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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

NUMERICA CREDIT UNION

Doing business as

NA

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

14610 E SPRAGUE AVENUE NO N/A

Room/suite

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

SPOKANE VALLEY, WA 992162146

F Name and address of principal officer

CINDY LEAVER

14610 E SPRAGUE AVENUE NO N/A

SPOKANE VALLEY, WA 992162146

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

1269

D Employer identification number

91-0863377

E Telephone number

(509) 536-6114

G Gross receipts \$

141,502,934

I Tax-exempt status

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

J Website: ▶

WWW NUMERICACU COM

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

1937

M State of legal domicile

WA

Part I

Summary

Activities & Governance

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

CREDIT UNION OPERATED WITHOUT PROFIT FOR MUTUAL PURPOSES

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 2018 (Part V, line 2a)

653

6 Total number of volunteers (estimate if necessary)

15

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

662,046

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

277,546

Revenue

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

0

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

111,201,101

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

3,418,496

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

0

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

114,619,597

Expenses

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

293,000

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)

41,957,952

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)

54,190,028

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

96,440,980

19 Revenue less expenses Subtract line 18 from line 12

18,178,617

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

2,055,568,189

21 Total liabilities (Part X, line 26)

1,849,505,593

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

206,062,596

Prior Year

Current Year

Beginning of Current Year

End of Year

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

JENNIFER LEHN COO

Type or print name and title

2019-11-14

Date

Paid Preparer Use Only

Print/Type preparer's name

Firm's name ▶ MOSS ADAMS LLP

Firm's address ▶ 601 W RIVERSIDE AVENUE STE 1800

SPOKANE, WA 99201

Preparer's signature

Date

2019-11-13

Check ☐ if self-employed

PTIN P01251320

Firm's EIN ▶ 91-0189318

Phone no (509) 747-2600

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 (2018)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission

CREDIT UNION OPERATED WITHOUT PROFIT FOR MUTUAL PURPOSES

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
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	No
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	Yes
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a	Yes
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	Yes
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e	Yes
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f	Yes
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	Yes
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	21	Yes
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 	22	Yes

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	1a	44,047	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	653			
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? If "No" to line 3b, provide an explanation in Schedule O				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		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h		
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		
9a Did the sponsoring organization make any taxable distributions under section 4966?				9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b		
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?				12a		
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? If "No," provide an explanation in Schedule O				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		No
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

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

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed **ID**

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
CINDY LEAVER 14610 E SPRAGUE AVENUE SPOKANE VALLEY, WA 99216 (509) 536-6114

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

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

[illegible]

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

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	7,001,733	0	401,037

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 ► 83

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MTR COMMUNICATIONS 1705 S MAPLE BLVD SPOKANE, WA 99203	MARKETING/PUBLIC RELATIONS	1,576,549
KAYE SMITH PO BOX 956 RENTON, WA 98057	STORAGE, PRINTING, MAILING	920,945
DIEBOLD PO BOX 643543 PITTSBURGH, PA 15264	ATM MAINTENANCE & SUPPLIES	900,699
ADVANCED AMC INC 401 1/2 E SHERMAN AVE SUITE 212 COEUR D'ALENE, ID 83814	APPRAISAL SERVICES	698,050
LOOMIS FARGO & CO DEPT CH 10500 PALANTINE, IL 60055	CASH DELIVERY	621,838

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 ► 58

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
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	93,368,670	93,368,670		
b FEE INCOME	522100	33,620,696	32,958,650	662,046	
c GAIN ON SALE OF LOANS	522100	2,084,517	2,084,517		
d GAIN ON OTHER REAL ESTATE OWNED	531390	234,648	234,648		
e					
f All other program service revenue					
g Total. Add lines 2a-2f ▶		129,308,531			

Other Revenue

3 Investment income (including dividends, interest, and other similar amounts) ▶		4,990,059			4,990,059
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	5,481,797	1,431,252			
c Gain or (loss)	5,574,217	996,733			
d Net gain or (loss) ▶	-92,420	434,519			
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 ▶					
11a TAX REFUND	Miscellaneous Revenue	Business Code			
b					
c					
d All other revenue					
e Total. Add lines 11a-11d ▶					
12 Total revenue. See Instructions ▶					

