

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: TEXAS DOW ECU
 Doing business as:
 Number and street (or P O box if mail is not delivered to street address) Room/suite: 1001 FM 2004
 City or town, state or province, country, and ZIP or foreign postal code: LAKE JACKSON, TX 77566

D Employer identification number: 74-1260543
E Telephone number: (361) 580-9629
G Gross receipts \$ 223,916,280

F Name and address of principal officer: RHONDA PAVLICEK, 1001 FM 2004, LAKE JACKSON, TX 77566

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 TDECU ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1955 **M** State of legal domicile: TX

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 INCREASE ECONOMIC WELL-BEING OF OUR MEMBERS THROUGH NOT-FOR-PROFIT, COOPERATIVE FINANCIAL 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)	11
4 Number of independent voting members of the governing body (Part VI, line 1b)	11
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	957
6 Total number of volunteers (estimate if necessary)	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	2,976,511
7b Net unrelated business taxable income from Form 990-T, line 34	-4,297,790

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	0
9 Program service revenue (Part VIII, line 2g)	195,046,106	217,190,502
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	955,836	2,167,801
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-253,705	-410,090
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	195,748,237	218,948,213
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	61,144,074	61,717,006
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	113,182,680	121,946,249
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	174,326,754	183,663,255
19 Revenue less expenses Subtract line 18 from line 12	21,421,483	35,284,958

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	3,172,342,811	3,269,360,348
21 Total liabilities (Part X, line 26)	2,915,744,330	2,978,126,438
22 Net assets or fund balances Subtract line 21 from line 20	256,598,481	291,233,910

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: ***** Date: 2019-11-11
 RHONDA PAVLICEK SVP & CFO
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Preparer's signature: Date: 2019-11-08
 Check if self-employed PTIN: P01087367
 Firm's name ▶ FITTS ROBERTS KOLKHORST & CO PC Firm's EIN ▶ 74-1699466
 Firm's address ▶ 5718 WESTHEIMER STE 800 HOUSTON, TX 77057 Phone no (713) 260-5230

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

INCREASE ECONOMIC WELL-BEING OF OUR MEMBERS THROUGH NOT-FOR-PROFIT, COOPERATIVE FINANCIAL 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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		
25b	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>		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
28a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
28b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
28c	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
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	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
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	Yes	
34	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>		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
35b	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>		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	957		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			No
8 Sponsoring organizations maintaining donor advised funds.					
	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			No
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			No
10 Section 501(c)(7) organizations. Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a			
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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15		Yes	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16			No

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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b 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?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: Own website, Another's website, Upon request, Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: RHONDA L PAVLICEK SVP CFO 1001 FM 2004 LAKE JACKSON, TX 77566 (361) 580-9629

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows: 1b Sub-Total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c)

Section 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. Includes questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

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

Table for independent contractors with columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like PSCU, VISA USA, VANTIVWORLD PAY, etc.

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a			
	b Membership dues . . .	1b			
	c Fundraising events . . .	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a - 1f \$ _____				
h Total. Add lines 1a-1f					

