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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

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 [www.irs.gov/form990](#)

Department of the Treasury  
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

CREDIT UNIONS IN THE STATE OF WASHINGTON  
BOEING EMPLOYEES CREDIT UNION

Doing business as

Number and street (or P O box if mail is not delivered to street address)

12770 GATEWAY DR S MAILSTOP 1011-1

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

TUKWILA, WA 98168

F Name and address of principal officer

BENSON PORTER  
12770 GATEWAY DR S MAILSTOP 1011-1  
TUKWILA, WA 98168

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☐ 501(c)(3) ☒ 501(c) ( 14 ) ◀(insert no ) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW BECU ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

1935

M State of legal domicile

WA

Part I Summary

1 Briefly describe the organization's mission or most significant activities

BECU IS A COOPERATIVE SOCIETY ORGANIZED UNDER WASHINGTON LAW AS A NONPROFIT CORPORATION FOR THE PURPOSES OF PROMOTING THRIFT AMONG ITS MEMBERS AND CREATING A SOURCE OF CREDIT FOR THEM AT FAIR AND REASONABLE RATES OF INTEREST BECU IS DEDICATED TO THE PHILOSOPHY OF "PEOPLE HELPING PEOPLE AND WILL STRIVE TO SERVE ITS MEMBERS BY PROVIDING SUPERIOR FINANCIAL PRODUCTS AND SERVICES

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

9

4 Number of independent voting members of the governing body (Part VI, line 1b)

9

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

2,220

6 Total number of volunteers (estimate if necessary)

0

7a Total unrelated business revenue from Part VIII, column (C), line 12

1,569,870

7b Net unrelated business taxable income from Form 990-T, line 34

829,803

Revenue

8 Contributions and grants (Part VIII, line 1h)

0

9 Program service revenue (Part VIII, line 2g)

560,993,449

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d )

71,955,770

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

963,507

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

633,912,726

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 )

2,519,118

14 Benefits paid to or for members (Part IX, column (A), line 4)

0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

150,596,023

16a Professional fundraising fees (Part IX, column (A), line 11e)

0

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

270,833,955

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

423,949,096

19 Revenue less expenses Subtract line 18 from line 12

209,963,630

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

16,355,135,100

21 Total liabilities (Part X, line 26)

14,654,277,350

22 Net assets or fund balances Subtract line 21 from line 20

1,700,857,750

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer

2018-11-09

Date

MELBA BARTELS SVP FINANCE/CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

WENDY CAMPOS

Preparer's signature

WENDY CAMPOS

Date

2018-11-07

Check ☐ if self-employed

PTIN P00448102

Firm's name ▶ MOSS ADAMS LLP

Firm's EIN ▶ 91-0189318

Firm's address ▶ 601 W RIVERSIDE AVENUE STE 1800

Phone no (509) 747-2600

SPOKANE, WA 99201

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2017)

**Part 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:

BECU IS A COOPERATIVE SOCIETY ORGANIZED UNDER WASHINGTON LAW AS A NONPROFIT CORPORATION FOR THE PURPOSES OF PROMOTING THRIFT AMONG ITS MEMBERS AND CREATING A SOURCE OF CREDIT FOR THEM AT FAIR AND REASONABLE INTEREST RATES. BECU IS DEDICATED TO THE PHILOSOPHY OF "PEOPLE HELPING PEOPLE AND WILL STRIVE TO SERVE THESE MEMBERS BY PROVIDING SUPERIOR FINANCIAL PRODUCTS AND SERVICES"

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ 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 measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
See Additional Data

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

**4e** Total program service expenses ▶

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .	<b>1</b>	No
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	<b>2</b>	No
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> 🗑️ . . . . .	<b>3</b>	Yes
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> . . . . .	<b>4</b>	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> 🗑️ . . . . .	<b>5</b>	No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> 🗑️ . . . . .	<b>6</b>	No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 🗑️ . . . . .	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 🗑️ . . . . .	<b>8</b>	No
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> 🗑️ . . . . .	<b>9</b>	No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 🗑️ . . . . .	<b>10</b>	No
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> 🗑️ . . . . .	<b>11a</b>	Yes
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 🗑️ . . . . .	<b>11b</b>	Yes
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> 🗑️ . . . . .	<b>11c</b>	No
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> 🗑️ . . . . .	<b>11d</b>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 🗑️	<b>11e</b>	Yes
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> 🗑️	<b>11f</b>	Yes
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 🗑️ . . . . .	<b>12a</b>	Yes
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 🗑️	<b>12b</b>	No
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	No
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> . . . . .	<b>14b</b>	No
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> . . . . .	<b>15</b>	No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> . . . . .	<b>16</b>	No
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) . . . . .	<b>17</b>	No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .	<b>18</b>	No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .	<b>19</b>	No

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	Yes	
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>		No
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	Yes	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		
<b>b</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? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II . . . . .</i>		No
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		No
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>		No
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	Yes	
<b>4a</b>	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)?		No
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		No
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<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?		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders.		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	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.		
<b>b</b>	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.		
<b>c</b>	Enter the amount of reserves on hand.		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI. ☒**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 9		
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>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 9		
<b>2</b> 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?	<b>2</b>		No
<b>3</b> 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?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	Yes	
<b>7a</b> 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?	<b>7a</b>	Yes	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		No
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes	
<b>9</b> 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.	<b>9</b>		No

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	No
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10b</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	Yes
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13.	<b>12a</b>	Yes
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	Yes
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	<b>12c</b>	Yes
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	Yes
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	Yes
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>	Yes
<b>b</b> Other officers or key employees of the organization	<b>15b</b>	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	Yes
<b>b</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?	<b>16b</b>	No

**Section C. Disclosure**

<b>17</b> List the States with which a copy of this Form 990 is required to be filed▶	
<b>18</b> 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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
<b>19</b> 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.	
<b>20</b> State the name, address, and telephone number of the person who possesses the organization's books and records. ▶TINA WALLACE 12770 GATEWAY DR S TUKWILA, WA 98168 (206) 439-5700	

Check if Schedule O contains a response or note to any line in this Part VII ☐

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Form **990** (2017)

[illegible]

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 ▶ 435

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
PSCU FINANCIAL SERVICES 560 CARILLON PKWY ST PETERSBURG, FL 33716	ONLINE BANKING	12,884,941
FISERV CNS 5325 S MOORLAND RD NEW BERLIN, WI 53151	FINANCIAL SERVICES	11,524,390
MASTERCARD INTERNATIONAL 2000 PURCHASE STREET PURCHASE, NY 10577	FINANCIAL SERVICES	9,413,068
DNA BRAND MECHANICS 1301 FIFTH AVE SUITE 2600 SEATTLE, WA 98101	BRANDING & ADVERTISING	8,912,308
CONNEXIONS LOYALTY 7814 CAROUSEL LANE RICHMOND, VA 23294	ADMINISTRATION OF LOYALTY REWARDS	7,921,972