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	317,000			
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	25,000			
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.	6,314,850			
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.	31,639,766			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	3,634,020			
9 Other employee benefits.	4,338,498			
10 Payroll taxes.	3,086,509			
11 Fees for services (non-employees):				
a Management.				
b Legal.	84,756			
c Accounting.	276,180			
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).	1,132,251			
12 Advertising and promotion.	4,872,449			
13 Office expenses.	5,253,490			
14 Information technology.	3,519,650			
15 Royalties.				
16 Occupancy.	2,168,663			
17 Travel.	874,044			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	240,617			
20 Interest.	17,918,303			
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	4,033,669			
23 Insurance.	481,833			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a PROVISION FOR LOAN LOSS	11,964,000			
b LOAN SERVICING EXPENSE	4,528,248			
c ATM/VISA CARD EXPENSES	2,863,328			
d OTHER OPERATING EXPENSE	482,754			
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	110,049,878			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck 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		28,737,128	1	34,781,569	
	2	Savings and temporary cash investments		144,601,345	2	105,478,057	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			4		
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		15,342,803	5	32,758,734	
	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		1,604,710,556	7	1,802,163,249	
	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges		3,159,044	9	3,250,020	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	76,992,485			
	b	Less: accumulated depreciation	10b	25,564,803	52,253,155	10c	51,427,682
	11	Investments—publicly traded securities			11		
	12	Investments—other securities. See Part IV, line 11		169,575,227	12	183,560,372	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets		104,096	14	308,719	
	15	Other assets. See Part IV, line 11		37,084,835	15	53,320,848	
16	Total assets. Add lines 1 through 15 (must equal line 34)		2,055,568,189	16	2,267,049,250		
Liabilities	17	Accounts payable and accrued expenses		33,692,879	17	30,777,396	
	18	Grants payable			18		
	19	Deferred revenue		464,830	19	304,338	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		547,571	21	721,766	
	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		88,588,366	23	105,750,000	
	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		1,726,211,947	25	1,898,669,918	
	26	Total liabilities. Add lines 17 through 25		1,849,505,593	26	2,036,223,418	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► ☐ 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 ► ☒ 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		206,062,596	32	230,825,832	
33	Total net assets or fund balances		206,062,596	33	230,825,832		
34	Total liabilities and net assets/fund balances		2,055,568,189	34	2,267,049,250		

Part XI Reconciliation of Net AssetsCheck 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	134,931,984
2	Total expenses (must equal Part IX, column (A), line 25)	2	110,049,878
3	Revenue less expenses Subtract line 2 from line 1	3	24,882,106
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	206,062,596
5	Net unrealized gains (losses) on investments	5	-1,728,393
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	1,609,523
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	230,825,832

Part XII Financial Statements and ReportingCheck 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: 91-0863377

Name: NUMERICA CREDIT UNION

Form 990 (2018)

Form 990, Part III, Line 4a:

PROVIDE FINANCIAL SERVICES TO 146,411 MEMBERS THESE SERVICES INCLUDE, BUT ARE NOT LIMITED TO, PROVIDING REAL ESTATE AND OTHER SECURED/UNSECURED CONSUMER AND BUSINESS LOANS, CHECKING AND SAVINGS PROGRAMS, AND CREDIT CARD 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			
HUPP RON CHAIRMAN	8 00	X		X				21,219	0	0
MORTENSEN WES VICE CHAIRMAN	8 00	X		X				10,153	0	0
NIELSEN SUSAN SECRETARY	8 00	X		X				15,715	0	0
OCHOA-BRUCK GLORIA DIRECTOR	8 00	X						13,106	0	0
BENSON ADAM DIRECTOR	8 00	X						11,094	0	0
PLUMB SCOTT DIRECTOR	8 00	X						19,950	0	0
SMITH YVONNE DIRECTOR	8 00	X						14,438	0	0
CLARK SCOTT DIRECTOR	8 00	X						12,444	0	0
KITTLITZ LIESEL DIRECTOR	8 00	X						6,577	0	0
HARMON ROBIN DIRECTOR (THROUGH 4/18)	8 00	X						0	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			
CICERO CARLA PRESIDENT/CEO	40 00			X				1,149,714	0	105,386
PLANK KENNETH CHIEF LENDING OFFICER	40 00			X				435,144	0	12,145
LEHN JENNIFER CHIEF OPERATIONS OFFICER	40 00			X				406,615	0	12,639
HARTER NANCY CHIEF BRANDING OFFICER	40 00			X				405,866	0	14,407
LEAVER CINDY CHIEF FINANCIAL OFFICER/CSO	40 00			X				421,605	0	15,088
FERGUSON KELLEY CHIEF INFORMATION OFFICER	40 00			X				384,192	0	16,692
CIANI LYNN CHIEF RISK OFFICER	40 00			X				307,747	0	14,809
CLUTE TROY VP HOME LOAN CENTER	40 00				X			294,363	0	16,543
ERNY JANA SVP OF RETAIL LENDING	40 00				X			278,925	0	9,463
HANSEN GREG SVP OF BUSINESS SERVICES	40 00				X			266,214	0	14,347

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			
STEPHENS ROB SVP OF FINANCE	40 00				X			245,797	0	19,008
GRABICKI MICHELLE VP OF CORPORATE CULTURE	40 00				X			223,058	0	11,935
O'CALLAGHAN JENNIFER SVP OF MARKETING	40 00				X			239,095	0	8,154
SUNDERMAN LISA VP ENTERPRISE RISK MANAGEMENT	40 00				X			205,908	0	12,959
MURRAY KAYCEE SVP INFORMATION TECHNOLOGY	40 00				X			211,090	0	14,361
FOX MARK VP PAYMENT SERVICES	40 00				X			168,699	0	10,652
STIRLING ANDY SVP OF CENTRAL WASHINGTON REGION	40 00				X			213,190	0	24,343
MELCHER JOSHUA VP PRIVATE BUSINESS BANKING SBA TEAM LEADER	40 00					X		240,101	0	15,774
COLTRAIN ERIC FINANCIAL ADVISOR	40 00					X		201,803	0	16,096
FULLER CURT VP COMMERCIAL BANKING TEAM LEADER	40 00					X		199,206	0	13,984

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			
CHAMBERLIN BRYCE PRIVATE BANKING RELATIONSHIP OFFICER 3	40 00					X		187,089	0	9,974
JANIKOWSKI DENNIS VP COMMERCIAL BANKING TEAM LEADER	40 00					X		191,616	0	12,278

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493319094549									
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 NUMERICA CREDIT UNION				Employer identification number 91-0863377									
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? ☐ Yes ☐ 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? ☐ Yes ☐ 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 <table><tr><td>2a</td><td></td></tr><tr><td>2b</td><td></td></tr><tr><td>2c</td><td></td></tr><tr><td>2d</td><td></td></tr></table>				2a		2b		2c		2d	
2a													
2b													
2c													
2d													
a Total number of conservation easements													
b Total acreage restricted by conservation easements													
c Number of conservation easements on a certified historic structure included in (a)													
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register													
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶													
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 ▶ \$													
For Paperwork Reduction Act Notice, see the Instructions for Form 990.													
		Cat No 52283D		Schedule D (Form 990) 2018									

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		13,385,475		13,385,475
b Buildings		39,812,747	11,132,725	28,680,022
c Leasehold improvements		3,843,297	1,695,286	2,148,011
d Equipment		6,343,555	4,660,969	1,682,586
e Other		13,607,411	8,075,823	5,531,588
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				51,427,682