Program Service Revenue			Business Code				
	2a INTEREST ON LOANS		522100	147,344,534	147,344,534		
b FEE INCOME		522100	57,792,687	56,898,106	894,581		
c OTHER OPERATING INCOME		522100	12,053,281	9,971,351	2,081,930		
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f			217,190,502				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,084,119			2,084,119
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real	(ii) Personal			
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)			83,682		83,682
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19	a				
b Less direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
11a K-1 FROM BUSINESS FINA	900099	7,519			7,519	
b K-1 FROM ONAPPROACH LL	900099	-417,609			-417,609	
c _____						
d All other revenue						
e Total. Add lines 11a-11d		-410,090				
12 Total revenue. See Instructions		218,948,213	214,213,991	2,976,511	1,757,711	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	6,517,492			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	40,252,517			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	1,717,299			
9 Other employee benefits.	9,698,852			
10 Payroll taxes.	3,530,846			
11 Fees for services (non-employees)				
a Management.				
b Legal.	872,521			
c Accounting.	301,074			
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	11,871,953			
12 Advertising and promotion.	6,081,257			
13 Office expenses.	6,688,899			
14 Information technology.	1,666,825			
15 Royalties.				
16 Occupancy.	9,731,035			
17 Travel.	2,371,982			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.	18,843,011			
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	8,292,439			
23 Insurance.	642,631			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER SERVICE FEES	30,141,799			
b PROVISION FOR LOAN LOSS	20,499,022			
c LOAN SERVICING EXPENSE	3,941,801			
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	183,663,255			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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
Assets	1 Cash—non-interest-bearing	13,169,263	1	11,205,404
	2 Savings and temporary cash investments	174,566,799	2	108,965,350
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	2,589,112	4	1,389,330
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	2,853,653,057	7	2,990,230,129
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 116,531,587		
	b Less accumulated depreciation	10b 57,989,405	47,906,961	10c 58,542,182
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11	134,590	12	19,028,761
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets	13,543,040	14	11,474,061
	15 Other assets See Part IV, line 11	66,779,989	15	68,525,131
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,172,342,811	16	3,269,360,348	
Liabilities	17 Accounts payable and accrued expenses	51,552,110	17	30,600,725
	18 Grants payable		18	
	19 Deferred revenue	1,242,226	19	904,682
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D	9,951,631	21	12,327,358
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	295,318,221	23	315,592,519
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	2,557,680,142	25	2,618,701,154
	26 Total liabilities. Add lines 17 through 25	2,915,744,330	26	2,978,126,438
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0	30	0
	31 Paid-in or capital surplus, or land, building or equipment fund	0	31	0
	32 Retained earnings, endowment, accumulated income, or other funds	256,598,481	32	291,233,910
33 Total net assets or fund balances	256,598,481	33	291,233,910	
34 Total liabilities and net assets/fund balances	3,172,342,811	34	3,269,360,348	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	218,948,213
2	Total expenses (must equal Part IX, column (A), line 25)	2	183,663,255
3	Revenue less expenses Subtract line 2 from line 1	3	35,284,958
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	256,598,481
5	Net unrealized gains (losses) on investments	5	-649,529
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	291,233,910

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- 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
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 74-1260543

Name: TEXAS DOW ECU

Form 990 (2018)

Form 990, Part III, Line 4a:

TDECU IS A NOT-FOR-PROFIT FINANCIAL COOPERATIVE WITH MORE THAN 303,418 MEMBERS TDECU CURRENTLY HAS 35 MEMBER SERVICE LOCATIONS, AND OFFERS A COMPLETE SELECTION OF CONVENIENT AND COMPETITIVE PRODUCTS AND SERVICES

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			
DAN BUCHE DIRECTOR	4 00	X						34,500	0	3,420
GEORGE HORNBACK DIRECTOR	4 00	X						14,726	0	0
PEGGY MILTENBERGER DIRECTOR	4 00	X						22,500	0	0
DAVID OZUNA DIRECTOR	4 00	X						2,570	0	0
DICK SMITH DIRECTOR	4 00	X						37,125	0	3,808
ED ZINGLEMAN DIRECTOR	4 00	X						25,500	0	354
EDWARD SPEED DIRECTOR	4 00	X						27,375	0	3,375
JACK ANTONINI DIRECTOR	4 00	X						9,000	0	3,375
ROLAND HENDRICKS DIRECTOR	4 00	X						35,786	0	0
FRANK COE DIRECTOR	4 00	X						21,375	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			
ROBERT BALDWIN III DIRECTOR	4 00	X						9,750	0	3,375
ANITA SEHGAL DIRECTOR	4 00	X						22,500	0	0
DAVID SIKORA DIRECTOR	4 00	X						12,750	0	0
STEPHANIE SHERRODD PRESIDENT	40 00			X				1,190,855	0	22,540
MILTON STEVENS SENIOR VP- RETAIL LENDING	40 00			X				421,660	0	22,240
ISAAC JOHNSON SENIOR VP & CRO	40 00			X				152,370	0	916
RHONDA PAVLICEK SENIOR VP & CFO	40 00			X				486,085	0	22,240
CHARLES SMITH SENIOR VP & CLO	40 00			X				337,903	0	17,792
COURTLAND CROUCHET SENIOR VP - CRO	40 00			X				329,208	0	21,867
MURSHID KHAN SENIOR VP & CIO	40 00			X				270,649	0	17,032