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**Part VIII** **Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII ☐

**Contributions, Gifts, Grants  
and Other Similar Amounts**

<b>1a</b> Federated campaigns . . .	<b>1a</b>	
<b>b</b> Membership dues . . .	<b>1b</b>	
<b>c</b> Fundraising events . . .	<b>1c</b>	
<b>d</b> Related organizations	<b>1d</b>	
<b>e</b> Government grants (contributions)	<b>1e</b>	
<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	
<b>g</b> Noncash contributions included in lines 1a-1f \$ _____		
<b>h Total.</b> Add lines 1a-1f . . . . . ▶		

(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
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**Program Service Revenue**

	Business Code				
<b>2a</b> LOAN INTEREST INCOME	522291	460,747,147	460,747,147		
<b>b</b> FEE INCOME	522100	126,390,143	125,395,313	994,830	
<b>c</b> CONTRACT INCENTIVE INCOME	525990	14,772,526	14,772,526		
<b>d</b> DERIVATIVE INCOME	525990	12,882,379	12,882,379		
<b>e</b> BROKER INCOME	523000	8,347,466	8,347,466		
<b>f</b> All other program service revenue		9,171,070	9,024,227	146,843	
<b>g Total.</b> Add lines 2a-2f . . . . . ▶		632,310,731			

**Other Revenue**

<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		89,915,451			89,915,451
<b>4</b> Income from investment of tax-exempt bond proceeds ▶					
<b>5</b> Royalties . . . . . ▶					
<b>6a</b> Gross rents	(i) Real	(ii) Personal			
	5,298,746				
<b>b</b> Less rental expenses	2,393,891				
<b>c</b> Rental income or (loss)	2,904,855				
<b>d</b> Net rental income or (loss) . . . . . ▶		2,904,855			2,904,855
<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	20,116,448	9,059,617			
<b>b</b> Less cost or other basis and sales expenses	16,819,675	9,458,001			
<b>c</b> Gain or (loss)	3,296,773	-398,384			
<b>d</b> Net gain or (loss) . . . . . ▶		2,898,389			2,898,389
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>					
<b>b</b> Less direct expenses . . . . . <b>b</b>					
<b>c</b> Net income or (loss) from fundraising events . . . . . ▶					
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>					
<b>b</b> Less direct expenses . . . . . <b>b</b>					
<b>c</b> Net income or (loss) from gaming activities . . . . . ▶					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>					
<b>b</b> Less cost of goods sold . . . . . <b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶					
Miscellaneous Revenue	Business Code				
<b>11a</b> CUSO INVESTMENTS	525990	428,197		428,197	
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> All other revenue . . . . .					
<b>e Total.</b> Add lines 11a-11d . . . . . ▶		428,197			
<b>12 Total revenue.</b> See Instructions . . . . . ▶		728,457,623	631,169,058	1,569,870	95,718,695

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	4,167,680			
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	7,378,659			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.	147,763,300			
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	10,203,015			
<b>9</b> Other employee benefits.	20,809,399			
<b>10</b> Payroll taxes.	12,521,466			
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.				
<b>b</b> Legal.	2,490,676			
<b>c</b> Accounting.	1,784,596			
<b>d</b> Lobbying.	154,914			
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.	447,734			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	28,271,363			
<b>12</b> Advertising and promotion.	22,999,198			
<b>13</b> Office expenses.	16,750,733			
<b>14</b> Information technology.	25,843,115			
<b>15</b> Royalties.				
<b>16</b> Occupancy.	16,401,327			
<b>17</b> Travel.	1,830,088			
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	1,653,395			
<b>20</b> Interest.	58,711,185			
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	19,535,145			
<b>23</b> Insurance.	1,003,230			
<b>24</b> 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):				
<b>a</b> UBI TAX EXPENSE	378,915			
<b>b</b> PRODUCT COST & SERVICIN	81,613,001			
<b>c</b> PROVISION FOR LOAN LOSS	37,554,144			
<b>d</b> REFUNDED INTEREST	1,255,622			
<b>e</b> All other expenses	1,021,930			
<b>25</b> Total functional expenses. Add lines 1 through 24e.	522,543,830			
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		285,398,264	<b>1</b>	259,713,541
	<b>2</b>	Savings and temporary cash investments . . . . .		829,083,639	<b>2</b>	628,007,698
	<b>3</b>	Pledges and grants receivable, net . . . . .			<b>3</b>	
	<b>4</b>	Accounts receivable, net . . . . .		10,250,991	<b>4</b>	10,890,856
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			<b>5</b>	
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .			<b>6</b>	
	<b>7</b>	Notes and loans receivable, net . . . . .		10,327,181,734	<b>7</b>	11,932,161,117
	<b>8</b>	Inventories for sale or use . . . . .			<b>8</b>	
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		18,033,851	<b>9</b>	27,738,688
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	<b>10a</b>	310,236,379		
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	150,091,752		
				139,355,722	<b>10c</b>	160,144,627
	<b>11</b>	Investments—publicly traded securities . . . . .		115,413,884	<b>11</b>	88,085,845
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		4,014,632,657	<b>12</b>	4,008,753,808
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		3,327,032	<b>13</b>	3,327,032
	<b>14</b>	Intangible assets . . . . .			<b>14</b>	
<b>15</b>	Other assets. See Part IV, line 11 . . . . .		612,457,326	<b>15</b>	721,473,746	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		16,355,135,100	<b>16</b>	17,840,296,958	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		92,884,561	<b>17</b>	116,374,629
	<b>18</b>	Grants payable . . . . .			<b>18</b>	
	<b>19</b>	Deferred revenue . . . . .		5,978,334	<b>19</b>	7,852,622
	<b>20</b>	Tax-exempt bond liabilities . . . . .			<b>20</b>	
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .			<b>21</b>	
	<b>22</b>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .			<b>22</b>	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		166,607,430	<b>23</b>	151,219,341
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .			<b>24</b>	
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .		14,388,807,025	<b>25</b>	15,653,846,986
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		14,654,277,350	<b>26</b>	15,929,293,578
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b>	Unrestricted net assets . . . . .			<b>27</b>	
	<b>28</b>	Temporarily restricted net assets . . . . .			<b>28</b>	
	<b>29</b>	Permanently restricted net assets . . . . .			<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .		0	<b>30</b>	0
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .		0	<b>31</b>	0
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .		1,700,857,750	<b>32</b>	1,911,003,380
	<b>33</b>	<b>Total net assets or fund balances</b> . . . . .		1,700,857,750	<b>33</b>	1,911,003,380
<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		16,355,135,100	<b>34</b>	17,840,296,958	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	728,457,623
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	522,543,830
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	205,913,793
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,700,857,750
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	23,744,677
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-19,512,840
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	1,911,003,380

