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efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493297014687 OMB No 1545-0047 **Return of Organization Exempt From Income Tax** Form **990** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

<del></del>			-i 04 04 2046 42 5	24 2046					
		C Name of organization	ning 01-01-2016 , and ending 12-3	31-2016	D Employe	r identifica	tion number		
	ck if applicable Idress change	INDUSTRIAL CREDIT UNION OF WHA	ATCOM COUNTY				cion number		
□ Na	ime change	David human			91-0587	8//			
☐ Ini Fir	ıtıal return nal	Doing business as							
□detu	rn/terminated	Number and street (or P O box if ma	all is not delivered to street address) Room/s	uıte	E Telephone	e number			
_	nended return plication pend	PO Box 1767			(360) 73	34-2043			
ш Ар	plication pend	City or town, state or province, coun BELLINGHAM, WA 98227	try, and ZIP or foreign postal code						
		BELLINGHAM, WA 98227			<b>G</b> Gross red	eipts \$ 10,9	09,344		
		<b>F</b> Name and address of principal Terri Salstrom	l officer	H(a) Is	this a group ret	urn for			
		PO BOX 1767			ibordinates?		□Yes 🗹 No		
		BELLINGHAM, WA 98227			e all subordinate cluded?	25	☐ Yes ☐No		
<b>I</b> ⊺a	x-exempt stat	JS	(insert no )		"No," attach a lı		structions)		
J W	ebsite: ► \	VWW INDUSTRIALCU ORG		H(c) Gr	oup exemption	number 🟲			
				L Voor of fe	ormation 1941	M State of I	legal domicile		
<b>K</b> Fori	m of organizat	on Corporation Trust Assoc	ciation ☑ Other ► NOT FOR PROFIT	L real of it		WA	egai doffficile		
Pa	iriti Su	mmary							
		describe the organization's mission or	most significant activities						
e .	Providir	ng financial services to 25,773							
₩ E									
e									
VO.	2 Check		•						
ن ×خ	1		g body (Part VI, line 1a)			3	9		
ě			the governing body (Part VI, line 1b) endar year 2016 (Part V, line 2a)			5	94		
₹		6	10						
Activities & Governance		number of volunteers (estimate if nec Inrelated business revenue from Part		7a	0				
•	1		n Form 990-T, line 34			7b	0		
	B Net un	related business taxable meanic non	710m 330 1, me 34 1 1 1 1 1	· · ·	· · Prior Year		urrent Year		
	8 Control	outions and grants (Part VIII, line 1h)				0	0		
en c		m service revenue (Part VIII, line 2g		9,090,5	51	9,793,211			
Rəvenue	1	ment income (Part VIII, column (A),		1,198,2	_	1,080,469			
Œ		revenue (Part VIII, column (A), lines		51,9	_	35,664			
	12 Total r	evenue—add lines 8 through 11 (mus		10,340,8	04	10,909,344			
	13 Grants	and similar amounts paid (Part IX, c	olumn (A), lines 1–3 )			0	0		
	14 Benefi	ts paid to or for members (Part IX, co	olumn (A), line 4)		0	C			
82	15 Salarıe	s, other compensation, employee be		4,734,4	16	4,631,741			
JS(	16a Profes	sional fundraising fees (Part IX, colur	mn (A), line 11e)			0	0		
Expenses	<b>b</b> Total fu	ndraısıng expenses (Part IX, column (D), lıı	ne 25) ▶ <u>0</u>						
ш	<b>17</b> Other	expenses (Part IX, column (A), lines	11a-11d, 11f-24e)		4,310,9	73	5,118,06		
	<b>18</b> Total 6	xpenses Add lines 13–17 (must equ	al Part IX, column (A), line 25)		9,045,3	89	9,749,803		
- (5	19 Reven	ue less expenses Subtract line 18 fro	om line 12		1,295,4	_	1,159,541		
Net Assets or Fund Balances				Beginn	ing of Current Ye	ear	End of Year		
set	20 Total a	ssets (Part X, line 16)			210,648,8	75	227,371,457		
A As		·			4,264,2		1,828,470		
şŝ		sets or fund balances Subtract line 2	1 from line 20		206,384,6		225,542,987		
Pa	ti II Sig	nature Block				<u> </u>			
			ned this return, including accompanying						
	reage and be inowledge	eller, it is true, correct, and complete	Declaration of preparer (other than off	icer) is base	ed on all informa	ition of Wni	cn preparer nas		
	- IA								
	Sigi	nature of officer			2017-10-27 Date				
Sign Here	' '								
· · ·	INICI	e or print name and title							
	[F .7,F	Print/Type preparer's name	Preparer's signature	Date		TIN			
Paid	d				Check L if self-employed				
	u parer	Firm's name			Firm's EIN ►				
	Only	Firm's address ▶			Phone no				
May t	:he IRS disci	iss this return with the preparer show	n above? (see instructions)			Yes	. □ No		
		Reduction Act Notice, see the sep	· · · · · · · · · · · · · · · · · · ·		o 11282Y		Form <b>990</b> (2016)		