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				
MICHAEL HUBBELL VP - CRO	40 00			X					159,042	0	14,871
ALEXIS ALEJANDRO DE LA CRUZ SENIOR VP - CGSMO	40 00			X					150,017	0	2,216
WESLEY GARNER PRES - WEALTH MANAGEMENT	40 00				X				360,128	0	19,784
MILTON LUCAS VP BUSINESS SERVICES	40 00				X				174,743	0	18,267
GARY LANIER VP-STRATEGIC INITIATIVES	40 00				X				199,700	0	19,385
ETHAN RODNEY PACK DIRECTOR - ENTERPRISE ARCH	40 00				X				168,066	0	12,498
CONNIE CLARK PRESIDENT-INS AGENCY	40 00				X				194,185	0	12,596
BONITA TUCKER VP - OPERATIONS	40 00				X				213,083	0	19,459
LORETTA WILLIAMS VP - MORTGAGE LENDING	40 00				X				165,065	0	17,786
JASON SCHNEIDER VP - FINANCE	40 00				X				222,125	0	20,258

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			
LUKE BILLER I VP - MEMBER CENTERS	40 00				X			171,877	0	13,013
ANTHONY WARDEN VP - MEMBER CARE	40 00				X			195,954	0	19,167
KEITH HRNYAK VP - CONTROLLER	40 00				X			198,445	0	17,137
JOHN GALLO DIRECTOR - INFO SEC	40 00				X			191,674	0	18,987
MARCUS MANNING DIRECTOR - INFO MGMT ANALYTICS	40 00				X			205,228	0	9,376
LUCILLA HENDERSON VP- COMMUNITY & BUSINESS E	40 00					X		148,353	0	18,654
BETHANY DAVIS WEALTH ADVISOR	40 00					X		304,524	0	23,281
PATRICK BEALE WEALTH ADVISOR	40 00					X		241,830	0	22,488
KEVIN MCCOY II WEALTH ADVISOR	40 00					X		312,848	0	22,040
MARGARET HARTENSTINE VP - WHOLESALE LENDING	40 00					X		145,112	0	16,138

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
TEXAS DOW ECU

Employer identification number
74-1260543

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year	
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 7/25/06, 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? Yes No

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)? Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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 ▶ \$ _____

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
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 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 | Yes | No |
| (ii) related organizations | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 3b** Yes No
- 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		18,463,373		18,463,373
b Buildings		40,496,924	14,862,615	25,634,309
c Leasehold improvements		6,105,657	4,374,105	1,731,552
d Equipment		48,724,841	38,752,685	9,972,156
e Other		2,740,792		2,740,792
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				58,542,182

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		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)		

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
MEMBERS' SHARES AND SAVINGS ACCOUNTS	2,618,701,154
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	2,618,701,154

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.

1	Total revenue, gains, and other support per audited financial statements		1	219,274,625
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	-83,682	
e	Add lines 2a through 2d		2e	-83,682
3	Subtract line 2e from line 1		3	219,358,307
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	-410,094	
c	Add lines 4a and 4b		4c	-410,094
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	218,948,213

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.

1	Total expenses and losses per audited financial statements		1	184,229,102
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	-83,682	
e	Add lines 2a through 2d		2e	-83,682
3	Subtract line 2e from line 1		3	184,312,784
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	-649,529	
c	Add lines 4a and 4b		4c	-649,529
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	183,663,255

