMB No 1545-0047

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

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

Open to Public Inspection

A F	or the	2015 ca	lendar year, or tax year beginning	g 01-01-2015 , and ending 12-31-201	5						
_	eck if a ddress o	pplicable :hange	C Name of organization WHATCOM EDUCATIONAL CREDIT UN	IION			oyer ider	ntification number			
	ame cha	-	Doing business as			_					
□ F	ınal		Number and street (or D.O. boy if m	ail is not delivered to street address) Room/sui	to	E Telep	hone num	ber			
_	/termina nended		600 EAST HOLLY STREET	all is not delivered to street address) Room/sui	ite	(360)676-1	168			
		n pending	City or town, state or province, coun BELLINGHAM, WA 98227	try, and ZIP or foreign postal code		G Gross	receipts \$	5 54,990,783			
			F Name and address of princip JENNIFER KUTCHER 600 EAST HOLLY STREET BELLINGHAM, WA 98227	al officer	s u b N		?	for Yes 🗸			
I Ta	ıx-exem	pt status	「501(c)(3) ▼ 501(c) (14) ◄	(insert no) 4947(a)(1) or 527		all subord luded?	dinates	⊤Yes			
J W	ebsite	e:► ww	/W WECU COM					(see instructions)			
K For	m of ore	anızatıon	✓ Corporation	cion Cother ▶		oup exemptor 1		State of legal domicile			
				34.51			W	4			
Activities & Governance	1 Br IT Th	IS THE	scribe the organization's mission E MISSION OF WHATCOM EDUC REAMS	CATIONAL CREDIT UNION TO PROV							
05			•	scontinued its operations or disposed o			ts net as	sets			
×o Se			-	ng body (Part VI, line 1a)			3	9			
) ME			· -	f the governing body (Part VI, line 1b) alendar year 2015 (Part V, line 2a) .			5	405			
Act			• •	cessary)			6	12			
				rt VIII, column (C), line 12			7a	0			
	b N	et unrela	ated business taxable income froi	m Form 990-T, line 34			7b	(
	8	Contri	hutions and grants (Part VIII Jur	ne 1h)	P	rior Year	0	Current Year			
₫	9		- · · · · · · · · · · · · · · · · · · ·	ne 2g)		49,500		53,127,267			
Ravenue	10	_	tment income (Part VIII, column		1,907	1,750,627					
αć	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					46,298		112,889			
	12	Totalı 12)	revenue—add lines 8 through 11	(must equal Part VIII, column (A), line	2	51,454	,248	54,990,783			
	13	Grants	s and similar amounts paid (Part	IX, column (A), lines 1-3)		137	,795	168,058			
	14			X, column (A), line 4)			0	C			
£	15	Saları 5-10)		e benefits (Part IX, column (A), lines		21,845	,994	20,675,394			
Expenses	16a	Profes	ssional fundraising fees (Part IX,	column (A), line 11e)			0	(
Ŗ	b	Total fu	ındraısıng expenses (Part IX, column (D)	, line 25) ▶ <u>0</u>							
	17		, , , , , , , , , , , , , , , , , , , ,	ines 11a-11d, 11f-24e)		18,157		20,628,017			
	18 19			t equal Part IX, column (A), line 25)		40,141	` 	41,471,469			
× 8 8						of Current		End of Year			
Net Assets or Fund Balances	20	Total	accets (Dart V. June 16)								
A B	20 21					1,082,297 899,918		1,225,832,214			
Š. P.	22			bilities (Part X, line 26)							
	rt II	Sign	ature Block			.1					
my k	nowled	ige and I		mined this return, including accompan plete Declaration of preparer (other th							
<u> </u>		**** Signa	*** ature of officer			2016-11-10 Date					
Sigr Her		JENN	NIFER KUTCHER PRESIDENT/CEO								
		y	e or print name and title	Dronavada signatuus			DTIN				
Pai	Ч		Print/Type preparer's name ANIS ISAACSON	Preparer's signature JANIS ISAACSON Diagram Diagram		heck if	PTIN P00089	104			
	u pare	r F	Firm's name	ırm's EIN ►	_	19					
	On!	1 +	Firm's address > 20 E THOMAS RD STE 2	300	Р	hone no (60	266-22	248			
			PHOENIX, AZ 85012					<u>_</u>			
May	the IR	S discus	ss this return with the preparer sh	nown above? (see instructions)				√Yes No			