Cat No 11282Y

Form **990** (2016)

Form	990 (2	016)					Page <b>2</b>
Par	t III	Statement of	f Program Service	e Accomplisi	hments		
		Check if Schedu	le O contains a respoi	nse or note to a	any line in this Part III		🗆
1	Briefly		anızatıon's mıssıon				
			25,773 member which rt time employees en		is not limited to loans	and savings programs. These servi	ces are provided by 10
volur	iteers ai	nd 94 Iuli and par	rt time employees en	npioyees			
2	Did th	e organization iin	dertake any significal	nt program serv	uces during the year v	which were not listed on	
_			990-EZ?				☐ Yes ☑ No
	If "Yes	s," describe these	new services on Sch	edule O			
3	Did th	e organization ce	ase conducting, or ma	ake significant o	changes in how it cond	ducts, any program	
	service	es?					🗌 Yes 🗹 No
	If "Yes	s," describe these	changes on Schedule	e O			
4	Sectio	n 501(c)(3) and 5	on's program service 501(c)(4) organization , if any, for each prog	ns are required	to report the amount	e largest program services, as meas of grants and allocations to others,	ured by expenses the total
4a	(Code		) (Expenses \$	9,749,803	including grants of \$	) (Revenue \$	10,909,344 )
	See Ad	ditional Data					
4b	(Code		) (Expenses \$		including grants of \$	) (Revenue \$	)
4c	(Code		) (Expenses \$		including grants of \$	) (Revenue \$	)
	011		- /D	I- 0 )			
4d		program services nses \$	s (Describe in Schedu O inclu	le O) iding grants of :	\$	0 ) (Revenue \$	0)
		program servic		9,749,8	<u> </u>	- , (nevenue 4	
	=	r. og. a.m ser vic	- Inpenious r	5,, 15,0	<del></del>		Form <b>990</b> (2016)

Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . .

or X as applicable

Section 501(c)(3) organizations.

Form 990 (2016) Page 3 **Checklist of Required Schedules** Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete No 1 

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

Did the organization receive or hold a conservation easement, including easements to preserve open space,

Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . . . . . . . . .

**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* . . . . . . . . . . . .

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . .

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . .

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

assessments, or similar amounts as defined in Revenue Procedure 98-19?

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9 10

11a

11b

11c

11d

11e

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No

No

Nο

Nο

No

Nο

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No

Nο

No

Nο

No

Form **990** (2016)

No

Yes

Yes

Yes

Yes

29

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

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,"

the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

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

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . .

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

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

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

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

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

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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 member

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

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

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

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

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

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

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

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

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

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

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

instructions for applicable filing thresholds, conditions, and exceptions)

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . .

22 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of

24a

24b

24c

24d

25a

25b

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28a

28b

28c

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33

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35a

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37

Yes

Yes

Form 990 (2016)

Yes Nο

Page 4

No

Nο

No

Nο

No

No

No

Nο

Nο

No

Nο

Nο

Nο

Nο

orm	990 (2016)			Page
Par				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
	Fortunally assembles assembled as Box 2 of Forms 1000 Fortun O. American banks		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 14  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 16	4		
		4		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
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	1	V	
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
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		
4a	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)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
		30		
•	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service provided to the payor?	7a		
b	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 <sup>7</sup>	<b>7</b> c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	<u> </u>		
9	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form			
_	1098-C?	7h		
В	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during			
	the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12   10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
1	Section 501(c)(12) organizations. Enter	1		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them )	-		
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for			
	additional information the organization must report on Schedule O	13a		
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	1		
1a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form	990 (2016)			Page <b>6</b>
Par	<b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions		nse to li	
	Check if Schedule O contains a response or note to any line in this Part VI			✓
	ector A. Governing body and Planagement		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year age 14			
	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		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?	<b>8</b> b	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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	⊋.)	
4.0			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
11a	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	10b	Yes	
	form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	42		
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	Yes	
	conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	164		
Se	ection C. Disclosure	16b		
17	List the States with which a copy of this Form 990 is required to be filed▶			
10	WA  Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)/3)s only.)			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website  Another's website  Upon request  Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			
20	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			
	▶Industrial Credit Union 3233 Northwest Ave BELLINGHAM, WA 98225 (360) 734-2043			