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: 74-1260543

Name: TEXAS DOW ECU

Supplemental Information

Return Reference	Explanation
PART IV, LINE 1B	CUSTODIAL FUNDS IN ESCROW REPRESENT PAYMENTS FOR PRINCIPAL AND INTEREST, AS WELL AS FOR TAXES AND INSURANCE THESE AMOUNTS ARE HELD IN ESCROW, WITH A CORRESPONDING LIABILITY RECORDED UNTIL THE DATE THAT SUCH FUNDS ARE RELEASED BY THE CREDIT UNION FOR THEIR INTENDED PURPOSE THE AUDITED FINANCIAL STATEMENT OFFSETS THE ESCROW AND AGENCY FUNDS BY THE AMOUNT OF THE SEGREGATED SPECIAL BANK ACCOUNTS AND EXCLUDES THOSE ACCOUNTS FROM CORPORATE ASSETS THIS RETURN INCLUDES THE SEGREGATED CASH ACCOUNTS IN FORM 990, PART X ON LINES 1 AND 2 AND DISCLOSES THE ESCROW ACCOUNT BALANCES ON LINE 21

Supplemental Information

Return Reference	Explanation
PART IV, LINE 2B	<p>CUSTODIAL FUNDS IN ESCROW REPRESENT PAYMENTS FOR PRINCIPAL AND INTEREST, AS WELL AS FOR TAXES AND INSURANCE THESE AMOUNTS ARE HELD IN ESCROW, WITH A CORRESPONDING LIABILITY RECORDED UNTIL THE DATE THAT SUCH FUNDS ARE RELEASED BY THE CREDIT UNION FOR THEIR INTENDED PURPOSE THE AUDITED FINANCIAL STATEMENT OFFSETS THE ESCROW AND AGENCY FUNDS BY THE AMOUNT OF THE SEGREGATED SPECIAL BANK ACCOUNTS AND EXCLUDES THOSE ACCOUNTS FROM CORPORATE ASSETS</p> <p>THIS RETURN INCLUDES THE SEGREGATED CASH ACCOUNTS IN FORM 990, PART X ON LINES 1 AND 2 AND DISCLOSES THE ESCROW ACCOUNT BALANCES ON LINE 21</p>

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	<p>THE CREDIT UNION IS EXEMPT, BY STATUTE, FROM FEDERAL AND STATE INCOME TAXES TEXAS DOW EMPLOYEES CREDIT UNION IS A STATE-CHARTERED CREDIT UNION DESCRIBED IN INTERNAL REVENUE CODE ("IRC") SECTION 501(C)(14) AS SUCH, THE CREDIT UNION IS EXEMPT FROM FEDERAL TAXATION OF INCOME DERIVED FROM THE PERFORMANCE OF ACTIVITIES THAT ARE IN FURTHERANCE OF ITS EXEMPT PURPOSES HOWEVER, IRC SECTION 511 IMPOSES A TAX ON THE UNRELATED BUSINESS INCOME (AS DEFINED IN SECTION 512) DERIVED BY STATE-CHARTERED CREDIT UNIONS MANY STATES HAVE SIMILAR LAWS THE SPECIFIC APPLICATION OF SECTION 512 TO THE VARIOUS ACTIVITIES CONDUCTED BY STATE-CHARTERED CREDIT UNIONS HAS BEEN AN ISSUE FOR MANY YEARS IN 2007, THE INTERNAL REVENUE SERVICE ("IRS") ISSUED A SERIES OF TECHNICAL ADVICE MEMORANDA ("TAM") TO A NUMBER OF STATE-CHARTERED CREDIT UNIONS LOCATED THROUGHOUT THE COUNTRY IN THESE TAMS, THE IRS RULED CERTAIN PRODUCTS AND SERVICES TO BE SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME IN LIGHT OF THE TAMS, THE CREDIT UNION HAS ASSESSED ITS ACTIVITIES AND ANY POTENTIAL FEDERAL OR STATE INCOME TAX LIABILITY IN THE OPINION OF MANAGEMENT, ANY LIABILITY ARISING FROM FEDERAL OR STATE TAXATION OF ACTIVITIES DEEMED TO BE UNRELATED TO ITS EXEMPT PURPOSE IS NOT EXPECTED TO HAVE A MATERIAL EFFECT ON THE CREDIT UNION'S FINANCIAL CONDITION OR RESULTS OF OPERATIONS</p>