orm	990 (2015)	Page 2
Part	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission	
ENCO BEIN ADMI BTAT ARE (DEPO	TCOM EDUCATIONAL CREDIT UNION (WECU) IS A MEMBER-OWNED FINANCIAL COOPERATIVE WHERE DURAGED TO SAVE AND BORROW RESPONSIBLY AT FAIR AND COMPETITIVE RATES, IMPROVING THEI IG AND STANDARD OF LIVING THIS STATE-CHARTERED CREDIT UNION IS A MEMBER OF THE NATIONAL INISTRATION SHARE INSURANCE FUND, AND IS REGULATED BY THE NATIONAL CREDIT UNION ASSOCIATE OF WASHINGTON DEPARTMENT OF FINANCIAL INSTITUTIONS - DIVISION OF CREDIT UNIONS WECK CONSUMER LOANS, REAL ESTATE LOANS AND COMMERCIAL LOANS TO MEMBERS, WHICH ARE PRIMAR DISTS FROM MEMBERS FINANCIAL EDUCATION AND COMMUNITY SERVICE ARE ALSO AN INTEGRAL PRATIONS AND SPIRIT OF SERVICE	R FINANCIAL WELL- AL CREDIT UNION CIATION, AND THE CU'S MAIN PRODUCTS CILY FUNDED BY
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	T Yes √ No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	⊤Yes √No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as expenses Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocathe total expenses, and revenue, if any, for each program service reported	•
4a	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	WECU OFFERS SEVERAL TYPES OF CREDIT CARDS TO MEMBERS EACH CARD INCLUDES CASH BACK ON PURCHASES, NO ANNUAL FEE, PERCENTAGE RATE (APR), TRAVEL ACCIDENT INSURANCE WHEN YOU PURCHASE TRAVEL TICKETS WITH YOUR WECU VISA, OPTIONAL HOUR ACCESS WITH E-MAX ONLINE BANKING AND TELE-MAX AUDIO RESPONSE AND LOCAL SERVICE YOU CAN TRUST WECU HAS APPI PORTRATION IN OUR CREDIT CARD PROGRAM IN 2015, WE OPENED 1,941 NEW VISA ACCOUNTS FOR OUR MEMBERS, WITH NEW CIF MILLION IN 2001, WECU LAUNCHED A STUDENT VISA PROGRAM WITH OUR CLASSIC VISA CARD THE GOAL OF OUR STUDENT VISA PROMOTE SPENDING, BUT RATHER TO PROVIDE AN OPPORTUNITY FOR OUR YOUNG MEMBERS TO LEARN ABOUT MONEY MANAGEMENT CREDIT OUR PROGRAM IS DESIGNED FOR MEMBERS 16 AND 17 YEARS OF AGE, AND BEGINS WITH AN EDUCATIONAL SEMINAR STUD ATTEND THE SEMINAR, AND WE STRONGLY ENCOURAGE LEGAL GUARDIANS OR PARENT(S) TO ATTEND THE STUDENT VISA SEMINAR OF INCLUDING THE DEFINITION OF CREDIT, CREDIT SCORES, HOW LOANS WORK, MONEY MANAGEMENT SKILLS, THE BENEFIT OF A VISA YOUR CARD IS LOST OR STOLEN UPON SUCCESSFUL COMPLETION OF THE STUDENT VISA SEMINAR, AND A COMPLETED APPLICATION PARENT/LEGAL GUARDIAN AS CO-BORROWER, STUDENT MEMBERS WILL BE ISSUED A \$250 STUDENT VISA THE CARD IS GOOD UNTIL LOAN IS IN GOOD STANDING AT THE AGE OF 18, STUDENTS CAN APPLY FOR A \$500 CLASSIC VISA BY FILLING OUT A NEW APPLICATION OR PARENT/LEGAL GUARDIAN AS CO-BORROWER. THIS PROGRAM HAS BEEN SUCCESSFUL, AND AS OF THE END OF 2015, WE HAD 11:	PAYMENT PROTECTION, 24 ROXIMATELY 25% MEMBER REDIT LIMITS TOTALING OVEI PROGRAM IS NOT TO FAND MAINTAINING GOOD ENTS ARE REQUIRED TO COVERS MANY TOPICS, CARD, AND WHAT TO DO IF WITH PROOF OF INCOME OR AGE 21 HOWEVER, IF THE N WITH PROOF OF INCOME
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$	
	ALONG WITH CREDIT CAR LOANS, WECU OFFERS AUTO, BOAT, RV, PERSONAL, SECURED, TIMELINE AND OTHER CONSUMER LOANS W BUILDER LOAN SOLUTION FOR AUTO LOANS TO ASSIST MEMBERS WITH ESTABLISHING AND/OR BUILDING CREDIT ACTIVITY WE HAVE AND OFTEN FUND VERY SMALL LOANS THAT OTHER FINANCIAL INSTITUTIONS WOULD NOT IN THIS CAPACITY, WECU FILLS A CRITICA LENDING ECONOMY IN 2015, WE ISSUED 6,824 CONSUMER LOANS (EXCLUDING CREDIT CARDS) TO OUR MEMBERS, TOTALING OVER PROVIDES ACCESS TO THE BALANCE FINANCIAL FITNESS PROGRAM FREE OF CHARGE TO MEMBERS PROFESSIONAL FINANCIAL COUNS DIRECTION AND SUPPORT TO ANY OF OUR MEMBERS WHO NEED HELP MANAGING THEIR DEBT AND GETTING THEIR PERSONAL FINANCIAN	VERY COMPETITIVE RATES L ROLE IN THE MICRO- \$102 MILLION WECU ALSO SELORS AT BALANCE PROVIDE
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$	<u> </u>
-T L	WECU OFFERS SEVERAL TYPES OF BUSINESS LOANS - COMMERCIAL REAL ESTATE, LINES OF CREDIT, COMMERCIAL TERM LOANS, LANI WECU ALSO FACILITATES BUSINESS LOANS THROUGH THE SBA 504 AND 7A PROGRAMS AT THE END OF 2015, WECU'S MEMBER BUSINES CONSISTED OF 634 LOANS FOR A TOTAL OF \$213 MILLION WECU HAS SEEN A STEADY GROWTH IN OUR MEMBER BUSINESS LOAN POR INCEPTION IN MAY 2001 THIS GROWTH SERVES AS EVIDENCE OF THE NEED FOR A LOCAL FINANCIAL INSTITUTION OFFERING BUSINE AND COMPETITIVE RATES REAL ESTATE LOANS WECU OFFERS RESIDENTIAL FEAL ESTATE LOANS WITH VERY COMPETITIVE RATES AN OFFERS MEMBER EDUCATION SEMINARS RELATED TO BUYING A HOME DURING 2015, WE FUNDED 815 RESIDENTIAL FIRST MORTGAGE TOTALING OVER \$184 MILLION AT THE END OF 2015, WECU HAD OVER 2,189 RESIDENTIAL FIRST MORTGAGE LOANS OUTSTANDING WHOUSEHOLD PENETRATION OF ABOUT 2 8% IN OUR MEMBERSHIP PORTFOLLO HOWEVER, AS OF THE END OF 2015, WE WERE SERVIC SOLD RESIDENTIAL FIRST MORTGAGE LOANS OUR MEMBERS, INCREASING OUR OVERALL REAL ESTATE PENETRATION TO ABOUT 6 1% RESIDENTIAL FIRST MORTGAGE LOANS BEING SERVICED BY WECU IS APPROXIMATELY \$168,066 IN ADDITION, WECU PARTICIPATES IN PROGRAM THROUGH THE FEDERAL HOME LOAN BANTS WILCH MAY SELVED FOR DOWN BANKENES (LOGING COSTS, OR BEHABILITATION OF AND SUMPRISE ALROHED BY DROVIDING GRANTS WILCH MAY SELVED FOR DOWN BANKENES (LOGING COSTS, OR BEHABILITATION OF AND SUMPRISE ALROHED BY DROVIDING GRANTS WILCH MAY SELVED FOR DOWN BANKENES (LOGING COSTS, OR BEHABILITATION OF AND SUMPRISE SUMPRISE COSTS, OR BEHABILITATION OF AND SUMPRISE SUMPRISE COSTS OR BEHABILITATION OF AND SUMPRISE COSTS OF BEHABILITAT	IESS LOAN PORTFOLIO KITFOLIO SINCE ITS SSS LOANS WITH LOW FEES D LOW FEES WECU ALSO GES FOR OUR MEMBERS, VHICH EQUATES TO A ING AN ADDITIONAL 2,551 IN THE AVERAGE BALANCE OF N THE HOME \$TART AREA'S MEDIAN INCOME

OFFERS MEMBER EDUCATION SEMINARS RELATED TO BUYING A HOME DURING 2015, WE FUNDED 815 RESIDENTIAL FIRST MORTGAGES FOR OUR MEMBERS,
TOTALING OVER \$184 MILLION AT THE END OF 2015, WECU HAD OVER 2,189 RESIDENTIAL FIRST MORTGAGE LOANS OUTSTANDING WHICH EQUATES TO A
HOUSEHOLD PENETRATION OF ABOUT 2 8% IN OUR MEMBERSHIP PORTFOLIO HOWEVER, AS OF THE END OF 2015, WE WERE SERVICING AN ADDITIONAL 2,55
SOLD RESIDENTIAL FIRST MORTGAGES FOR OUR MEMBERS, INCREASING OUR OVERALL REAL ESTATE PENETRATION TO ABOUT 6 1% THE AVERAGE BALANCE O
RESIDENTIAL FIRST MORTGAGE LOANS BEING SERVICED BY WECU IS APPROXIMATELY \$168,066 IN ADDITION, WECU PARTICIPATES IN THE HOME \$TART
PROGRAM THROUGH THE FEDERAL HOME LOAN BANK OF DES MOINES THE PROGRAM HELPS FAMILIES EARNING UP TO 80% OF THE AREA'S MEDIAN INCOME
PURCHASE A HOME BY PROVIDING GRANTS WHICH MAY BE USED FOR DOWN PAYMENTS, CLOSING COSTS, OR REHABILITATION OF AN OWNER-OCCUPIED
HOUSING UNIT

See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses \$ Including grants of \$) (Revenue \$)

Par	t IV Checklist of Required Schedules			
	<u> </u>		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		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	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? If "Yes," complete Schedule C, Part III	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? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? 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? If "Yes," 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	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			
	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	
	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	
	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	11 c		No
	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 2	11 d		No
е	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	11 f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12 a	Yes	
	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
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	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? If "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? 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? If "Yes," complete Schedule G, Part II	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
	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		

	,	
Part IV	Checklist of Required Schedules (continued)	

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

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? 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?