## 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

Lack this box if neither the organization nor any related organization compensated any current officer, director, or trustee (A) (D) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated compensation hours per than one box, unless person compensation amount of other week (list is both an officer and a from the from related compensation director/trustee) organization organizations any hours from the (W- 2/1099-(W- 2/1099for related organization and Highest compensated employee Former individual trustee or director organizations MISC) MISC) related Institutional below dotted organizations employ line) ě (1) Harold Henkel Х Bord of Director (2) Nikole Knauft Х Bord of Director (3) Lloyd Ludtke Х 0 Board of Director (4) Dennis McGrew Х Board of Director (5) Ken Ferry 0 Board of Director/Board Chair (6) Michael Ashby Board of Director/1st Vice Chair (7) Rick Maricle Board of Director (8) Robert Penny 0 Х Supervisory Committee Chair (9) Lauren Beckett Х Board of Director (10) Melissa Muhich Х 0 Supervisory Committee 45 (11) Kimberly Sutton Х 155,568 0 Executive Vice President Ω 45 (12) Terri Salstrom 232.786 President CEO

Form 990 (2016) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) Name and Title (C)
Position (do not check more **(D)** Reportable (F) (B) Reportable

Estimated

Form 990 (2016)

Average

hours per week (list any hours	t is both an officer and a s director/trustee) org			compensation from the organization (W-	compensation from related organizations (W-	amount of other compensation from the			
for related organization below dotte line)	ns   풀 ձ.	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
1b Sub-Total					•				

1b 9	Sub-Total					•	•			
c Total from continuation sheets to Part VII, Section A										
d 1	otal (add lines 1b and 1c)					•	•	388,354	0	
2										

1b 9	Sub-Total					•									
c ·	otal from continuation sheets to Pa	art VII, Sectio	nΑ.			•									
d	otal (add lines 1b and 1c)					▶			388,35	4			0		0
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 2															
														Yes	No
3	Did the organization list any <b>former</b> of line 1a? <i>If "Yes," complete Schedule 3</i>					, ,		-				ee on			
													3		No
4	For any individual listed on line 1a, is organization and related organization	s greater than \$	150,00	0۶ <i>If</i>	"Yes," c	ompl	ete Sc	hedule J	for su	ch					
	ındıvıdual			•		•			•		•		4	Yes	
5	Did any person listed on line 1a receives rendered to the organization							_	ition o	r ındıv	/idual fo	or			

d	Total (add lines 1b and 1c)	0		0
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization $\triangleright$ 2			
			Yes	No
3	Did the organization list any <b>former</b> 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 individual		Vaa	
		4	Yes	

3	Did the organization list any <b>former</b> 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 individual	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 J for such person	5		No

	The 1d 17 res, complete series are 5 roll such marvialar.	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	163	No
	astica B. Tadanandant Canturatous			

	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 J for such person	5		No					
Se	Section B. Independent Contractors								
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of con	npensa	ition						

	services rendered to the organization in Test, complete schedule 3 for such person :		5	No					
Se	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								
	(A) (B) Name and business address Description of services								

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization ▶ 0

Part \								Page 9
	Check if Schedule O contains a	a response	or note to any l	ine in this Part VII  (A)  Total revenue	Rela ex fur	(B) Inted or empt enction venue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s	1a Federated campaigns	1a						322 321
Contributions, Giffs, Grants and Other Similar Amounts	<b>b</b> Membership dues	1b						
وَ وَدَ	<b>c</b> Fundraising events	1c						
ifts, ar∆	d Related organizations	1d						
≘َ ق	e Government grants (contributions)	1e						
ons Sii	<b>f</b> All other contributions, gifts, grants, and similar amounts not included	1f						
outi her	above	11						
Contributions, Gifts, Grants and Other Similar Amounts	g Noncash contributions included in lines 1a-1f \$							
	h Total.Add lines 1a-1f		<b>.</b>	0				
<u>a</u>			Business	Code				
Program Service Revenue	2a Interest on Loans				212,992	6,212		0 0
æ	<b>b</b> Revenue Paid By Members For Service			522130 3,	580,219	3,580	219	0 0
¥C.	c —	_						
₹	d ————————————————————————————————————	_						
ıran.	<b>e f</b> All other program service revenue				0		0	0 0
<b>4</b> 0	<b>9Total.</b> Add lines 2a-2f		9,79	93,211				
	3 Investment income (including divide		est, and other					1
	similar amounts)		<b>,</b> 	1,080,46	0	1,080,469		0 0
	<b>4</b> Income from investment of tax-exe <b>5</b> Royalties	-			0	0		0 0
	(ı) Real		ıı) Personal		+			
	<b>6a</b> Gross rents							
	<b>b</b> Less rental expenses							
	c Rental income or (loss)	0	0					
	<b>d</b> Net rental income or (loss)		• •					
	(1) Securit	iles	(II) Other					
	from sales of assets other							
	than inventory							
	<b>b</b> Less cost or other basis and							
	sales expenses	0	0					
	C Gain or (loss) d Net gain or (loss)	-	<u> </u>					
	8a Gross income from fundraising eve							
ıne	(not including \$ (not including \$ (not including \$ (not including 1c) (not including 1c)	of						
20	See Part IV, line 18							
چ	<b>b</b> Less direct expenses							
Other Revenue	c Net income or (loss) from fundrais  9a Gross income from gaming activiti		• • •					
ō	See Part IV, line 19							
	<b>b</b> Less direct expenses	а Ь						
	c Net income or (loss) from gaming		. •					
	10aGross sales of inventory, less							
	returns and allowances	a						
	<b>b</b> Less cost of goods sold	ь						
	<b>c</b> Net income or (loss) from sales of	inventory	<u>►</u>					
	Miscellaneous Revenue	Ві	ısıness Code	47.20	26	47.206		0 0
	<b>11a</b> Gaın on Sale of Investment		522130	47,39	96	47,396		0
	<b>b</b> Loss on Sale of Investments		522130	-11,73	32	-11,732		0 0
	LOSS OIL SAIR OF THIVESTMENTS			//		,2		
	с				+			
	d All other revenue				0	0		0 0
	e Total. Add lines 11a-11d		. •	35,66	54			
	<b>12 Total revenue.</b> See Instructions		· · •	10,909,34	14	10,909,344		0 0
					_	, ,		Form 000 (2016)