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	GAIN/LOSS ON ASSETS AND INVESTMENTS -83,682

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	K-1 FROM ONAPPROACH LLC -417,609 K-1 FROM BUSINESS FINANCIAL ALLIANCE SYSTEMS 7,519 ROUNDING -4

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	GAIN/LOSS ON ASSETS AND INVESTMENT -83,682

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	NET CHANGE IN UNREALIZED GAIN ON SECURITIES -649,529

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
TEXAS DOW ECU

Employer identification number
74-1260543

Part I Questions Regarding Compensation

		Yes	No		
<p>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</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>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</p>	1b	Yes			
<p>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?</p>	2	Yes			
<p>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</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>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</p>					
<p>a Receive a severance payment or change-of-control payment?</p>	4a		No		
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	Yes			
<p>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>					
<p>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</p>					
<p>a The organization?</p>	5a				
<p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p>	5b				
<p>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</p>					
<p>a The organization?</p>	6a				
<p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p>	6b				
<p>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</p>	7				
<p>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</p>	8				
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

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 1B	THE ORGANIZATION GROSSED UP PAYMENTS THAT ARE OUT OF THE ORDINARY (E G SERVICE AWARDS, RELOCATION, ETC) SO THAT THE PAYMENT WILL BE TAX-NEUTRAL TO THE RECIPIENT. THE ORGANIZATION HAS A POLICY FOR EXPENSE REIMBURSEMENTS AND REQUIRES RECEIPTS AND PROOF OF EXPENSES PRIOR TO REIMBURSING.

Return Reference	Explanation
PART I, LINE 4B	457(F) PLAN 2018 PURCHASE PAYMENTS RHONDA PAVLICEK \$ 41,978 MILTON E STEVENS \$ 35,516 CHARLES SMITH \$ 36,136



Schedule J (Form 990) 2018

Additional Data

Software ID:
Software Version:
EIN: 74-1260543
Name: TEXAS DOW ECU

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				
STEPHANIE SHERRODD PRESIDENT	(i)	607,500	220,000	363,355	10,000	12,540	1,213,395	0
	(ii)	0	0	0	0	0	0	0
MILTON STEVENS SENIOR VP- RETAIL LENDING	(i)	264,469	60,102	97,089	10,000	12,240	443,900	0
	(ii)	0	0	0	0	0	0	0
ISAAC JOHNSON SENIOR VP & CRO	(i)	92,624	51,964	7,782	0	916	153,286	0
	(ii)	0	0	0	0	0	0	0
RHONDA PAVLICEK SENIOR VP & CFO	(i)	312,661	68,618	104,806	10,000	12,240	508,325	0
	(ii)	0	0	0	0	0	0	0
CHARLES SMITH SENIOR VP & CLO	(i)	270,969	57,105	9,829	6,954	10,838	355,695	0
	(ii)	0	0	0	0	0	0	0
COURTLAND CROUCHET SENIOR VP - CRO	(i)	273,262	55,946	0	10,000	11,867	351,075	0
	(ii)	0	0	0	0	0	0	0
MURSHID KHAN SENIOR VP & CIO	(i)	245,000	25,266	383	4,335	12,697	287,681	0
	(ii)	0	0	0	0	0	0	0
MICHAEL HUBBELL VP - CRO	(i)	142,724	16,318	0	2,709	12,162	173,913	0
	(ii)	0	0	0	0	0	0	0
ALEXIS ALEJANDRO DE LA CRUZ SENIOR VP - CGSMO	(i)	54,808	0	95,209	0	2,216	152,233	0
	(ii)	0	0	0	0	0	0	0
WESLEY GARNER PRES - WEALTH MANAGEMENT	(i)	175,000	16,621	168,507	7,664	12,120	379,912	0
	(ii)	0	0	0	0	0	0	0
MILTON LUCAS VP BUSINESS SERVICES	(i)	161,331	13,412	0	7,156	11,111	193,010	0
	(ii)	0	0	0	0	0	0	0
GARY LANIER VP-STRATEGIC INITIATIVES	(i)	182,631	17,069	0	8,159	11,226	219,085	0
	(ii)	0	0	0	0	0	0	0
ETHAN RODNEY PACK DIRECTOR - ENTERPRISE ARCH	(i)	168,066	0	0	0	12,498	180,564	0
	(ii)	0	0	0	0	0	0	0
CONNIE CLARK PRESIDENT-INS AGENCY	(i)	192,500	1,636	49	654	11,942	206,781	0
	(ii)	0	0	0	0	0	0	0
BONITA TUCKER VP - OPERATIONS	(i)	185,536	26,104	1,443	8,465	10,994	232,542	0
	(ii)	0	0	0	0	0	0	0
LORETTA WILLIAMS VP - MORTGAGE LENDING	(i)	151,385	13,680	0	6,656	11,130	182,851	0
	(ii)	0	0	0	0	0	0	0
JASON SCHNEIDER VP - FINANCE	(i)	199,632	22,493	0	7,561	12,697	242,383	0
	(ii)	0	0	0	0	0	0	0
LUKE BILLERI II VP - MEMBER CENTERS	(i)	157,500	14,377	0	2,326	10,687	184,890	0
	(ii)	0	0	0	0	0	0	0
ANTHONY WARDEN VP - MEMBER CARE	(i)	173,940	22,014	0	7,972	11,195	215,121	0
	(ii)	0	0	0	0	0	0	0
KEITH HRNYAK VP - CONTROLLER	(i)	161,151	22,838	14,456	6,311	10,826	215,582	0
	(ii)	0	0	0	0	0	0	0