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

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

b If "Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

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 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

member of any of these persons? *If "Yes," complete Schedule L, Part III* Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

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	Yes	
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	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			

Νo

Nο

Νo

Νo

Νo

Nο

Nο

Nο

Nο

Νo

Νo

Nο

Νo

24c

24d

25a

25b

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28a

28b

28c

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33

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35a

35b

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37

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Yes

Form 990 (2015)

Par	t V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		N/			_
		Check if Schedule o contains a response of flote to any line in this	rait	<u>v</u>	· ·	Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	30,073		103	140
		the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did th	ـ ie organization comply with backup withholding rules for reportable payments to	vend	dors and reportable			
		g (gambling) winnings to prize winners?	•		1 c	Yes	
2a	Tax S	the number of employees reported on Form W-3, Transmittal of Wage and tatements, filed for the calendar year ending with or within the year covered s return	2a	405			
b	If at le	east one is reported on line 2a, did the organization file all required federal emp If the sum of lines 1a and 2a is greater than 250, you may be required to e-file	loym	ent tax returns?	2b	Yes	
3a	Did th	e organization have unrelated business gross income of \$1,000 or more during	the y	year ⁷	3a		Νo
b	If "Yes	s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanatio</i>	on in S	Schedule O	3b		
4a	over, a	y time during the calendar year, did the organization have an interest in, or a significant account in a foreign country (such as a bank account, securities account?			4a		No
b	If "Ye: See in (FBAR	s," enter the name of the foreign country instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank R)	and	Financial Accounts			
5a	Was tl	he organization a party to a prohibited tax shelter transaction at any time durin	g the	tax year?	5a		No
b	Did an	ny taxable party notify the organization that it was or is a party to a prohibited t	ax sh	elter transaction?	5b		Νo
С	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?					
6a		the organization have annual gross receipts that are normally greater than \$10			5c 6a		No
b	If"Ye	ization solicit any contributions that were not tax deductible as charitable cont s," did the organization include with every solicitation an express statement th			6b		
7		not tax deductible?			OD		
	Did th	re organization receive a payment in excess of \$75 made partly as a contribution of the payor?		d partly for goods and	7a		
b	If"Ye	s," did the organization notify the donor of the value of the goods or services pi	rovide	ed?	7 b		
c		e organization sell, exchange, or otherwise dispose of tangible personal proper	•	which it was required to	7 c		
d	If"Ye	s," indicate the number of Forms 8282 filed during the year	7d				
e	Dıd th	e organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?	7e		
f	Did th	ie organization, during the year, pay premiums, directly or indirectly, on a perso	nal b	enefit contract?	7f		
g	If the require	organization received a contribution of qualified intellectual property, did the o	rganız • •	ration file Form 8899 as	7 g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles	, dıd	the organization file a	7h		
8	Did a	oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bus g the year?	sines:	s holdings at any time	8		
9a	Did th	ie sponsoring organization make any taxable distributions under section 4966	٠.		9a		
b	Did th	ie sponsoring organization make a distribution to a donor, donor advisor, or rela	ited p	erson?	9 b		
10	Sectio	on 501(c)(7) organizations. Enter					
а	Initiat	tion fees and capital contributions included on Part VIII, line 12	10 a				
b	Gross facılıtı	receipts, included on Form 990, Part VIII, line 12, for public use of club ess	10b				
11	Sectio	on 501(c)(12) organizations. Enter					
а	Gross	income from members or shareholders	11a				
b		income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them)	11b				
12a	Sectio	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıe	u of Form 1041?	12a		
b	If"Ye: year	s," enter the amount of tax-exempt interest received or accrued during the	12b				
13	Sectio	on 501(c)(29) qualified nonprofit health insurance issuers.					
	addıtı	organization licensed to issue qualified health plans in more than one state? N onal information the organization must report on Schedule O	ote. S	ee the instructions for	13a		
	ın whic	the amount of reserves the organization is required to maintain by the states ch the organization is licensed to issue qualified health plans	13b				
		the amount of reserves on hand	13 c		ļ		
		e organization receive any payments for indoor tanning services during the tax	•		14a		No
b	If"Ye	s," has it filed a Form 720 to report these payments? If "No," provide an explana	tion ir	Schedule O	14b		

orm	990 (2015)			Page
Par	TOTAL SET OF SE	or 10	Ob belo	w,
_	Check if Schedule O contains a response or note to any line in this Part VI			
Se	ection A. Governing Body and Management		I	
1a	Enter the number of voting members of the governing body at the end of the tax year		Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 9			
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
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	ue Cod	e.)
			Yes	No
L0a	Did the organization have local chapters, branches, or affiliates?	10 a	Yes	
				I

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b Yes affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing Yes 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 Yes Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12h Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c Yes 13 13 Yes Did the organization have a written document retention and destruction policy? . . . 14 Yes 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? a 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 **16**a Νo **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? 16b

Section C. Disclosure 7 List the States with which a copy of this Form 990 is required to be filed▶

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

☐ O wn website ☐ A nother'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, address, and telephone number of the person who possesses the organization's books and records

▶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 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

(A) Name and Title	(B) A verage hours per week (list any hours for related	more than one box, unless person is both an officer and a director/trustee) (\(\)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(1) PHIL ISLE DIRECTOR	4 00	х						0	0	0
(2) BRUCE BURPEE DIRECTOR	4 00	x						0	0	C
(3) DAVID WASCHKE DIRECTOR	4 00	х						1,314	0	0
(4) CATHIE OBERG DIRECTOR	4 00	х						0	0	0
(5) ASHOK KHANNA DIRECTOR	4 00	х						2,177	0	0
(6) KRISTI LEWIS TYRAN DIRECTOR	4 00	х						0	0	0
(7) CAROL LAGER DIRECTOR	4 00	х						0	0	0
(8) DALE ZENDER DIRECTOR	4 00	х						2,981	0	0
(9) HARTE BRESSLER DIRECTOR	4 00	х						0	0	0
(10) KURT WILLIS SUPERVISORY COMMITTEE	4 00	×						1,055	0	0
(11) SHONDA SHIPMAN SUPERVISORY COMMITTEE	4 00	×						0	0	0
(12) WAYNE LANGEI PRESIDENT/CEO - FORMER	40 00			×				996,289	0	1,001
(13) JENNIFER KUTCHER PRESIDENT/CEO	50 00			х				495,084	0	57,974
(14) KATHLEEN GAVIN	40 00			х				277,765	0	37,158

(A) Name and Title	(B) A verage hours per week (list any hours for related	m unle:	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(15) ROBERT LANGEI	45 00			х				233,302		33,248
EVP/COO				^				233,302	· ·	33,246
(16) JEFF DYKSTRA EVP/CLO	45 00			х				230,912		41,564
(17) COLIN NAYLOR	45 00					<u> </u>		.70.540		
VP/CIO						X		172,640	'	34,873
(18) LISA LANGEI	45 00					х		163,168		29,283
VP, MARKETING	17.00									
(19) KENT BOUMA	45 00					x		143,470		31,744
VP, BUSINESS SERVICES	40.00									
(20) AARON WHITSON CREDIT ADMINISTRATOR	40 00					×		134,205		30,634
(21) MATTHEW BERENDSEN VP, REAL ESTATE	45 00					х		118,606	1	28,936
1b Sub-Total	Section A		•	•						
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)	•	٠		•			2,9	72,968	0	326,415
2 Total number of individuals (including but n \$100,000 of reportable compensation from	ot limited to tho	se list	ed al	bove	e) w	ho red	ceiv	ed more than		