Pa	rt IX Statement of Functional Expenses				Page <b>10</b>
Sec	tion 501(c)(3) and 501(c)(4) organizations must complete all co Check if Schedule O contains a response or note to any	-		olete column (A)	П
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0	2.1,5.1.2.2.	gonoral onposition	
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, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	388,354	388,354		
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	3,368,023	3,368,023		
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	54,710	54,710		
9	Other employee benefits	497,700	497,700		
10	Payroll taxes	322,954	322,954		
11	Fees for services (non-employees)				
;	Management				
	Legal	22,251	22,251		
,	Accounting	61,248	61,248		
	i Lobbying				
	e Professional fundraising services See Part IV, line 17				
1	Investment management fees				
,	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	107,618	107,618		
12	Advertising and promotion	183,849	183,849		
13	Office expenses	566,232	566,232		
14	Information technology	1,011,692	1,011,692		
15	Royalties				
16	Occupancy	553,916	553,916		
17	Travel	34,371	34,371		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	28,367	28,367		
20	Interest	481,958	481,958		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	633,590	633,590		
23	Insurance	74,484	74,484		
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)				
	a Provision for Loan Loss	373,321	373,321	0	0
	<b>b</b> Loan Servicing	628,289	628,289	0	0
	c Member Statements	159,421	159,421	0	0
	d Other Operating	197,455	197,455	0	0
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	9,749,803	9,749,803	0	0
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)				

art X	Balance Sheet				
	Check if Schedule O contains a response or not	e to any line in this Part IX .	<u></u>		<u> </u>
			(A) Beginning of year		<b>(B)</b> End of year
1	Cash-non-interest-bearing		3,799,497	1	3,191,212
2	Savings and temporary cash investments		8,234,707	2	20,513,208
3	Pledges and grants receivable, net			3	
4	Accounts receivable, net		26,341	4	413,080
5	Loans and other receivables from current and fo trustees, key employees, and highest compensa II of Schedule L	ated employees Complete Part		5	
7	Loans and other receivables from other disqualif section 4958(f)(1)), persons described in section contributing employers and sponsoring organization voluntary employees' beneficiary organizations (Part II of Schedule L.  Notes and loans receivable, net	134,006,477	6	133,946,107	
8	Inventories for sale or use		107,000, 117	8	100,040,131
9	Prepaid expenses and deferred charges		736.115	9	774,445
1 -	Land, buildings, and equipment cost or other	750,110	9		
104	basis Complete Part VI of Schedule D	<b>10a</b> 11,640,300			
Ь	Less accumulated depreciation	<b>10b</b> 5,916,650	5,971,072	<b>10</b> c	5,723,650
11	Investments—publicly traded securities .		229,567	11	249,963
12	Investments—other securities See Part IV, line	11		12	
13	Investments—program-related See Part IV, line	e 11	56,635,929	13	60,851,231
14	Intangible assets			14	
15	Other assets See Part IV, line 11		1,009,170	15	1,708,561
16	Total assets.Add lines 1 through 15 (must equa	al line 34)	210,648,875	16	227,371,457
17	Accounts payable and accrued expenses		4,262,185	17	1,826,559
18	Grants payable			18	
19	Deferred revenue			19	
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability Complete P	art IV of Schedule D		21	
22	Loans and other payables to current and former key employees, highest compensated employees				

Page **11** 

	12	investments—other securities See Part IV, inte II		12	
	13	Investments—program-related See Part IV, line 11	56,635,929	13	60,851,231
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	1,009,170	15	1,708,561
	16	Total assets.Add lines 1 through 15 (must equal line 34)	210,648,875	16	227,371,457
	17	Accounts payable and accrued expenses	4,262,185	17	1,826,559
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
itie	21 22	Loans and other payables to current and former officers, directors, trustees,			