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				
JOHN GALLO DIRECTOR - INFO SEC	(i)	183,203	8,471	0	7,827	11,160	210,661	0
	(ii)	0	0	0	0	0	0	0
MARCUS MANNING DIRECTOR - INFO MGMT ANALYTICS	(i)	183,853	19,221	2,154	8,066	1,310	214,604	0
	(ii)	0	0	0	0	0	0	0
LUCILLA HENDERSON VP- COMMUNITY & BUSINESS E	(i)	133,436	14,917	0	6,125	12,529	167,007	0
	(ii)	0	0	0	0	0	0	0
BETHANY DAVIS WEALTH ADVISOR	(i)	26,000	14,387	264,137	10,937	12,344	327,805	0
	(ii)	0	0	0	0	0	0	0
PATRICK BEALE WEALTH ADVISOR	(i)	26,000	9,990	205,840	10,148	12,340	264,318	0
	(ii)	0	0	0	0	0	0	0
KEVIN MCCOY II WEALTH ADVISOR	(i)	26,000	11,452	275,396	10,052	11,988	334,888	0
	(ii)	0	0	0	0	0	0	0
MARGARET HARTENSTINE VP - WHOLESALE LENDING	(i)	135,385	9,727	0	5,090	11,048	161,250	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE O
(Form 990 or 990-EZ)**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.

▶ Go to www.irs.gov/Form990 for the latest information.

2018
Open to Public Inspection

Department of the Treasury

Name of the organization

TEXAS DOW ECU

Employer identification number

74-1260543

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	ALL MEMBERS HAVE THE RIGHT TO PARTICIPATE IN THE ELECTION OF THE GOVERNING BODY MEMBERS DO NOT HAVE THE RIGHT TO APPROVE SIGNIFICANT DECISIONS OF THE GOVERNING BODY ALL MEMBERS RECEIVE A SHARE OF THE ORGANIZATION'S NET ASSETS UPON DISSOLUTION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	MEMBERS ELECT THE BOARD OF DIRECTORS BY THE USE OF ELECTRONIC DEVICE, ABSENTEE BALLOT OR MAIL BALLOT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE TAX RETURN WILL BE REVIEWED BY THE SVP/CFO AND CONTROLLER