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

Section B. Independent Contractors

 $Complete \ this \ table \ for \ your \ five \ highest \ compensated \ independent \ contractors \ that \ received \ more \ than \$100,000 \ of \ properties of \ properties \ for \ properties \ proper$

compensation from the organization. Report compensation for the calend	ar year ending with or within the organization's	s tax year
(A) Name and business address	(B) Description of services	(C) Compensation
JACK HENRY & ASSOCIATES (JHA)	VISA CARD PROCESSOR	963,841
PO BOX 807 MONETT, MO 65708		
DIAMOND MARKETING	STATEMENT PROCESSING AND POSTAGE	771,760
710 SW 34TH ST		
RENTON, WA 98057		
NHR NEWCO HOLDINGS LLC	COMPUTER HARDWARE AND SOFTWARE PROVIDER	431,045
6500 HOLLISTER AVENUE SUITE 210		
SANTA BARBARA, CA 93117		
DH USA CORPORATION	CORE DATA PROCESSING SYSTEM	405,619
PO BOX 535120		
ATLANTA, GA 30353		
CERIUM NETWORKS INC	COMMUNICATION HARDWARE AND SOFTWARE PROV	315,692
1636 W 1ST AVENUE		
SPOKANE, WA 99201		
	- I4- d - I \I d #I	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization > 26

Yes

No

orm 99								Page S
Part V	****	Statement of			a in this Dawk VIII			_
		Check II Sched	uie O contains a resp	onse or note to any lii	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<u>ာ ဗ</u>	1a	Federated cam	paigns 1	a				
anta	ь	Membership du	ies 1	b				
Contributions, Giffs, Grants and Other Similar Amounts	С	Fundraising ev	ents 1	.c				
ifts. ar∆	d	Related organiz	zations 1					
 ⊒	e	Government grant	s (contributions) 1	e				
ons Si	f	All other contribution	ons, gifts, grants, and 1	.f				
buti The		similar amounts no	ot included above					
	g	1a-1f \$	ons included in lines					
Cont	h	Total. Add lines	s 1a-1f					
<u> </u>				Business Code				
Program Service Revenue	2a	PROGRAM SERVIC	E REVENUE	522100	53,127,267	53,127,267		
.r 2 <u>∓</u>	Ь							
Š	c d							
<u>%</u>	e							
gran	f	All other progra	am service revenue					
Q	g	Total Add line	s 2a-2f	•	53,127,267			
	3		ome (including divide					
			ar amounts)	F	1,739,789	1,739,789		
	4 5			· · · · · · · · · · · · · · · · · · ·				
		rio, artico	(ı) Real	(II) Personal				
	6a	Gross rents						
	ь	Less rental						
	С	expenses Rental income						
	d	or (loss) Net rental inco	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory		10,838				
	ь	Less cost or other basis and		0				
		sales expenses Gain or (loss)		10,838				
	c d		[ss)	,	10,838	10,838		
enne	8a		rom fundraising					
Other Revenue		of contributions See Part IV, lir		a				
≨ O			•	b				
	9a			3				
	b c							
	10a	Gross sales of returns and allo		•				
	b c	Net income or	oods sold b (loss) from sales of in	 				
	11~	Miscellaneou		Business Code 900099	112,889	112,889		
	11a b	EXTRAORDIN	AKY GAINS	300039	112,009	112,009		
	c							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d	•	112,889			
	12	Total revenue.	See Instructions .		·	E4 000 700	(
	1			l	54,990,783	54,990,783	ι) C

Form 990 (2015) Part IX Statement of Functional Expenses

tions must complete all column	s All other organizations	mus
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_	2 + (3)(3	,		~ / (-	,					u 00.	a	, , , , , , , , ,	<u> </u>	9	 	 	P	-	,	• • •	• /		
	Checl	k ıf Sc	hedul	le O	conta	ains a r	espon	se or n	ote to	any lu	ne ın t	hıs Par	t IX										
	_																						

Do no 7b, 8b	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	157,058			
2	Grants and other assistance to domestic individuals See Part IV, line 22	11,000			
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				
5	Compensation of current officers, directors, trustees, and key employees	3,299,383			
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	11,731,736			
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	1,589,968			
9	Other employee benefits	2,827,091			
10	Payroll taxes	1 227 216			
11	Fees for services (non-employees)	1,227,216			
	Management				
a b	Legal	235,252			
C	Accounting	146,112			
d	Lobbying	140,112			
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)				
9	amount, list line 11g expenses on Schedule O)	336,727			
12	Advertising and promotion	612,128			
13	Office expenses	943,935			
14	Information technology	2,248,281			
15	Royalties				
16	Occupancy	1,048,669			
17	Travel	150,775			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	260,173			
20	Interest	3,772,251			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,520,419			
23	Insurance	126,221			
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	8,500,480			
b	PROVISION FOR LOAN LOSS	726,594			
c					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	41,471,469			
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)				

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182,379,239

182,379,239

1,082,297,679

1,173,583

1,020,195,525

1,030,122,679

0

0

195,709,535

195,709,535

1,225,832,214 Form 990 (2015)

1,095,248

889,885,182

899,918,440

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 19,437,174 22,525,638 1 Cash-non-interest-bearing 1 2 Savings and temporary cash investments 181,881,357 2 233,630,478 3 Pledges and grants receivable, net . 3 4 Accounts receivable, net . . 4

Assets	
Liabilities	

		· ·					
	5	Loans and other receivables from current and former of trustees, key employees, and highest compensated effective of the second	mploye	es Complete Part		5	
ssets	6	Loans and other receivables from other disqualified pe section 4958(f)(1)), persons described in section 495 contributing employers and sponsoring organizations voluntary employees' beneficiary organizations (see in Part II of Schedule L	() (B), and ion 501(c)(9)				
SS						6	
A	7	Notes and loans receivable, net	707,390,479	7	775,964,553		
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	49,806,564			
	ь	Less accumulated depreciation	10b	17,308,525	30,051,715	10 c	32,498,039
	11	Investments—publicly traded securities			4,899,083	11	4,710,065
	12	Investments—other securities See Part IV, line 11			124,256,210	12	140,248,522
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			14,381,661	15	16,254,919
	16	Total assets.Add lines 1 through 15 (must equal line 3	34) .		1,082,297,679	16	1,225,832,214
	17	Accounts payable and accrued expenses			8,938,010	17	8,753,571

((C)	/1		

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Grants payable

Deferred revenue

Tax-exempt bond liabilities . .

Complete Part X of Schedule D

Unrestricted net assets . .

complete lines 30 through 34.

Total net assets or fund balances

Temporarily restricted net assets

Permanently restricted net assets

Escrow or custodial account liability Complete Part IV of Schedule D .

key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L

Secured mortgages and notes payable to unrelated third parties .

Other liabilities (including federal income tax, payables to related third

Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities and net assets/fund balances

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and

Unsecured notes and loans payable to unrelated third parties

. **Total liabilities.**Add lines 17 through 25

parties, and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Capital stock or trust principal, or current funds .

Loans and other payables to current and former officers, directors, trustees,

Liabilities
Assets or Fund Balances

54,990,783

41,471,469

13,519,314

182,379,239

-189,018

▽

No

Νo

Nο

Form 990 (2015)

195,709,535

Yes

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Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI							. 🗸

Totals	avanua.	(muct	ogual	Dort VIII	colum

Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) . . .

Revenue less expenses Subtract line 2 from line 1 . . .

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . Net unrealized gains (losses) on investments . .

Donated services and use of facilities .

Investment expenses Prior period adjustments .

Other changes in net assets or fund balances (explain in Schedule O) . 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

column (B))

Part XIII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both

Separate basis Consolidated basis **b** Were the organization's financial statements audited by an independent accountant?

basis, consolidated basis, or both Separate basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

Schedule O

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

Single Audit Act and OMB Circular A-133?