Liabil persons Complete Part II of Schedule L . . 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . 24 Unsecured notes and loans payable to unrelated third parties . 24 Other liabilities (including federal income tax, payables to related third parties, 2.060 25 1.911 and other liabilities not included on lines 17-24) Complete Part X of Schedule D 4,264,245 1,828,470 26 Total liabilities. Add lines 17 through 25 . 26 Organizations that follow SFAS 117 (ASC 958), check here >  $\square$  and

Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 206.384.630 27 Unrestricted net assets 27 225.542.987 28 Temporarily restricted net assets 28 0 0 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . . . . 30

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

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

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

3a

Audit Act and OMB Circular A-133?

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

Nο

Form 990 (2016)

3h

#### **Additional Data**

part time employees

**Software Version:** v1.00

**EIN:** 91-0587877

**Software ID:** 16000425

Providing financial services to 25,773 members which includes but is not limited to loans and savings programs. These services are provided by 10 volunteers and 94 full and

Name: INDUSTRIAL CREDIT UNION OF WHATCOM COUNTY

Form 990, Part III, Line 4a:

Form 990 (2016)

SCHEDULE D

**Supplemental Financial Statements** 

DLN: 93493297014687 OMB No 1545-0047

(Form 990)

▶ 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. Open to Public Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Name of the organization **Employer identification number** INDUSTRIAL CREDIT UNION OF WHATCOM COUNTY 91-0587877 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during 3 Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ No Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 20 C Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D Schedule D (Form 990) 2016

 $\boldsymbol{c} \ \ \text{Leasehold } \text{improvements}$  ${f d}$  Equipment . . .

 ${f e}$  Other .

Page **2** 

Par	t IIII	Organizations Ma	aintaining Coll	ections o	f Art, His	tori	cal T	reası	ires, o	r Other	Similar A	<u> Assets (</u>	continu	ued)	
3		g the organization's acqu s (check all that apply)	uisition, accession	, and other	records, ch	eck	any of	the fo	llowing t	hat are a	sıgnıfıcant	use of it	s collec	tion	
а		Public exhibition				d		Loan	or exch	ange prog	grams				
b		Scholarly research				е		Othe	r						
С		Preservation for future	generations												
4	Provi Part )	de a description of the o	organization's colle	ections and	explain hov	v the	ey furt	her the	e organiz	zation's e:	xempt purp	ose in			
5		ng the year, did the orga s to be sold to raise fun									nılar	□ Y <sub>6</sub>	es	□ No	,
Pa	rt IV	Escrow and Custon Complete if the org X, line 21.			on Form	990	, Part	IV, lı	ne 9, o	r reporte	ed an amo	ount on	Form !	990, F	'art
1a		e organization an agent, ded on Form 990, Part )		n or other ı	ntermediary	/ for	contri	bution	s or othe	er assets	not	☐ <b>Y</b> €	es	□ No	1
ь	If "Y∈	es," explain the arrange	ment in Part XIII	and comple	te the follow	vina	table					Amount			
С		nning balance								1c					•
d	_	nons during the year								1d					•
е		butions during the year	-							1e					
f		ng balance								1f					
2a		he organization include	an amount on For	m 990. Par	t X. line 21.	for	escrov	v or cu	istodial a	ccount li	ability?				•
		-			,						·	∐ Ye		U N∘	
b		es," explain the arrange							·						
Pa	rt V	Endowment Fund	<b>ds.</b> Complete if												
	D		-	(a)Current	year	<b>(b)</b> P	rior yea	ır	<b>(c)</b> Two y	ears back	(d)Three y	ears back	<b>(e)</b> Fοι	ır years	back
	_	ing of year balance .													
		outions													
		vestment earnings, gain	· · · · · · · · · · · · · · · · · · ·												
		or scholarships	<b>+</b>												
е		expenditures for facilitie ograms	es												
f	Admını	istrative expenses .	[												
g	End of	year balance	[												
2	Provi	de the estimated percer	- ntage of the curre	nt year end	balance (lır	ne 1	g, colu	mn (a	)) held a	s					
а	Board	d designated or quasi-ei	ndowment 🕨												
b	Perm	anent endowment 🕨													
c	Temp	porarily restricted endov	vment ▶												
·		percentages on lines 2a,		d equal 100	%										
За	Are tl	here endowment funds nization by	•			tha	t are h	eld an	d admın	ıstered fo	r the		Γ.	Yes	No
	-	nrelated organizations										3	a(i)		
	(ii) r	elated organizations .											a(ii)		
b		es" on 3a(II), are the rel		listed as r	equired on s	Sche	dule R	? .				.	3b		
4	Desci	ribe in Part XIII the inte	ended uses of the	organızatıor	n's endowm	ent f	funds								
Pa	rt VI	Land, Buildings, Complete if the org			on Form 9	90,	Part	IV, lır	ne 11a.	See For	m 990, Pa	art X, lin	ne 10.		
	Descri	iption of property	(a) Cost or othe (Investmen	er basis	(b)Cost or o						lepreciation		(d)Bool	k value	
1a	Land			1,885,957				0				+		1.8	885,957
	Buildin			5,045,709				0			2,288,389	+			757,320