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b> 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
<b>b</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		

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 91-0219435

**Name:** CREDIT UNIONS IN THE STATE OF WASHINGTON  
BOEING EMPLOYEES CREDIT UNION

Form 990 (2017)

**Form 990, Part III, Line 4a:**

TOTAL 1,081,077 MEMBERS, 124,174 NEW MEMBERS FOR 2017, 154,853 LOANS ORIGINATED TOTALING \$8,272,292,727

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check 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-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID YONCE CHAIRPERSON	6 00	X		X				50,000	0	0
PORSCHE EVERSON VICE CHAIRPERSON THROUGH 4/20/17	6 00	X		X				24,849	0	0
WILLIAM LONGBRAKE DIRECTOR	6 00	X						45,000	0	0
ROGER MAULDIN DIRECTOR	6 00	X						42,500	0	0
DESIREE SERR DIRECTOR	6 00	X						42,125	0	0
DENIS FARMER DIRECTOR	6 00	X						42,500	0	0
DEBRA SOMBERG DIRECTOR	6 00	X						42,500	0	0
JESSIE WOOLLEY-WILSON DIRECTOR	6 00	X						17,912	0	0
WILL DAUGHERTY DIRECTOR	6 00	X						17,912	0	0
MICHELLE ETEN - THROUGH 42017 DIRECTOR/AUDIT COMMITTEE CHAIR	6 00	X						24,849	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check 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-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SUSAN ERLICH ..... DIRECTOR/AUDIT COMMITTEE MEMBER	6 00 .....	X						42,500	0	0
JOHN PORTER ..... PRESIDENT/CEO	40 00 .....			X				1,316,542	0	227,466
MIKE RYAN ..... GENERAL COUNSEL/CORP SECRETARY	40 00 .....			X				345,268	0	44,643
TONY HARRIS ..... SR CORP COUNSEL/ASST SECRETARY	40 00 .....			X				164,869	0	40,731
PARKER CANN ..... SVP/GENERAL COUNSEL THROUGH 1/3/17	40 00 .....			X				887,029	0	3,672
THOMAS BERQUIST ..... SVP MARKETING & CO-OP AFFAIRS	40 00 .....			X				560,433	0	61,600
MICHAEL STRAND ..... SVP CHIEF LENDING OFFICER	40 00 .....			X				591,273	0	111,088
THOMAS MORGAN ..... SVP/CIO	40 00 .....			X				547,496	0	108,411
MELBA BARTELS ..... SVP/CFO	40 00 .....			X				298,940	0	11,443
MELANIE WALSH ..... SVP HUMAN RESOURCES	40 00 .....			X				607,069	0	67,651

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check 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-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DOUGLAS MARSHALL ..... SVP RETAIL	40 00 .....			X				531,218	0	129,316
JOHN STEWART ..... SVP/CHIEF RISK OFFICER	40 00 .....			X				496,782	0	82,504
LORRAINE STEWART ..... VP MORTGAGE LENDING	40 00 .....				X			283,956	0	52,647
DANA GRAY ..... VP SMALL BUSINESS	40 00 .....					X		379,635	0	62,034
LINNEA WEXLER ..... SR COMM RELATIONSHIP MGR	40 00 .....					X		403,763	0	40,692
MICHAEL QUAMMA ..... VP TREASURY THROUGH 10/18/17	40 00 .....					X		676,769	0	47,961
DEBORAH TAGLIALAVORE ..... DIRECTOR BUSINESS LENDING	40 00 .....					X		339,319	0	50,939
SHAWN MULQUEENEY ..... VP IT BUSINESS SOLUTIONS	40 00 .....					X		339,673	0	64,822
KATHY ELSER ..... FORMER SVP/CFO	0 00 .....						X	625,000	0	0



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

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

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

OMB No 1545-0047

**2017**

**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

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

If the organization answered "Yes" 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

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

Name of the organization CREDIT UNIONS IN THE STATE OF WASHINGTON BOEING EMPLOYEES CREDIT UNION	Employer identification number 91-0219435
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ 36,600

3 Volunteer hours for political campaign activities (see instructions)

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$

3 If the organization incurred 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 the organization is exempt under section 501(c), except section 501(c)(3).**

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ 36,600

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ 36,600

4 Did the filing organization file **Form 1120-POL** for this year? ☒ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1 See Additional Data Table				
2				
3				
4				
5				
6				

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

**B** Check ☐ 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 lobbying expenditures to influence public opinion (grass roots lobbying)

**b** Total lobbying expenditures to influence a legislative body (direct lobbying)

**c** Total lobbying expenditures (add lines 1a and 1b)

**d** Other exempt purpose expenditures

**e** Total exempt purpose expenditures (add lines 1c and 1d)

**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount 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

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

**h** Subtract line 1g from line 1a If zero or less, enter -0-

**i** Subtract line 1f from line 1c If zero or less, enter -0-

**j** 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?

☐ **Yes** ☐ **No****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 beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
<b>1</b>	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			
<b>a</b>	Volunteers?			
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b>	Media advertisements?			
<b>d</b>	Mailings to members, legislators, or the public?			
<b>e</b>	Publications, or published or broadcast statements?			
<b>f</b>	Grants to other organizations for lobbying purposes?			
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b>	Other activities?			
<b>j</b>	Total. Add lines 1c through 1i			
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b>	Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	<b>2a</b>	
<b>a</b>	Current year	<b>2b</b>	
<b>b</b>	Carryover from last year	<b>2c</b>	
<b>c</b>	Total	<b>3</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>4</b>	
<b>4</b>	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?	<b>5</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions)		

**Part 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	IN 2017, BECU CONTRIBUTED PRIMARILY TO THE ELECTION CAMPAIGNS OF VARIOUS INDIVIDUALS RUNNING FOR WASHINGTON STATE ELECTED POSITIONS

Additional Data

Software ID:

Software Version:

EIN: 91-0219435

Name: CREDIT UNIONS IN THE STATE OF WASHINGTON  
BOEING EMPLOYEES CREDIT UNION

Form 990, Schedule C, Part 1-C, Line 5

(a)Name	(b)Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
COMMITTEE TO ELECT STEVE HOBBS	3309 114TH DR NE LAKE STEVENS, WA 98258	204733784	500	
DEMOCRATIC GOVERNORS ASSOCIATION	1225 EYE ST NW SUITE 1100 WASHINGTON, DC 20005	521304889	25000	
FRIENDS FOR THOMAS MCLEOD	PO BOX 88903 TUKWILA, WA 98138	821394108	250	
FRIENDS OF ANN RIVERS	PO BOX 40418 OLYMPIA, WA 98504	271512372	-400	
FRIENDS OF DOW CONSTANTINE	603 STEWART ST STE 819 SEATTLE, WA 98101	264389886	1000	
FRIENDS OF DUANE DAVIDSON	PO BOX 277 RICHLAND, WA 99352	810970401	500	
FRIENDS OF JINYOUNG ENGLUND	PO BOX 302 WOODINVILLE, WA 98072	821123212	500	
FRIENDS OF MANKA DHINGRA	17221 NE 115TH CT REDMOND, WA 98052	815223744	500	
FRIENDS OF PATTY KUDERER	PO BOX 23037 SEATTLE, WA 98102	475315866	500	
FRIENDS OF PHIL FORTUNATO	PO BOX 2201 AUBURN, WA 98071	821366387	500	
FRIENDS OF VANDANA SLATTER	11900 NE 1ST STREET SUITE 300 BELLEVUE, WA 98005	461880322	250	
FRIENDS OF ZAK IDAN	PO BOX 88903 TUKWILA, WA 98138	821171155	250	
HOUSE DEMOCRATIC CAMPAIGN COMMITTEE	4130 1ST AVENUE SOUTH SUITE D SEATTLE, WA 98134	916178946	1000	
HOUSE REPUBLICAN ORGANIZATIONAL COMMITTEE	PO BOX 7222 OLYMPIA, WA 98507	916177625	1000	
JAN ANGEL FOR STATE SENATE	5184 GRANADA PL SE PORT ORCHARD, WA 98367	461415980	500	
PEOPLE FOR DE'SEAN QUINN	PO BOX 88903 TUKWILA, WA 98138	821203336	250	
PEOPLE FOR REBECCA SALDANA	PO BOX 20776 SEATTLE, WA 98102	814617205	500	
SENATE REPUBLICAN CAMPAIGN COMMITTEE	PO BOX 11025 OLYMPIA, WA 98508	910987396	1000	
SHELLY FOR STATE	PO BOX 37 ADDY, WA 99101	680674661	500	
STEVE KIRBY CAMPAIGN	9415 TACOMA AVE SOUTH TACOMA, WA 98444	711000906	1000	
WASHINGTON SENATE DEMOCRATIC CAMPAIGN	4130 1ST AVENUE SOUTH SUITE D SEATTLE, WA 98134	462614068	1000	
COMMITTEE TO ELECT JACQUELIN MAYCUMBER	181 FISH HATCHERY ROAD REPUBLIC, WA 99166	821133084	250	
PEOPLE TO ELECT VERNA SEAL	PO BOX 88903 TUKWILA, WA 98138	821201044	250	

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493313038388	
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► 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.</div> <div>Information about Schedule D (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</div>			<div>OMB No 1545-0047</div> <div>2017</div> <div>Open to Public Inspection</div>
<div>Name of the organization</div> <div>CREDIT UNIONS IN THE STATE OF WASHINGTON BOEING EMPLOYEES CREDIT UNION</div>				<div>Employer identification number</div> <div>91-0219435</div>	
<div>Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.</div> <div>Complete if the organization answered "Yes" on Form 990, Part IV, line 6.</div>					
		(a) Donor advised funds		(b) Funds and other accounts	
1		Total number at end of year			
2		Aggregate value of contributions to (during year)			
3		Aggregate value of grants from (during year)			
4		Aggregate value at end of year			
5		Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?			
		<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>			
6		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?			
		<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>			
<div>Part II Conservation Easements.</div> <div>Complete if the organization answered "Yes" on Form 990, Part IV, line 7.</div>					
1 Purpose(s) of conservation easements held by the organization (check all that apply)					
<div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education)</div> <div><input type="checkbox"/> Preservation of an historically important land area</div> <div><input type="checkbox"/> Protection of natural habitat</div> <div><input type="checkbox"/> Preservation of a certified historic structure</div> <div><input type="checkbox"/> Preservation of open space</div>					
2 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					
		<div>Held at the End of the Year</div>			
a		Total number of conservation easements		2a	
b		Total acreage restricted by conservation easements		2b	
c		Number of conservation easements on a certified historic structure included in (a)		2c	
d		Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register		2d	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►					
4 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?					
<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►					
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$					
8 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)?					
<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
9 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					
<div>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.</div> <div>Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</div>					
1a 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					
b 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 ► \$					
(ii) Assets included in Form 990, Part X ► \$					
2 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					
a Revenue included on Form 990, Part VIII, line 1 ► \$					
b 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) 2017	

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		22,794,549		22,794,549
b Buildings		105,670,639	28,010,084	77,660,555
c Leasehold improvements		31,335,932	23,324,108	8,011,824
d Equipment		124,229,680	93,450,613	30,779,067
e Other		26,205,579	5,306,947	20,898,632
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				160,144,627

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.  
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .	4,021,071	F
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) INVESTMENT IN STOCK	16,048,800	F
(B) HELD TO MATURITY & AVAILABLE FOR SALE INVESTMENTS	3,988,683,937	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 ) ▶	4,008,753,808	

Part VIII

Investments—Program Related.  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 ) ▶		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) . . . . . ▶	

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.  
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
SHARES AND DEPOSITS	15,592,583,636
DIVIDENDS PAYABLE	2,653,557
OTHER LIABILITIES	2,099,142
OUTSTANDING CHECKS	56,510,651
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	15,653,846,986

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

☒

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	736,802,772
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	7,442,485
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	2,393,891
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	9,836,376
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	726,966,396
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	1,491,227
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	1,491,227
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	728,457,623

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	523,874,691
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	2,393,891
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	2,393,891
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	521,480,800
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	1,063,030
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	1,063,030
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	522,543,830