Consolidated basis

If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Cash 🗸 Accrual Other

Both consolidated and separate basis

Both consolidated and separate basis

2b Yes

Yes

2a

2c

3a

3b

Additional Data

Software ID: Software Version:

EIN: 91-0712539

Name: WHATCOM EDUCATIONAL CREDIT UNION

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$	including grants of \$) (Revenue \$)
WECU TRULY ST	RIVES TO MEET THE NEEDS OF THE	UNDERSERVED OUR CREDIT UN	ION HAS BEEN DESIGNATED AS A	"LOW
	UNION" (LICU), RECOGNIZING TH			
INCOME HOUSE	HOLDS CHECKING ACCOUNTS AT V	WECU OFFER MAXIMUM CONVENI	ENCE WITH NO OR FEW FEES WE H	HAVE
	ACCOUNT OPTIONS 1) BASIC CHE			, ,
	HICH IS DIVIDEND BEARING, 3)MOI		•	,
	C CHECKING CHECKING ACCOUNT		•	
· ·	SIT TAKING ATMS, VISA DEBIT CA	·	·	
	UTOMATIC PAYMENTS OVERDRAF			
	「CARD, MEMBERS HAVE ACCESS T			
	RCHARGE-FREE ATMS THROUGHO		•	
	'ICE AND 48,873 VISA DEBIT CARD			
	VECU COMMUNITY INVOLVEMENT		· ·	
	SERVICE AND PROVIDES SUPPOR		•	
	CU IS A MAJOR PARTNER WITH THE	·		CY
	UDE FREQUENT FREE FINANCIAL E	•		
	STERS AND BROCHURES PROMOTII			
	ISIBILITY COORDINATOR IS A CUN			
	ESENTATION TO VARIOUS GROUPS			ALNON-
	GHBORHOOD GROUPS MAY MEET II	•		
	DOMS AVAILABLE TO LOCAL GROU			DUISIDE
	MMUNITY GROUPS THE SWEAT EQ	OUTLY TEAM - COMPRISED OF WEG	U STAFF AND BOARD MEMBERS -	
VOLUNTEERED	AT 36 EVENTS DURING 2015			

Employer identification number

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

2015
Open to Public Inspection

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

- \bullet 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

• Section 501(c)(4), (5), or (6) organizations Complete Part III

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

WHA	TCOM EDUCATIONAL CREDIT U	NION			,					
D	T. Commisso if the		an acation FOI		1-0712539					
Paru	I-A Complete if th	e organization is exempt und	er section 501	(C) OF IS a Se	ection 527	organizat	on.			
1	Provide a description of t	he organization's direct and indirect po	olitical campaign ac	ctivities in Part	IV					
2	Political expenditures				>	\$				
3	Volunteer hours									
Part	I-B Complete if th	e organization is exempt und	er section 501	(c)(3).						
1	Enter the amount of any e	excise tax incurred by the organization	under section 495	5	>	\$				
2		excise tax incurred by organization ma			•	\$				
3	If the organization incurre	ed a section 4955 tax, did it file Form	4720 for this year?			Yes	□ No			
4a	Was a correction made?					Yes	□ No			
b	If "Yes," describe in Part	IV				,	•			
Part	I-C Complete if th	e organization is exempt und	er section 501	(c), except s	ection 50	1(c)(3).				
1	Enter the amount directly	expended by the filing organization fo	r section 527 exem	npt function act	vities 🕨	\$				
2		lling organization's funds contributed t	o other organization	ns for section 5	27					
	exempt function activities				•	\$	10,257			
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b									
4	4 Did the filing organization fileForm 1120-POL for this year?									
5	organization made payme amount of political contrib	ses and employer identification numbe ents For each organization listed, ente butions received that were promptly ai I or a political action committee (PAC)	r the amount paid find directly delivered	rom the filing or d to a separate	ganization's political orga	funds Also en anization, such	ter the as a			
	(a) Name	(b) Address	(c) EIN	(d) A mount filing organ funds If none	ization's	(e) A mount contribution and prom directly deli separate organization enter	s received only and vered to a political of the football of th			
	ORTHWEST CREDIT UNION SSOCIATION	18000 INTERNATIONAL BLVD SUITE 35 SEATAC,WA 98188	91-0460483		10,257					
2										
3										
4										
5										
6										
For Pa	aperwork Reduction Act Not	ice, see the instructions for Form 990 or	990-EZ.	L Cat No 50084S	Schedule C (Form 990 or 99	0-EZ) 2015			

Grassroots nontaxable amount (enter 25% of line 1f)

g

ch	nedule C	(Fo	rm 990 or 990-E2) 2015			Page 2
P	art II-/	4	Complete if the organization is exempt under section 501(c)(3) and	file	ed Form 5768	(election
			under section 501(h)).			
١.	Check	•	If the filing organization belongs to an affiliated group (and list in Part IV each affiliated expenses, and share of excess lobbying expenditures)	gro	up member's nam	e, address, EIN
3	Check	\blacktriangleright	If the filing organization checked box A and "limited control" provisions apply			
			Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lo	obb	ring expenditures to influence public opinion (grass roots			
La	lobbyır	ıg)				
	Total lo	obb	ying expenditures to influence a legislative body (direct lobbying)			

Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns The lobbying nontaxable amount is: If the amount on line 1e, column (a) or (b) is: Not over \$500,000 20% of the amount on line 1e Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000

Subtract line 1g from line 1a If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five

columns below. See the separate instructions for lines 2a through 2f.) **Lobbying Expenditures During 4-Year Averaging Period** Calendar year (or fiscal year (a)2012 **(b)**2013 (c)2014 (d)2015 (e) Total beginning in) 2a Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures

che	edule C (Form 990 or 990-EZ) 2015				Ρā	age 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N filed Form 5768 (election under section 501(h)).	ТОГ				
۰	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(]	a)		(b)	
	res response on times 1a through 11 below, provide in Part 1V a detailed description of the lobbying rity		No		A moun	ıt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers?	Yes				
a b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?					
d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? THE III-A Complete if the organization is exempt under section 501(c)(4), section 5	501(c)(5), (or se	ectio	n
_	501(c)(6).				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
	Till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."	No" C				
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a				
a	Current year	\vdash				
b	Carryover from last year	2b				
c	Total A garagete amount reported in section 6.03.3 (a)(1)(A) notices of pendeductible section 1.6.3 (a) dues	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	·	5				
Ð	art IV Supplemental Information					

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
PART I-A, LINE 1	CONTRIBUTIONS ARE MADE TO A POLITICAL ACTION COMMITTEE (PAC) AS PART OF WECU'S NORTHWEST CREDIT UNION ASSOCIATION (NWCUA) DUES THE TOTAL CHECK IS PAYABLE TO NWCUA, AND THE PAC PIECE IS DISTRIBUTED BY THE NWCUA TO THE CREDIT UNION LEGISLATIVE ACTION FUND (CULAF), WHICH IS OUR WASHINGTON STATE PAC CULAF'S FUNDS ARE RAISED FROM THE DUES INVOICES AS PART OF A VOLUNTARY "FAIRSHARE" CONTRIBUTION LISTED FOR EACH STATE-CHARTERED CREDIT UNION
	Schedule C (Form 990 or 990EZ) 2015

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SCHEDULE D

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on 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 $\underline{www.irs.gov/form990}$.