899,166

3,809,468

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

0

0

216,721

863,652

5,723,650

682,445

2,945,816

	(Form 990) 2016					Page <b>3</b>
Part VII	Investments—Other Securities. Complete in See Form 990, Part X, line 12.  (a) Description of security or category (including name of security)	f the organiza	(b)Book		orm 990, Par (c)Method of value of valu	aluation
(1)Financial						
	neld equity interests					
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 12 )		<u> </u>			
Part VIII	Investments—Program Related. Complete	e if the organi	zation ans	wered 'Yes' on	Form 990, Pa	art IV, line 11c.
	See Form 990, Part X, line 13.  (a) Description of investment	(b) Book	value		(c) Method of v	
	e/Agency Securities	5	7,815,472	COST	or end-of-year F	market value
	lically Owned Stock surance Fund		809,671 1,880,755		C C	
(4)Credit Ui	nion Membership Capital		345,333		С	
(5)						
(6)						
(7)						
(8)						
(9)						
Part IX	on (b) must equal Form 990, Part X, col (B) line 13 )  Other Assets. Complete if the organization answer		60,851,231 rm 990, Par	t IV, line 11d S	ee Form 990, P	art X, line 15
(1)	(a) Descrip	otion				(b) Book value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	mm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organizatio		· · · · Yes' on For	 m 990. Part I\	▶ /. line 11e or	11f.
	See Form 990, Part X, line 25.  (a) Description of liability			ook value		
1. (1) Federal	ncome taxes		(6) 50	JOK Value		
Interest Due	e to Members			1,911		
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col (B) line 25 )	<u> </u>		1,911		
2. Liability f	or uncertain tax positions In Part XIII, provide the tex	xt of the footno		ganızatıon's fınar		_
organization	's liability for uncertain tax positions under FIN 48 (AS	5C 740) Check	here if the	text of the footn	ote has been pr	ovided in Part XIII 📙

Part XI

2

1

2

а b

d

3

4

а

b

c

Part XIII

5

Schedule D (Form 990) 2016

4c

2e

3

4c

5

-352,803

Page 4

-352,344

10,909,344

10,909,344

9,397,000

-352,803

9.749.803

9,749,803

Schedule D (Form 990) 2015

Total revenue, gains, and other support per audited financial statements . . . . 10,557,000 Amounts included on line 1 but not on Form 990, Part VIII, line 12 2a

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Net unrealized gains (losses) on investments . . . а Donated services and use of facilities . 2b b 2c Recoveries of prior year grants . . .

c Other (Describe in Part XIII ) . 2d -352,344 d

е Add lines 2a through 2d . . . . 2e

3 Subtract line 2e from line 1 . 3

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

Investment expenses not included on Form 990, Part VIII, line 7b.

Other (Describe in Part XIII ) . . . . . . Add lines 4a and 4b . . .

b

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . . . Part XII

5

Total expenses and losses per audited financial statements .

Donated services and use of facilities .

Prior year adjustments . . . .

Other (Describe in Part XIII ) .

Add lines 2a through 2d .

Add lines 4a and 4b .

Return Reference

See Additional Data Table

Subtract line 2e from line 1 .

Other losses .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Other (Describe in Part XIII ) . . . . . .

Supplemental Information

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . . . . . .

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

4b

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

4a

2a

2b 2c

2d

4b

Explanation

Page <b>5</b>		Schedule D (Form 990) 2015					
	ormation (continued)	Supplemental Info	Part XIII				
	Explanation	Return Reference					

Schedule D (Form 990) 2016

### **Additional Data**

Sof

**Software ID:** 16000425 **Software Version:** v1.00

**EIN:** 91-0587877

Name: INDUSTRIAL CREDIT UNION OF WHATCOM COUNTY

Supplemental Information

Return Reference	Explanation
	Reclassification of indirect lending charges to offset interest income of \$352,481 00 Rou nding difference of \$137 due to financial statements being presented rounding to the thous ands

Supplemental Information	
Return Reference	Explanation
	Reclassification of indirect lending charges to offset indirect lending interest income of \$352,481 Rounding difference of \$322 due to financial statements presented rounding to t he thousands

S

# Schedule J

## 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.

► Information about Schedule J (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047