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	



**Part XIII**   **Supplemental Information** *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 91-0219435

**Name:** CREDIT UNIONS IN THE STATE OF WASHINGTON  
BOEING EMPLOYEES CREDIT UNION

## Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE CREDIT UNION IS EXEMPT BY STATUTE FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501 OF THE INTERNAL REVENUE CODE OF 1954, HOWEVER, THE CREDIT UNION'S UNRELATED BUSINESS INCOME IS SUBJECT TO FEDERAL INCOME TAXES THERE WERE NO SIGNIFICANT INCOME TAXES FOR THE YEARS ENDED DECEMBER 31, 2017 OR 2016 ACCOUNTING PRINCIPLES PRESCRIBE A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN THE CREDIT UNION HAD NO UNRECOGNIZED TAX POSITIONS AT DECEMBER 31, 2017 OR 2016 IT IS THE CREDIT UNION'S POLICY TO RECORD ANY PENALTIES OR INTEREST ARISING FROM FEDERAL OR STATE TAXES AS A COMPONENT OF NONINTEREST EXPENSE THE CREDIT UNION FILES EXEMPT ORGANIZATION AND UNRELATED BUSINESS INCOME TAX RETURNS WITH THE FEDERAL JURISDICTION

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES 2,393,891

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	CUSO INVESTMENT INCOME 428,197 INTEREST EXPENSE 1,063,030

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES 2,393,891

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	INTEREST EXPENSE 1,063,030

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization  
CREDIT UNIONS IN THE STATE OF WASHINGTON  
BOEING EMPLOYEES CREDIT UNION

Employer identification number  
91-0219435

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . 

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 59

3 Enter total number of other organizations listed in the line 1 table . . . . . 2

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22  
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2	BECU MONITORS THE USE OF GRANT FUNDS IN THE U S BY ASKING EACH OF OUR NON-PROFIT GRANT OR DONATION RECIPIENTS TO PROVIDE PERIODIC UPDATES AND RANDOMLY CONDUCT ON SITE VISITS OF GRANT RECIPIENTS BECU GIFT MATCHING GUIDELINES REQUIRE THE DONEE ORGANIZATION TO PROVIDE PROOF OF RECEIPT OF FUNDS AND THEIR FEDERAL TAX IDENTIFICATION NUMBER



Additional Data

Software ID:  
Software Version:  
EIN: 91-0219435  
Name: CREDIT UNIONS IN THE STATE OF WASHINGTON  
BOEING EMPLOYEES CREDIT UNION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BECU FOUNDATION 12770 GATEWAY DR S TUKWILA, WA 98168	91-1703337	501(C)(3)	191,746				PROVIDE ADMINISTRATIVE OPERATIONS FOR THE BECU FOUNDATION/EMPLOYEE GIFT MATCH
BUSINESS IMPACT NW 1437 S JACKSON STREET SEATTLE, WA 98144	91-1764008	501(C)(3)	50,000				DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAL ST FULLERTON PHILANTHROPIC FOUNDATION 2600 NUTWOOD AVE SUITE 830 FULLERTON, CA 92831	33-0567945	501(C)(3)	25,000				DONATION
COCOON HOUSE 2929 PINE ST EVERETT, WA 98201	91-1497667	501(C)(3)	10,000				DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLLEGE ACCESS NOW 3211 MARTIN LUTHER KING JR WAY S SUITE A SEATTLE, WA 98144	68-0624494	501(C)(3)	42,246				DONATION
COLLEGE SUCCESS FOUNDATION 15500 SE 30TH PL 200 BELLEVUE, WA 98007	91-2036088	501(C)(3)	85,000				DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY COLLEGES OF SPOKANE FOUNDATION 501 N RIVERPOINT BLVD SUITE 203 SPOKANE, WA 99217	91-0886962	501(C)(3)	10,000				DONATION
EXPRESS CREDIT UNION 1930 6TH AVE S 104 SEATTLE, WA 98134	91-0573334	501(C)(14)	647,736				DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FINANCIAL BEGINNINGS 2505 SW SPRING GARDEN STREET SUITE 210 PORTLAND, OR 97219	20-3530960	501(C)(3)	30,000				DONATION
FORTERRA NW 901 5TH AVE 2200 SEATTLE, WA 98164	94-3112461	501(C)(3)	181,250				DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HABITAT FOR HUMANITY SEATTLE-KING COUNTY 560 NACHES AVE SW SUITE 110 RENTON, WA 98057	91-1342397	501(C)(3)	75,000				DONATION
HANDS ON CHILDREN'S MUSEUM 414 JEFFERSON ST NE OLYMPIA, WA 98501	91-1405065	501(C)(3)	7,000				DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HIGHLINE HIGH SCHOOL 15675 AUMBAUM BLVD SW BURIEN, WA 98166	91-2020506	501(C)(3)	6,231				DONATION
HOPEWORKS SOCIAL ENTERPRISES 3331 BROADWAY EVERETT, WA 98201	80-0684608	501(C)(3)	17,500				DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOUSING DEVELOPMENT CONSORTIUM OF SEATTLE-KING COUNTY 1402 3RD AVE 1230 SEATTLE, WA 98101	94-3073588	501(C)(3)	45,000				DONATION
HOUSING HOPE 5830 EVERGREEN WAY EVERETT, WA 98203	94-3060709	501(C)(3)	85,000				DONATION