OMB No 1545-0047

Open to Public

DLN: 93493319024786

Name of Alexander
Internal Revenue Serv
Treasury
Department of the

(Form 990)

Inspection

	ATCOM EDUCATIONAL CREDIT UNION			Empire	oyer identification number
		A. J. J. J. W			712539
Pa	rt I Organizations Maintaining Donor Complete if the organization answere	Advised Funds or C ed "Yes" on Form 990	itner Similar F Part IV, line 6	unds o	or Accounts.
	Complete if the organization answere	(a) Donor advised funds	•	(b)	Funds and other accounts
1	Total number at end of year	(a) Bollot davised lattes		(2)	ranas ana otner accounts
2	Aggregate value of contributions to (during				
3	year) Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor a funds are the organization's property, subject to t	_		nor advis	sed Yes No
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?				purpose Yes No
Pa	rt III Conservation Easements. Comple	te if the organization a	nswered "Yes"	on Form	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by th	e organızatıon (check all t	hat apply)		
	Preservation of land for public use (e.g., recre	eation or	D		
	education)	I –			cally important land area
	Protection of natural habitat Preservation of open space	I	Preservation of	a cerune	d historic structure
_	·	and a gualified concernati		the form	
2	Complete lines 2a through 2d if the organization leasement on the last day of the tax year	ieid a quaimed conservad	on contribution in	the form	of a conservation
					Held at the End of the Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easeme	nts		2b	
c	Number of conservation easements on a certified	historic structure include	dın (a)	2c	
d	Number of conservation easements included in (o historic structure listed in the National Register	a) acquired after 8/17/06,	and not on a	2d	
3	Number of conservation easements modified, tran	nsferred, released, extingu	ıshed, or termınat	ed by the	e organization during the
	tax year >				
4	Number of states where property subject to cons	ervation easement is loca	ed ▶		
5	Does the organization have a written policy regar violations, and enforcement of the conservation e	<i>-</i>	ng, inspection, hai	ndling of	□Yes □No
6	Staff and volunteer hours devoted to monitoring, year	nspecting, handling of vio	ations, and enfor	ing cons	ervation easements during the
	>				
7	A mount of expenses incurred in monitoring, inspective.	ecting, handling of violatio	ns, and enforcing (conserva	tion easements during the year
8	Does each conservation easement reported on lir	ne 2(d) above satisfy the r	equirements of se	ction 17	
9	(B)(I) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization report				*
	balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	sements			
Par	Complete if the organization answere			or Oth	er Similar Assets.
1a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footi	assets held for public exh	ibition, education	, or resea	arch in furtherance of public
b	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public exh			
(i) Revenue included on Form 990, Part VIII, line 1			> \$	
(i	i) Assets included in Form 990, Part X				
2	If the organization received or held works of art, he following amounts required to be reported under S			for financ	
а	Revenue included on Form 990, Part VIII, line 1	·			> \$
b	Assets included in Form 990, Part X				> \$

Par	t II	Organizations Maintaining (continued)	Collections of Art	, His	stori	cal T	rea	sures, o	or Otl	her Simila	ır Asse	ts	
3		ing the organization's acquisition, accellection items (check all that apply)	ession, and other recor	ds,cl	hec k a	iny of	the f	following t	hat are	e a significar	nt use of	ıts	
а	Г	Public exhibition		d		Loa	n or e	exchange	progra	ims			
b	Г	Scholarly research		e	Г	Oth	er						
c	Г	Preservation for future generations											
4		ovide a description of the organization's rt XIII	s collections and expla	ın ho	w they	furth	er th	ne organiza	atıon's	exempt pur	pose in		
5		ring the year, did the organization solic sets to be sold to raise funds rather tha								sımılar F	_ Yes	┌ No	,
Pa	rt I	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		orm	990,	Part	IV,	line 9, or	repo	rted an am			
1a		the organization an agent, trustee, cus luded on Form 990, Part X?	todian or other interme	diary	for co	ontrib	utıor	ns or other	rasset	_	Yes	√ No	,
ь		If "Yes," explain the arrangement in Pa	art XIII and complete t	he fo	llowine	g tabl	e		[A moun	t	
c		Beginning balance	·						1c				
d		Additions during the year							1d				
е		Distributions during the year							1e				
f		Ending balance							1f				
2 a	Die	d the organization include an amount or	n Form 990, Part X, line	21,	for es	crow	or cu	ustodial ac	count	liability?	7 Yes	┌ No	,
										1.		,	
b	If'	'Yes," explain the arrangement in Part	XIII Check here if the	expl	anatio	n has	bee	n provided	d in Pa	rt XIII			✓
Pa	rt V	Endowment Funds. Complete	te if the organization	n ans	swere	d "Ye	es" t	to Form 9	990, P	Part IV, line	10.		
			(a)Current year	(b) Pr	nor yea	r	b (c)	Two years b	ack (c	1) Three years b	oack (e)	Four ye	ars back
1a		ginning of year balance											
b	Co	ontributions											
c		et investment earnings, gains, and											
d	Gr	ants or scholarships											
e		ther expenditures for facilities d programs											
f	Α.	Iministrative expenses											
		nd of year balance											
9	٠.	· · · ·											
2		ovide the estimated percentage of the o	current year end balanc	e (lır	ne 1g,	colun	nn (a)) held as					
а		ard designated or quasi-endowment 🕨											
b	Рe	rmanent endowment 🟲											
С		mporarily restricted endowment ► e percentages on lines 2a, 2b, and 2c :	should equal 100%										
За		e there endowment funds not in the pos	session of the organiza	ation	that a	re he	ld an	ıd admınıs	tered f	for the			
	-	ganization by									2-(:)	Yes	No
	٠.	unrelated organizations						•			3a(i) 3a(ii)		
ь	• •) related organizations 'Yes" on 3a(ii), are the related organiza				ule Ri	· ·		_		. 3b		
4		scribe in Part XIII the intended uses o											
Pa	rt V	Land, Buildings, and Equip	ment.										
		Complete if the organization a	nswered 'Yes' to Fo	rm 9			۷, <u>ا</u> با		ee Fo				
		Description of property		Co	st or of ost or of invest)		ISIS	(b) Cost or other (other		Accumul (c)deprecia		(d) Bool	k value
1 a	Lan	d		.[10,7	23,536			10	0,723,536
b	Buil	dıngs											
				-			_		92,495		50,385	14	1,942,110
		sehold improvements		-			_		81,118		48,516		32,602
	-	ipment		-			-	14,0	52,188	10,12	22,033	3	3,930,155
е	Oth	er 						5.3	357,227	2.48	87,591	2	2,869,636

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . .

32,498,039

(including name of security)	-у	(b)Book value	(c) Method of valuation Cost or end-of-year market val
(1)Financial derivatives			,
(2)Closely-held equity interests (3)Other		126 059 422	C
(A) OTHER INVESTMENTS		136,958,422	С
(B) FHLB STOCK		1,297,100	
(C) HELD TO MATURITY		1,993,000	С
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•	140,248,522	
Part VIII Investments—Program Related. Complete if the organization answere	ed 'Yes' on Form 990,		
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market valu
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organizat (a) Des		orm 990, Part IV, line 1:	1d See Form 990, Part X, line 15 (b) Book value
Part IX Other Assets. Complete if the organization	ion answered 'Yes' on Fo	orm 990, Part IV, line 1:	
Part IX Other Assets. Complete if the organization	ion answered 'Yes' on Fo	orm 990, Part IV, line 1	
Part IX Other Assets. Complete if the organization	ion answered 'Yes' on Fo	orm 990, Part IV, line 1	
Part IX Other Assets. Complete if the organization	ion answered 'Yes' on Fo	orm 990, Part IV, line 13	
Part IX Other Assets. Complete if the organization	ion answered 'Yes' on Fo	orm 990, Part IV, line 13	
Part IX Other Assets. Complete if the organization	ion answered 'Yes' on Fo	orm 990, Part IV, line 13	
Part IX Other Assets. Complete if the organization	ion answered 'Yes' on Fo	orm 990, Part IV, line 13	
Other Assets. Complete if the organizate (a) Des (a) Des	e 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Assets. Complete if the organizate (a) Des Other Liabilities. Complete if the organizate (a) Des	e 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, Inc. 25.	e 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. (a) Description of liability	e 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	e 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	e 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes OTHER LIABILITIES MEMBER SHARE DRAFT	e 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes OTHER LIABILITIES MEMBER SHARE DRAFT MEMBER IRA SHARES	(b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes OTHER LIABILITIES MEMBER SHARE DRAFT MEMBER IRA SHARES SHARE AND IRA CDS	(b) Book value 9,184,9 200,824,5 34,438,6		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes OTHER LIABILITIES MEMBER SHARE DRAFT MEMBER IRA SHARES SHARE AND IRA CDS SHARE SAVINGS	(b) Book value 9,184,9 200,824,5 34,438,6 13,449,9		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25.	(b) Book value 9,184,9 200,824,5 34,438,6 13,449,9 761,956,5		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the or See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes OTHER LIABILITIES MEMBER SHARE DRAFT MEMBER IRA SHARES SHARE AND IRA CDS SHARE SAVINGS	(b) Book value 9,184,9 200,824,5 34,438,6 13,449,9 761,956,5		(b) Book value