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ALL OFFICERS, DIRECTORS AND MANAGERS MUST REPORT ANNUAL ACKNOWLEDGEMENT OF ANY POTENTIAL CONFLICT OF INTEREST AS INDICATED BY TDECU'S BUSINESS ETHICS POLICY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION PROCESS FOR THE CEO INCLUDES A COMPENSATION REVIEW THAT IS CONDUCTED BY AN OUTSIDE CONSULTANT USING EXTERNAL MARKET DATA. THE RESULTS ARE SUBMITTED TO A COMPENSATION COMMITTEE THAT THEN REVIEWS AND RECOMMENDS PAY ADJUSTMENTS BASED ON MARKET AND CEO PERFORMANCE. THE COMPENSATION COMMITTEE IS COMPRISED OF BOARD MEMBERS. THE COMPENSATION PROCESS FOR TOP MANAGEMENT INCLUDES A COMPENSATION REVIEW THAT IS CONDUCTED BY AN OUTSIDE CONSULTANT USING EXTERNAL MARKET DATA. THE RESULTS ARE SUBMITTED TO CEO AND SVPS FOR REVIEW AND RECOMMENDATIONS ON PAY ADJUSTMENTS BASED ON MARKET POSITION AND PERFORMANCE. AT RISK PAY IS REVIEWED AND APPROVED BY THE CEO.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	MONTHLY FINANCIAL STATEMENTS ARE PUBLICLY DISPLAYED IN EACH BRANCH OFFICE ARTICLES OF INCORPORATION AND BYLAWS ARE AVAILABLE UPON REQUEST BY ANY MEMBER

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE PROCESS BY WHICH THE AUDIT COMMITTEE OVERSEES THE AUDIT OF THE FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT DID NOT CHANGE FROM THE PRIOR YEAR

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
TEXAS DOW ECU

Employer identification number

74-1260543

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) TDECU INSURANCE AGENCY LLC 1001 FM 2004 LAKE JACKSON, TX 77566 26-0901021	INSURANCE AGENCY	TX	71,160	8,930,001	TDECU HOLDINGS LLC
(2) TDECU REAL ESTATE LLC 1001 FM 2004 LAKE JACKSON, TX 77566 45-0957732	REAL ESTATE AGENCY	TX	0	0	TDECU HOLDINGS LLC
(3) TDECU HOLDINGS LLC 1001 FM 2004 LAKE JACKSON, TX 77566 45-3582513	HOLDING COMPANY	TX	54,070	9,912,578	TEXAS DOW ECU
(4) TDECU WEALTH ADVISORS LLC 1001 FM 2004 LAKE JACKSON, TX 77566 45-3581914	MANAGEMENT	TX	0	0	TEXAS DOW ECU
(5) LOAN ORIGINATION ACQUISITION NETWORK LLC 1001 FM 2004 LAKE JACKSON, TX 77566 46-2758520	CONSULTING	TX	0	24,291	TEXAS DOW ECU
(6) BRAZORIA COUNTY BUSINESS CENTER DRIVE LLC 2500 FANNIN ST HOUSTON, TX 77002 84-3393843	CORPORATE ACTIVITY	TX	0	0	TEXAS DOW ECU

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

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

	Yes	No
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	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

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

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 74-1260543
Name: TEXAS DOW ECU

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(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) TDECU INSURANCE AGENCY LLC 1001 FM 2004 LAKE JACKSON, TX 77566 26-0901021	INSURANCE AGENCY	TX	71,160	8,930,001	TDECU HOLDINGS LLC
(1) TDECU REAL ESTATE LLC 1001 FM 2004 LAKE JACKSON, TX 77566 45-0957732	REAL ESTATE AGENCY	TX	0	0	TDECU HOLDINGS LLC
(2) TDECU HOLDINGS LLC 1001 FM 2004 LAKE JACKSON, TX 77566 45-3582513	HOLDING COMPANY	TX	54,070	9,912,578	TEXAS DOW ECU
(3) TDECU WEALTH ADVISORS LLC 1001 FM 2004 LAKE JACKSON, TX 77566 45-3581914	MANAGEMENT	TX	0	0	TEXAS DOW ECU
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(5) BRAZORIA COUNTY BUSINESS CENTER DRIVE LLC 2500 FANNIN ST HOUSTON, TX 77002 84-3393843	CORPORATE ACTIVITY	TX	0	0	TEXAS DOW ECU