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUNIOR ACHIEVEMENT OF WASHINGTON 1700 WESTLAKE AVE N SEATTLE, WA 98109	91-0604913	501(C)(3)	218,000				DONATION
MENTOR WASHINGTON 15500 SE 30TH PL 200 BELLEVUE, WA 98007	02-0833517	501(C)(3)	15,000				DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUSEUM OF FLIGHT 9404 E MARGINAL WAYS SEATTLE, WA 98108	91-0785826	501(C)(3)	10,000				DONATION
NATIONAL CREDIT UNION FOUNDATION INC 5710 MINERAL POINT ROAD MADISON, WI 53705	39-1383650	501(C)(3)	256,225				DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH SEATTLE EDUCATION FUND 9600 COLLEGE WAY N SEATTLE, WA 98103	41-2178833	501(C)(3)	10,000				DONATION
NORTHWEST COOPERATIVE DEVELOPMENT CENTER 407 4TH AVE E 201 OLYMPIA, WA 98501	91-1355457	501(C)(3)	50,000				DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWEST CREDIT UNION ASSOCIATION 18000 INTERNATIONAL BLVD SUITE 350 SEATAC, WA 98188	91-0460483	501(C)(6)	22,000				DONATION
NW CREDIT UNION FOUNDATION 18000 INTERNATIONAL BLVD SUITE 350 SEATTLE, WA 98188	91-1649328	501(C)(3)	100,100				DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPEN DOORS FOR MULTICULTURAL FAMILIES 24437 RUSSELL RD 110 KENT, WA 98032	27-1206272	501(C)(3)	35,000				DONATION/COMMUNITY BENEFIT AWARD
OUTDOORS FOR ALL FOUNDATION 6344 NE 74TH ST 102 SEATTLE, WA 98115	91-1085999	501(C)(3)	15,000				DONATION/COMMUNITY BENEFIT AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLYMOUTH HOUSING GROUP 2113 3RD AVE SEATTLE, WA 98121	91-1122621	501(C)(3)	6,000				DONATION
PROJECT HOPE SPOKANE 1428 W BROADWAY AVE SPOKANE, WA 99201	26-1417578	501(C)(3)	7,600				DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING TOGETHER SOUTH SOUND 4019 S ORCHARD ST TACOMA, WA 98466	91-2147601	501(C)(3)	25,000				DONATION
RICHARD MYLES JOHNSON FOUNDATION 2855 E GUASTI RD SUITE 600 ONTARIO, CA 91761	95-6141173	501(C)(3)	9,486				DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEATTE CENTRAL COLLEGE FOUNDATION 1701 BROADWAY SEATTLE, WA 98122	91-1037870	501(C)(3)	10,000				DONATION
SEATTLE FOUNDATION 1601 FIFTH AVENUE SUITE 1900 SEATTLE, WA 98101	91-6013536	501(C)(3)	25,311				DONATION



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEATTLE GOOD BUSINESS NETWORK 220 2ND AVE S 202 SEATTLE, WA 98104	27-2172486	501(C)(3)	7,500				DONATION
SEATTLE GOODWILL INDUSTRIES 700 DEARBORN PLACE S SEATTLE, WA 98144	91-0568708	501(C)(3)	10,500				DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOCIAL VENTURE PARTNERS 220 2ND AVE S 3 SEATTLE, WA 98104	91-1894424	501(C)(3)	15,000				DONATION
SOLID GROUND 1501 NORTH 45TH STREET SEATTLE, WA 98103	23-7421892	501(C)(3)	10,000				DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH SOUND OUTREACH SERVICES 1106 MLK JR WAY TACOMA, WA 98405	91-1741624	501(C)(3)	5,100				DONATION
SOUTH SEATTLE COLLEGE FOUNDATION 6000 16TH AVENUE SW SEATTLE, WA 98106	91-1122981	501(C)(3)	10,000				DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPOKANE NEIGHBORHOOD ACTION PARTNERS 3102 W FORT GEORGE WRIGHT DR SPOKANE, WA 98224	91-1311127	501(C)(3)	108,850				DONATION
FOUNDATION FOR PRIVATE ENTERPRISE EDUCATION 923 POWELL AVE SW SUITE 100 RENTON, WA 98057	91-1048245	501(C)(3)	15,000				DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY 701 N FAIRFAX STREET ALEXANDRIA, VA 22314	91-0565555	501(C)(3)	25,000				DONATION
UNITED WAY OF SKAGIT COUNTY 831 S BURLINGTON BLVD BURLINGTON, WA 98233	91-0755705	501(C)(3)	15,000				DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF SNOHOMISH COUNTY 3120 MCDOUGALL AVE EVERETT, WA 98201	91-0606507	501(C)(3)	100,000				DONATION
UNIVERSITY OF WASHINGTON FOUNDATION 4333 BROOKLYN AVE NE SEATTLE, WA 98105	94-3079432	501(C)(3)	10,000				DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON ALLIANCE FOR BETTER SCHOOLS 18560 1ST AVE NE SHORELINE, WA 98155	91-1698851	501(C)(3)	8,500				DONATION
WASHINGTON DECA 200 W MERCER ST 207 SEATTLE, WA 98118	91-1308496	501(C)(3)	22,500				DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORLDWIDE FOUNDATION FOR CREDIT UNIONS INC 5710 MINERAL POINT RD MADISON, WI 53705	39-6093210	501(C)(3)	15,000				DONATION
YOUTH CARE 2500 NE 54TH ST SEATTLE, WA 98105	91-0917079	501(C)(3)	20,500				DONATION



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTS WEST 4711 CALIFORNIA AVE SW SEATTLE, WA 98116	91-1440032	501(C)(3)	7,100				EMPLOYEE GIFT MATCH
BELLEVUE CHRISTIAN SCHOOL 1701 98TH AVE NE BELLEVUE, WA 98004	91-6001781	501(C)(3)	5,461				EMPLOYEE GIFT MATCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP KOREY 19031 33RD AVE W 211 LYNNWOOD, WA 98036	20-3829742	501(C)(3)	10,050				EMPLOYEE GIFT MATCH
HOLY FAMILY SCHOOL 2606 CARPENTER ROAD SE LACEY, WA 98503	91-0973981	501(C)(3)	5,450				EMPLOYEE GIFT MATCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIGHTHOUSE FAMILY MINISTRIES NORTHWEST 22807 43RD AVE S KENT, WA 98032	46-2942522	501(C)(3)	7,049				EMPLOYEE GIFT MATCH
NORTHWEST HARVEST EMM PO BOX 12272 SEATTLE, WA 98102	91-0826037	501(C)(3)	5,300				EMPLOYEE GIFT MATCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PACIFIC SCIENCE CENTER FOUNDATION 200 SECOND AVENUE N SEATTLE, WA 98109	91-0750867	501(C)(3)	5,458				EMPLOYEE GIFT MATCH
SEATTLE'S UNION GOSPEL MISSION 3800 SOUTH OTHELLO STREET SEATTLE, WA 98118	91-0595029	501(C)(3)	8,908				EMPLOYEE GIFT MATCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOKA GAKKAI INTERNATIONAL-USA 606 WILSHIRE BLVD SANTA MONICA, CA 90401	95-2265667	501(C)(3)	6,146				EMPLOYEE GIFT MATCH
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE, NY 10573	13-5644916	501(C)(3)	6,520				EMPLOYEE GIFT MATCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VASHON ISLAND PET PROTECTORS 12201 SW 243RD ST VASHON, WA 98070	91-1257858	501(C)(3)	5,150				EMPLOYEE GIFT MATCH
WILEY CREEK GRATITUDE CAMPOUT NA 7414 137TH AVE NE LAKE STEVENS, WA 98258	20-1726320	501(C)(3)	11,150				EMPLOYEE GIFT MATCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORLD VISION FOUNDATION PO BOX 9716 FEDERAL WAY, WA 98063	48-1255565	501(C)(3)	5,271				EMPLOYEE GIFT MATCH

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

- 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 [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization  
CREDIT UNIONS IN THE STATE OF WASHINGTON  
BOEING EMPLOYEES CREDIT UNION

Employer identification number  
91-0219435

**Part I Questions Regarding Compensation**

**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.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use          |
| <input checked="" type="checkbox"/> Travel for companions          | <input type="checkbox"/> Payments for business use of personal residence          |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)          |

**b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

**1b** Yes

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

**2** Yes

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

**a** Receive a severance payment or change-of-control payment?

**4a** Yes

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**4b** Yes

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

**4c** No

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only 501(c)(3), 501(c)(4), and 501(c)(29) 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:

**a** The organization?

**5a**

**b** Any related organization?

**5b**

If "Yes," on line 5a or 5b, describe in Part III.