Total revenue, gains, and other support per audited financial statements

Amounts included on line 1 but not on Form 990, Part VIII, line 12

TAXES

Net unrealized gains (losses) on investments .

Donated services and use of facilities

Recoveries of prior year grants .

Other (Describe in Part XIII) .

Add lines 2a through 2d . . .

Schedule D (Form 990) 2015

PART IV, LINE 2B

1

2

54,990,783

3	Subtract line Ze from line 1 .						3	54,990,7
4	Amounts included on Form 990	, Part VIII, line 12,	but not on line	1				
а	Investment expenses not includ	ded on Form 990, Pa	art VIII, line 7b		4a			
b	Other (Describe in Part XIII)				4b]	
c	Add lines 4a and 4b						4c	
5	Total revenue Add lines 3 and 4	4c. (This must equal	Form 990, Part	I, line	12) .	 	5	54,990,7
Par	Reconciliation of Exp Complete if the organiz	•				•	s per Re	turn.
1	Total expenses and losses per a	audited financial sta	itements			 	1	41,471,4
2	Amounts included on line 1 but	not on Form 990, Pa	art IX, line 25					
а	Donated services and use of fac	ollities			2a			
b	Prior year adjustments				2b]	
c	Otherlosses				2c			
d	Other (Describe in Part XIII)				2 d]	
е	Add lines 2a through 2d				·		2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.						3	41,471,4
4	Amounts included on Form 990,	, Part IX, line 25, bι	it not on line 1:					
а	Investment expenses not includ	ded on Form 990, Pa	art VIII, line 7b		4a			
b	Other (Describe in Part XIII)				4b		1	
c	Add lines 4a and 4b						4c	
5	Total expenses Add lines 3 and	d 4c. (This must equ	al Form 990, Pa	art I, lu	ne 18)	 	5	41,471,4
Par	XIII Supplemental Info	rmation						
Part	vide the descriptions required for P V, line 4, Part X, line 2, Part XI, li mation							ny additional
	Return Reference		Explana	ation				

2a

2b

2c 2d

MONEY RECEIVED WITH MORTGAGE PAYMENTS THAT IS HELD IN ESCROW FOR REAL ESTATE

Schedule D (Form 990) 2015		Page 5							
Part XIII Supplemental Information (continued) Return Reference Explanation									
Return Reference	Explanation								
		_							

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule I (Form 990) Department of the Treasury

Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

OMB No 1545-0047

DLN: 93493319024786

2015

Open to Public Inspection

Employer identification number

WHATCOM EDUCATIONAL CREDIT	UNION					91-0712539	
Part I General Informatio	n on Grants an	d Assistance				•	
Does the organization maintain the selection criteria used to aw Describe in Part IV the organization Part II Grants and Other Assista	vard the grants or a ation's procedures f	ssistance? or monitoring the use	of grant funds in the Un	ited States		·	✓ Yes No
that received more than s					unswered res on r		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
		+					
		1					
2 Enter total number of section 503 Enter total number of other orga	. , . ,	-					

Return Reference Explanation SCHEDULE I, PART III WHATCOM EDUCATIONAL CREDIT UNION ASSIGNS SPECIFIED SCHOLARSHIP AMOUNTS TO VARIOUS SCHOOLS THE SCHOOL

SCHOLARSHIP COMMITTEES THEN DETERMINE THE MOST DESERVING RECIPIENTS

Additional Data

Software ID: Software Version:

EIN: 91-0712539

Name: WHATCOM EDUCATIONAL CREDIT UNION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 91-0570788 501(C)(3) 15,000 LOCAL COMMUNITY UNITED WAY OF WHATCOM COUNTY HEALTH, EDUCATION, AND INCOME 1500 CORNWALL AVE SUITE 203 INITIATIVES BELLINGHAM, WA 98226 SUPPORT OF TRADE NORTHWEST CREDIT 91-1649328 501(C)(3) 10.257 ASSOCIATION AND UNION FOUNDATION 13221 SW 68TH PARKWAY ONGOING SUITE 400 EDUCATIONAL PROGRAMS TIGARD, OR 97223 NORTHWEST CREDIT 91-0460483 501(C)(3) 24,853 ADMINISTRATIVE DONATION FOR UNION ASSOCIATION SERVICES 13221 SW 68TH PARKWAY SUPPORTING THE SUITE 400 TIGARD, OR 97223 CREDIT UNION INDUSTRY

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.

2015 Open to Public

OMB No 1545-0047

DLN: 93493319024786

Department of the

Schedule J (Form 990)

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

	sury				Insp	ectio	n
	nal Revenue Service me of the organization			Employer identification	on nur	nber	
	ATCOM EDUCATIONAL CREDIT UNION			• •			
D.	Overtions Describes Companyation			91-0712539			
FG	Questions Regarding Compensation						T
.a	Check the appropriate box(es) if the organization provi					Yes	No
	990, Part VII, Section A, line 1a Complete Part III to	o provi		_			
	First-class or charter travel	<u> </u>	Housing allowance or residence fo	· i	 	 	<u> </u>
	Travel for companions	<u> </u>	Payments for business use of pers	i	 	<u> </u>	<u> </u>
	Tax idemnification and gross-up payments		Health or social club dues or initia	i	l I	 	
	Discretionary spending account	ı	Personal services (e g , maid, chai	uffeur, chef)	l I	 	
b	If any of the boxes in line 1a are checked, did the organism reimbursement or provision of all of the expenses described.				1b	Yes	
2	Did the organization require substantiation prior to rei directors, trustees, officers, including the CEO/Execu		· · · · · · · · · · · · · · · · · · ·		2	Yes	
3	Indicate which, if any, of the following the filing organizorganization's CEO/Executive Director Check all that used by a related organization to establish compensat	t apply	Do not check any boxes for metho	ds			
	Compensation committee	√	Written employment contract				
	Independent compensation consultant	✓	Compensation survey or study				
	Form 990 of other organizations	√	Approval by the board or compens	ation committee			
ŀ	During the year, did any person listed on Form 990, Pa or a related organization	art VII	I, Section A, line 1a with respect to	the filing organization			
а	Receive a severance payment or change-of-control pa	aymen	t?		4a		Νo
b	Participate in, or receive payment from, a supplement	al nond	qualified retirement plan?		4b	Yes	
C	Participate in, or receive payment from, an equity-bas		·		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and prov	ide th	e applicable amounts for each item i	n Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organization	ane mu	set complete lines 5-0				
;	For persons listed on Form 990, Part VII, Section A, I compensation contingent on the revenues of		•	any			
а	The organization?				5a		
b	Any related organization?				5b		
	If "Yes," on line 5a or 5b, describe in Part III						
5	For persons listed on Form 990, Part VII, Section A, I compensation contingent on the net earnings of	line 1a	, did the organization pay or accrue	any			
а	The organization?				6 a		
b	Any related organization?				6 b		
	If "Yes," on line 6a or 6b, describe in Part III						
•	For persons listed on Form 990, Part VII, Section A, I payments not described in lines 5 and 67 If "Yes," de			on-fixed	7		
3	Were any amounts reported on Form 990, Part VII, pa subject to the initial contract exception described in R						
	ın Part III				8		
)	If "Yes" on line 8, did the organization also follow the section 53 4958-6(c)?	rebutta	able presumption procedure describ	ed in Regulations	9		