DLN: 93493297014687

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization

INDUSTRIAL CREDIT LINION OF WHATCOM COUNTY

Employer identification number

IND	91-0587877			
Pa	Questions Regarding Compensation			
	tuestiene inegatianny compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			ĺ
	Travel for companions Payments for business use of personal residence			ĺ
	┌ Tax idemnification and gross-up payments ┌ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee ☐ Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
1	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organiza or a related organization	tion		
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line $1a$ , did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes," on line 5a or 5b, describe in Part III			
5	For persons listed on Form $990$ , Part VII, Section A, line $1a$ , did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
3	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Page 2

Schedule J (Form 990) 2015

155,568

(A) Name and Title		<b>(B)</b> Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and		(E) Total of columns	(F) Compensation in column(B) reported as deferred on prior Form 990	
		Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)		
1 Tern Salstrom President CEO	(i)	232,786	0	0	0	0	232,786	0	
	(ii)	0	0	0	0	0	0	0	

Schedule J (Form 990) 2015

2 Kımberly Sutton

Executive Vice President

155,568

(ii)

Schedule J (Form 990) 2015	Page <b>3</b>
Part IIII Supplemental Inform	nation
Provide the information, explanation, or	descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information
Return Reference	Explanation

Schedule J (Form 990) 2015

efile GRAPH	IIC print	- DO NOT PROCESS As Filed	l Data -		DLI	N: 93493297014687				
SCHEDUL	FΩ	Supplemental Info	rmation to Forr	n 990 or 99	90-F <i>7</i>	OMB No 1545-0047				
(Form 990 or EZ) Department of the 1	r 990-	Complete to provide infor Form 990 or 990-EZ ► Atta ► Information about Schedule	te to provide information to Form 990 or 990-EZ te to provide information for responses to specific questions on rm 990 or 990-EZ or to provide any additional information.  Attach to Form 990 or 990-EZ. on about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.							
Internal Revenue for Name of the org INDUSTRIAL CRED	ganization DIT UNION OF	WHATCOM COUNTY			<b>Employer ider</b> 91-0587877	ntification number				
990 Schedul	e O, Sup	elemental Information	Explanation							
Reference		Explanation								
Form 990, Part VI, Section A, Line 6	By opening an account at the credit union, you are considered a member. As a member, you a re considered part owner of the cooperative. You are allowed to vote for the member elected board of directors. You also have the opportunity to run for a board of director position.									

Return Explanation
Reference

Form 990,
Part VI,
Section A,
Line 7a

Each year, we generally have three board of director positions open for election. The memb ers who attend our annual meeting have the opportunity to cast one vote per member for tho

990 Schedule O, Supplemental Information

Return Explanation

Reference	
'	If the credit union merged into another credit union, the vote to merge would be brought to the entire membership to vote and
Part VI,	approve
Section A,	
Line 7b	

Return Explanation

Line 11b

Form 990,
Part VI,
Section B.
Once the 990 is complete, the Accounting Supervisor provides the 990 to the VP of Finance
for review Any questions are discussed and if changes need to be made they are The VP of
Finance will file the 990 report

Return Explanation

Form 990,
Part VI,
Section B,
Line 12c

There is a member elected Supervisory Committee that acts as the Credit Union's watchdog
Each month, they review a section of the credit union operations. They are also responsible to for hiring a CPA firm to conduct periodic audits.

Return Explanation
Reference

Line 15

	The Credit Union conducts annual salary reviews in which the positions of the credit union
Part VI,	are compared to industry averages to ensure equitable salary
Section B.	

Return Explanation Reference

Form 990. Financial statements are provided to the attending membership at the annual meeting Quart Part VI. erly financial statements are provided through the NCUA website

Section C.

990 Schedule O, Supplemental Information

Line 19

990 Schedule O, Supplemental Information Explanation Return Reference

Form 990,
Part XI, Line

The other change in net assets is an increase in member deposits of \$16,274,584

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493297014687 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships 2016** (Form 990) ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** INDUSTRIAL CREDIT UNION OF WHATCOM COUNTY 91-0587877 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I **(f)** Direct controlling (a)
Name, address, and EIN (if applicable) of disregarded entity (b) Primary activity (c) Legal domicile (state (d) Total income (e) End-of-year assets or foreign country) entity

Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	<b>1s</b> Complete if the orga	anization answered	"Yes" on Form 990	, Part IV, line 34 be	ecause it had one or	more	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	Section (13) cor enti	512(b) ntrolled ty?
(1)Industrial Credit Union Services Inc PO Box 1767	Auto & Home Insurance	WA			Industrial Credit Union of Whatcom County	Yes	No
Bellingham, WA 98227 91-1263538							
For Paperwork Reduction Act Notice, see the Instructions for Form 9	90.	Cat No 5013	5Y	•	Schedule R (Form	990) 20	16