**6** 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:

**a** 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 nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

**7**

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

**8**

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

**9**



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

See Additional Data Table

**Schedule J (Form 990) 2017**

**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 1A	BECU MAINTAINS A MEMBERSHIP AT A SOCIAL CLUB. ALL EXECUTIVES HAVE ACCESS TO THE CLUB FOR CONDUCTING MEETINGS AND TO HOST SOCIAL EVENTS. THE BENEFIT OF ATTENDING THE CLUB IS NOT TAXABLE TO THE RECIPIENT.
PART I, LINE 4A	KATHY ELSEER RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$625,000. MICHAEL QUAMMA RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$208,730.
PART I, LINE 4B	PRESIDENT/CEO \$161,087 ACCRUAL OF 457(F) SERP. SVP MARKETING & CO-OP AFFAIRS RECEIVED PAYMENT DUE TO VESTING OF THE SERP IN THE AMOUNT OF \$66,549. SVP CHIEF LENDING OFFICER \$52,493 ACCRUAL OF 457(F) SERP. SVP/CIO \$38,869 ACCRUAL OF 457(F) SERP. SVP HUMAN RESOURCES RECEIVED PAYMENT DUE TO VESTING OF THE SERP IN THE AMOUNT OF \$150,308. SVP RETAIL \$56,109 ACCRUAL OF 457(F) SERP. SVP/CHIEF RISK OFFICER \$30,133 ACCRUAL OF 457(F) SERP.

Additional Data

Software ID:  
Software Version:  
EIN: 91-0219435  
Name: CREDIT UNIONS IN THE STATE OF WASHINGTON  
BOEING EMPLOYEES CREDIT UNION

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1JOHN PORTER PRESIDENT/CEO	(i)	667,323	634,081	15,138	208,955	18,511	1,544,008	0
	(ii)	0	0	0	0	0	0	0
1MIKE RYAN GENERAL COUNSEL/CORP SECRETARY	(i)	248,400	96,012	856	32,834	11,809	389,911	0
	(ii)	0	0	0	0	0	0	0
2TONY HARRIS SR. CORP. COUNSEL/ASST SECRETARY	(i)	136,385	26,903	1,581	32,274	8,457	205,600	0
	(ii)	0	0	0	0	0	0	0
3PARKER CANN SVP/GENERAL COUNSEL THROUGH 1/3/17	(i)	8,814	858,138	20,077	2,622	1,050	890,701	0
	(ii)	0	0	0	0	0	0	0
4THOMAS BERQUIST SVP MARKETING & CO-OP AFFAIRS	(i)	280,831	277,532	2,070	46,967	14,633	622,033	0
	(ii)	0	0	0	0	0	0	0
5MICHAEL STRAND SVP CHIEF LENDING OFFICER	(i)	343,262	245,941	2,070	95,840	15,248	702,361	0
	(ii)	0	0	0	0	0	0	0
6THOMAS MORGAN SVP/CIO	(i)	312,298	231,328	3,870	95,029	13,382	655,907	0
	(ii)	0	0	0	0	0	0	0
7MELBA BARTELS SVP/CFO	(i)	254,361	42,674	1,905	3,825	7,618	310,383	0
	(ii)	0	0	0	0	0	0	0
8MELANIE WALSH SVP HUMAN RESOURCES	(i)	268,137	337,604	1,328	53,768	13,883	674,720	0
	(ii)	0	0	0	0	0	0	0
9DOUGLAS MARSHALL SVP RETAIL	(i)	306,905	218,373	5,940	116,976	12,340	660,534	0
	(ii)	0	0	0	0	0	0	0
10JOHN STEWART SVP/CHIEF RISK OFFICER	(i)	277,266	217,616	1,900	64,790	17,714	579,286	0
	(ii)	0	0	0	0	0	0	0
11LORRAINE STEWART VP MORTGAGE LENDING	(i)	199,483	82,929	1,544	41,377	11,270	336,603	0
	(ii)	0	0	0	0	0	0	0
12DANA GRAY VP SMALL BUSINESS	(i)	257,436	118,245	3,954	48,482	13,552	441,669	0
	(ii)	0	0	0	0	0	0	0
13LINNEA WEXLER SR. COMM. RELATIONSHIP MGR	(i)	93,974	297,566	12,223	20,135	20,557	444,455	0
	(ii)	0	0	0	0	0	0	0
14MICHAEL QUAMMA VP TREASURY THROUGH 10/18/17	(i)	206,223	235,145	235,401	35,671	12,290	724,730	0
	(ii)	0	0	0	0	0	0	0
15DEBORAH TAGLIALAVORE DIRECTOR BUSINESS LENDING	(i)	185,622	152,416	1,281	39,139	11,800	390,258	0
	(ii)	0	0	0	0	0	0	0
16SHAWN MULQUEENEY VP IT BUSINESS SOLUTIONS	(i)	215,221	123,359	1,093	50,867	13,955	404,495	0
	(ii)	0	0	0	0	0	0	0
17KATHY ELSER FORMER SVP/CFO	(i)	0	0	625,000	0	0	625,000	0
	(ii)	0	0	0	0	0	0	0

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service

Name of the organization

CREDIT UNIONS IN THE STATE OF WASHINGTON  
BOEING EMPLOYEES CREDIT UNION**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

**2017****Open to Public  
Inspection****Employer identification number**

91-0219435

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	BECU IS A COOPERATIVE SOCIETY ORGANIZED UNDER WASHINGTON LAW AS A NONPROFIT CORPORATION FOR THE PURPOSES OF PROMOTING THRIFT AMONG ITS MEMBERS AND CREATING A SOURCE OF CREDIT FOR THEM AT FAIR AND REASONABLE RATE OF INTEREST MEMBERSHIP AT BECU IS LIMITED TO THOSE PERSONS LISTED IN THE FIELD OF MEMBERSHIP APPENDIX TO THE BYLAWS AT ALL MEETINGS EACH MEMBER WITH ONE OR MORE FULLY PAID SHARES WILL HAVE ONE VOTE SUBJECT TO CERTAIN CONDITIONS