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(ii)

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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 on 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 (E) Total of columns (F) Compensation in (D) Nontaxable column(B) reported other deferred benefits (B)(I)-(D)(11) (111) Base as deferred on prior Other reportable compensation Bonus & incentive (I) compensation compensation compensation Form 990 1 WAYNE LANGEI 55.419 (i) 25,060 915,810 0 1,001 997.290 794,216 PRESIDENT/CEO - FORMER 0 O O 0 0 0 (ii) 2 JENNIFER KUTCHER 367,103 (i) 20,192 107,789 47,150 10,824 553,058 0 PRESIDENT/CEO 0 0 0 0 (ii) 3 KATHLEEN GAVINSVP 122,199 (i) 29,413 126,153 29,150 8,008 314,923 100,000 0 0 0 0 0 Ω Ω (ii) 4 ROBERT LANGEIEVP/COO 194,693 (i) 38,401 208 25,640 7,608 266,550 Ω 0 0 0 0 0 Ω Ω (ii) 5 JEFF DYKSTRAEVP/CLO 191,601 (i) 39,103 208 26,252 15,312 272,476 0 0 0 0 0 0 0 0 (ii) 6 COLIN NAYLORVP/CIO 143,106 (i) 29,326 208 19,561 15,312 207,513 0 0 0 0 0 0 0 0 (ii) 7 LISA LANGEI 134,987 (i) 27,869 312 18,459 10,824 192,451 0 VP, MARKETING 0 0 0 0 0 0 0 (ii) 8 KENT BOUMA 118,552 (i) 24,710 208 16,432 15,312 175,214 0 VP, BUSINESS SERVICES 0 0 0 0 0 0 0 (ii) 9 AARON WHITSON 110,916 (i) 22,977 312 15,322 164,839 0 15,312 CREDIT ADMINISTRATOR

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Schedule J (Form 990) 2015 Page 3 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 PART I. LINE 4B EXPLANATION SCHEDULE J. PART III. SUPPLEMENTAL INFORMATION THE CREDIT UNION MADE NO CONTRIBUTIONS TO A 457(F) PLAN DURING THE YEAR DISTRIBUTIONS FROM THE 457(F) PLAN WERE MADE ON BEHALF OF WAYNE LANGEL, PRESIDENT/CEO \$794.216

Schedule J (Form 990) 2015

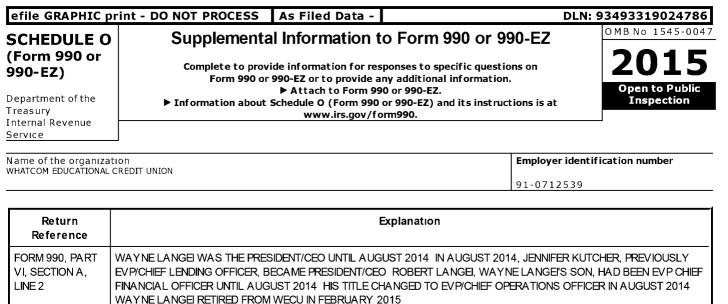
KATHLEEN GAVIN, SVP \$100,000

Software ID: Software Version:

EIN: 91-0712539

Name: WHATCOM EDUCATIONAL CREDIT UNION

Form 990, Schedule J,	Part I	I - Officers, Direc	tors, Trustees, Ke	y Employees, and	Highest Compens	sated Employees	<u> </u>	
(A) Name and Title		(B) Breakdown of	fW-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
1WAYNE LANGEI PRESIDENT/CEO - FORMER	(1)	55,419	25,060	915,810	0	1,001	997,290	794,216
	(11)	0	0	0	0	0		0
1JENNIFER KUTCHER PRESIDENT/CEO	(1)	367,103	20,192	107,789	47,150	10,824	553,058	0
	(11)	0	0	0	0	-	_ _ 0	0
2KATHLEEN GAVINSVP	(1)	122,199	29,413	126,153	29,150	8,008	314,923	100,000
	(11)	0	0	0	0	-		0
3ROBERT LANGEIEVP/COO	(1)	194,693	38,401	208	25,640	7,608	266,550	0
	(11)	o	0	0	0	-	- 0	0
4JEFF DYKSTRAEVP/CLO	(1)	191,601	39,103	208	26,252	15,312	272,476	0
	(11)	0	0	0	0			0
5COLIN NAYLORVP/CIO	(1)	143,106	29,326	208	19,561	15,312	207,513	0
	(11)	o	0	0	0	- - 0		0
6LISA LANGEIVP, MARKETING	(1)	134,987	27,869	312	18,459	10,824	192,451	0
	(11)	0	0	0	0			0
7 KENT BOUMA VP, BUSINESS SERVICES	(1)	118,552	24,710	208	16,432	15,312	175,214	0
	(11)	0	0	0	0			0
8AARON WHITSON CREDIT ADMINISTRATOR	(1)	110,916	22,977	312	15,322	15,312	164,839	0
	(11)	0	0	0	0			0



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

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

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	MEMBERS OF THE CREDIT UNION HAVE THE RIGHT TO APPROVE THE GOVERNING BODY'S ELECTION AND REMOVAL OF MEMBERS OF THE GOVERNING BOARD, AS WELL AS OTHER MATTERS THAT ARE SUBJECT TO THE
,	APPROVAL OF MEMBERS OF THE CREDIT UNION AS THEY OCCUR

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, 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 OR THE HUMAN RESOURCES DEPARTMENT WECU'S HUMAN RESOURCES DEPARTMENT AND INTERNAL AUDITOR ARE RESPONSIBLE FOR ENSURING THAT NO CONFLICT OF INTERESTS OCCUR THAT COULD HAVE A NEGATIVE EFFECT ON WECU IF ANYONE SUSPECTS A CONFLICT OF INTEREST, IT IS REPORTED TO MANAGEMENT, THE HUMAN RESOURCES DEPARTMENT OR THE INTERNAL AUDITOR

Return Reference	Explanation	
FORM 990,	WECU'S COMPENSATION PHILOSOPHY FOR ALL EMPLOYEES PROVIDES FOR REWARDS THAT ARE MARKET-	l
PART VI,	COMPETITIVE, RECOGNIZE INDIVIDUAL PERFORMANCE AND ACKNOWLEDGE EXPERIENCE WECU PARTNERS WITH A	l
SECTION B, LINE	THIRD-PARTY COMPENSATION ADVISOR TO ENSURE PAY RATES ARE COMPETITIVE WITHIN THE MARKET AS A RESULT	l
15	OF THIS PARTNERSHIP, WECU'S PRESIDENT/CEO AND EVPS DETERMINE THE OVERALL SALARY STRUCTURE.	l
	COMPENSATON FOR THE PRESIDENT/CEO IS OUTLINED IN THE EMPLOYMENT CONTRACT SET FORTH BETWEEN THE THE	l
	BOARD OF DIRECTORS AND THE PRESIDENT/CEO	l

Return Reference	Explanation
FORM 990, PART VI, SECTION C, 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 OUR 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 -189,018

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