(a) Name, address, and EIN of related organization			(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predomin income(relation unrelate excluded f tax under sections 5 514)	ated, total ind id, from er	of Share of end-of-ye assets	Disprop	itions?	Code V amount 20 ( Schedul (Form 1	/-UBI In box of le K-1 1065)	partn	alor Pe ging o er?	(kj ercen owner
								Yes	No			Yes	No	
								-						
												- 1	- 1	
IV Identification of Related Org							nswered "Ye	es" on F	orm 9	90, Par	rt IV, I	line 3	34	
		L do (state	(c) egal omicile or foreign	st during th	(d) controlling		(f) Share of to	al Share	orm 9  (g) e of end- year assets		rt IV, I  (h) Percent owners	l tage	Sect	tion ) coi enti
because it had one or more related  (a)  Name, address, and EIN of related organization  strial Credit Union Services Inc767 im, WA 98227	ated organizations treated as	L do (state	on or tru (c) egal emicile	St during th	(d) c controlling entity  crial Credit	(e) Type of entity (C corp, S cor	(f) Share of to	al Share	(g) e of end- year	-of-	(h) Percent	l tage	Sect (13)	) coi enti
because it had one or more related  (a)  Name, address, and EIN of related organization  trial Credit Union Services Inc  767 m, WA 98227	(b) Primary activity  Auto & Home Insurance	L do (state	on or tru (c) Legal omicile or foreign untry)	St during th	(d) c controlling entity  crial Credit of	(e) Type of entity (C corp, S cor	(f) Share of to	al Share	(g) e of end- year	-of-	(h) Percent owners	l tage	Sect	tion ) coi enti
because it had one or more related  (a)  Name, address, and EIN of related organization  trial Credit Union Services Inc  767 m, WA 98227	(b) Primary activity  Auto & Home Insurance	L do (state	on or tru (c) Legal omicile or foreign untry)	St during th	(d) c controlling entity  crial Credit of	(e) Type of entity (C corp, S cor	(f) Share of to	al Share	(g) e of end- year	-of-	(h) Percent owners	l tage	Sect	tion ) coi enti
because it had one or more related  (a)  Name, address, and EIN of related organization  strial Credit Union Services Inc  767 m, WA 98227	(b) Primary activity  Auto & Home Insurance	L do (state	on or tru (c) Legal omicile or foreign untry)	St during th	(d) c controlling entity  crial Credit of	(e) Type of entity (C corp, S cor	(f) Share of to	al Share	(g) e of end- year	-of-	(h) Percent owners	l tage	Sect	tion ) co ent
hecause it had one or more related  (a)  Name, address, and EIN of related organization  strial Credit Union Services Inc.  767 Im., WA 98227	(b) Primary activity  Auto & Home Insurance	L do (state	on or tru (c) Legal omicile or foreign untry)	St during th	(d) c controlling entity  crial Credit of	(e) Type of entity (C corp, S cor	(f) Share of to	al Share	(g) e of end- year	-of-	(h) Percent owners	l tage	Sect	tion ) co ent
because it had one or more rela (a)  Name, address, and EIN of	(b) Primary activity  Auto & Home Insurance	L do (state	on or tru (c) Legal omicile or foreign untry)	St during th	(d) c controlling entity  crial Credit of	(e) Type of entity (C corp, S cor	(f) Share of to	al Share	(g) e of end- year	-of-	(h) Percent owners	l tage	Sect	tion ) co ent

**p** Reimbursement paid to related organization(s) for expenses . . . . . .

(a)

Name of related organization

Reimbursement paid by related organization(s) for expenses . . .

Chedule K (10111 350) 2010			ige 3
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		†	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)	<b>1</b> b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	<b>1</b> f		No
g Sale of assets to related organization(s)	<b>1</b> g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	<b>1</b> i	1	No
j Lease of facilities, equipment, or other assets to related organization(s)	<b>1</b> j	1	No
		+	-

u	Loans of loan guarantees to of for related organization(s)	-"	
е	Loans or loan guarantees by related organization(s)	1e	No
f	Dividends from related organization(s)	1f	No
g	Sale of assets to related organization(s)	<b>1</b> g	No
h	Purchase of assets from related organization(s)	1h	No
i	Exchange of assets with related organization(s)	1i	No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	No

			1	+
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	<b>1</b> g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o	Sharing of paid employees with related organization(s)	10		No
			<u> </u>	+

(b)

Transaction

type (a-s)

(c)

Amount involved

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

**1**p

**1**q

1r 1s

Schedule R (Form 990) 2016

(d)

Method of determining amount involved

No

No

No

No

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)	An or	(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		,	(k) Percentage ownership
			514)	Yes	No	۱ <u>۱</u>		Yes	No		Yes	No	ļ
								·					
										Schedul	e R (Form	1 990	0) 2016