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	BECU IS A COOPERATIVE SOCIETY ORGANIZED UNDER WASHINGTON LAW AS A NONPROFIT CORPORATION FOR THE PURPOSES OF PROMOTING THRIFT AMONG ITS MEMBERS AND CREATING A SOURCE OF CREDIT FOR THEM AT FAIR AND REASONABLE RATES OF INTEREST MEMBERSHIP AT BECU IS LIMITED TO THOSE PERSONS LISTED IN THE FIELD OF MEMBERSHIP APPENDIX TO THE BYLAWS AND WHO MAINTAIN A SHARE ACCOUNT WITH A MINIMUM BALANCE AS SET BY BECU AT ALL MEETINGS EACH MEMBER HAS ONE VOTE SUBJECT TO CERTAIN CONDITIONS

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	TAX DIRECTOR, CONTROLLER AND GENERAL COUNSEL REVIEWED FORM 990 PRIOR TO FILING A COPY OF THE FINAL VERSION OF THE FORM 990 IS DISTRIBUTED TO EACH BOARD MEMBER BEFORE IT IS FILED F OR INFORMATIONAL PURPOSES

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD ALONG WITH ALL EMPLOYEES AFFIRMS THEIR ADHERENCE TO BECU'S CONFLICT OF INTEREST REQUIREMENTS IN WRITING ON A YEARLY BASIS (CALLED "ANNUAL CODE OF ETHICS AFFIRMATION" FORM ) AUDIT SERVICES AND SECURITY RISK MONITOR FOR ETHICS VIOLATIONS THROUGH ANONYMOUS HOT LINES AND EMAILS THE AUDIT COMMITTEE ISSUES A YEARLY "WHISTLEBLOWER" LETTER TO ALL EMPLOYEES ENCOURAGING THEM TO REPORT ANY FRAUD OR ABUSE BY EMPLOYEES OR BOARD MEMBERS ALSO, ALONG WITH THE YEARLY RE-AFFIRMATION OF OUR CODE OF ETHICS, THERE IS A REQUIRED ETHICS REFRESHER COURSE THE CODE OF ETHICS POLICY OUTLINES HOW CONFLICTS ARE DETERMINED AND REQUIREMENTS FOR DISCLOSURE IF THERE IS AN ACTUAL OR PERCEIVED CONFLICT

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	MARKET COMPENSATION DATA WILL BE GATHERED FOR THE PRESIDENT'S POSITION AND THE OTHER EXECUTIVE POSITIONS AS PART OF THE BI-ANNUAL COMPETITIVE COMPENSATION ANALYSIS THE COMPENSATION DATA FOR THE PRESIDENT'S POSITION WILL BE PROVIDED TO THE COMPENSATION COMMITTEE FOR DEVELOPING A RECOMMENDATION TO THE BOARD OF DIRECTORS REGARDING ANY COMPENSATION ADJUSTMENT THE COMPENSATION COMMITTEE MAY ENGAGE THIRD PARTY CONSULTANTS TO ASSIST WITH THE CEO COMPENSATION REVIEW AND RECOMMENDATIONS THE EXECUTIVE COMPENSATION DATA WILL BE PROVIDED TO THE PRESIDENT FOR DETERMINING ADJUSTMENTS FOR THE OTHER EXECUTIVE POSITIONS THE COMPENSATION DATA WILL BE GATHERED USING A VARIETY OF INDUSTRY SURVEY SOURCES AND DATA SEGMENTS WHICH ARE THEN VALIDATED BY A THIRD PARTY BECU'S COMPENSATION PROGRAM IS ADMINISTERED BY THE HUMAN RESOURCES DEPARTMENT AND IS AUDITED BY BECU'S AUDIT SERVICES DEPARTMENT THE LAST COMPENSATION REVIEW WAS CONDUCTED IN 2017



# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	BECU'S BYLAWS, CORPORATE GOVERNANCE OVERVIEW AND FINANCIAL DATA ARE POSTED AND AVAILABLE TO THE PUBLIC ON THE BECU ORG WEBSITE BECU'S FINANCIAL DATA IS ALSO AVAILABLE TO THE PUBLIC VIA THE NCUA WEBSITE

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	CONSULTING FEES 21,636,683 OTHER OUTSIDE SERVICES 6,634,680

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER COMPREHENSIVE INCOME PENSION & SERP BENEFIT PLANS -19,084,643 CURRENT YEAR CUSO INCOME -428,197

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► 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](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization  
CREDIT UNIONS IN THE STATE OF WASHINGTON  
BOEING EMPLOYEES CREDIT UNION

Employer identification number  
91-0219435

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) EMPLOYEE BENEFIT FUNDING TRUST 14025 RIVEREDGE DRIVE SUITE 280 TAMPA, FL 33637	EMPLOYEE MEDICAL & PAID TIME-OFF BENEFIT OBLIGATIONS	WA	9,512,898	287,976,662	BECU

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) BECU FOUNDATION 12770 GATEWAY DR S  TUKWILA, WA 98168 91-1703337	SCHOLARSHIPS	WA	501(C)(3)	PF	N/A		No

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

**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

**1** During the tax year, did the organization 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 . . . . .

**b** Gift, grant, or capital contribution to related organization(s) . . . . .

**c** Gift, grant, or capital contribution from related organization(s) . . . . .

**d** Loans or loan guarantees to or for related organization(s) . . . . .

**e** Loans or loan guarantees by related organization(s) . . . . .

**f** Dividends from related organization(s) . . . . .

**g** Sale of assets to related organization(s) . . . . .

**h** Purchase of assets from related organization(s) . . . . .

**i** Exchange of assets with related organization(s) . . . . .

**j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .

**k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .

**l** Performance of services or membership or fundraising solicitations for related organization(s) . . . . .

**m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . .

**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .

**o** Sharing of paid employees with related organization(s) . . . . .

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

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

**r** Other transfer of cash or property to related organization(s) . . . . .

**s** Other transfer of cash or property from related organization(s) . . . . .

Yes

No

1a

No

1b

Yes

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

Yes

1m

No

1n

Yes

1o

Yes

1p

No

1q

Yes

1r

No

1s

No

**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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2017

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.

[illegible]

**Part VII** **Supplemental Information**

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