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	1,454,401	C
(3) Other _____		
(A) AVAILABLE FOR SALE SECURITIES	157,644,187	F
(B) NCUSIF DEPOSIT	16,616,920	C
(C) FEDERAL HOME LOAN BANK STOCK	6,426,300	C
(D) OTHER INVESTMENTS	1,418,564	C
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	183,560,372	

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 & DEPOSITS	1,898,669,918	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	1,898,669,918	

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	134,640,689
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	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	134,640,689
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	291,295
c	Add lines 4a and 4b	4c	291,295
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	134,931,984

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	109,758,583
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	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	109,758,583
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	291,295
c	Add lines 4a and 4b	4c	291,295
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	110,049,878

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: 91-0863377
Name: NUMERICA CREDIT UNION

Supplemental Information

Return Reference	Explanation
PART IV, LINE 2B	THE ORGANIZATION HAS ESCROW ACCOUNTS RELATED TO PORTFOLIO MORTGAGES MEMBERS HAVE WITH THE ORGANIZATION

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 AND SUBSIDIARIES ARE SUBJECT TO FEDERAL INCOME TAXES THERE WERE NO SIGNIFICANT INCOME TAXES FOR THE YEARS ENDED DECEMBER 31, 2018 OR 2017 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 MATERIAL UNRECOGNIZED TAX POSITIONS AT DECEMBER 31, 2018 OR 2017 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 A FEDERAL EXEMPT ORGANIZATION RETURN AND A SALES AND USE TAX RETURN WITH THE STATE OF WASHINGTON AND A STATE INCOME TAX RETURN WITH THE STATE OF IDAHO

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	RECLASS TAX REFUND TO REVENUE 291,295

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	RECLASS TAX REFUND TO REVENUE 291,295

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Department of the
Treasury
Internal Revenue Service

Name of the organization
NUMERICA CREDIT UNION

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

OMB No 1545-0047

2018

Open to Public
Inspection

Employer identification number
91-0863377

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 10

3 Enter total number of other organizations listed in the line 1 table 0

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) STUDENT AMBASSADOR SCHOLARSHIPS	10	15,000			
(2) FINANCIAL EDUCATION SCHOLARSHIPS	2	5,000			
(3) CONTINUING EDUCATION SCHOLARSHIPS	1	5,000			
(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	DONATIONS ARE ROUTED THROUGH THE COMMUNITY INVOLVEMENT COMMITTEE (CIC) OR THROUGH THE COMMUNICATIONS DEPARTMENT DEPENDING ON THE REQUEST THE REQUEST IS THEN EVALUATED EITHER BY COMMUNICATIONS OR BY THE CIC DONATIONS SUB-COMMITTEE AND A DETERMINATION MADE AS TO THE AMOUNT TO BE DONATED ALL ACKNOWLEDGEMENTS ARE RETAINED AND RECIPIENTS OF THE DONATIONS RECORDED ALL RECIPIENTS ARE WELL KNOWN LOCAL ORGANIZATIONS NUMERICA ASSUMES THAT ALL GRANT FUNDS ARE USED WITHIN THE U S BUT DOES NOT MONITOR THE USE OF FUNDS PAST THE DATE OF CONTRIBUTION FOR INDIVIDUAL SCHOLARSHIPS, CANDIDATES ARE INVITED FOR AN INTERVIEW WITH A PANEL OF JUDGES THAT INCLUDES TWO NUMERICA EMPLOYEES AND AT LEAST THREE COMMUNITY PARTNERS THE PANEL SELECTS THE SCHOLARSHIP REEPIENT SCHOLARSHIPS ARE SENT DIRECTLY TO THE COLLEGE THEY ARE ATTENDING WITH A LETTER EXPLAINING THEY ARE TO BE USED FOR TUITION

Additional Data

Software ID:
Software Version:
EIN: 91-0863377
Name: NUMERICA 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
EWU FOUNDATION 102 HARGREAVES HALL CHENEY, WA 99004	91-1019819	501(C)(3)	70,000				GENERAL SUPPORT
VOLUNTEERS OF AMERICA - HOPE HOUSE 525 W 2ND AVE SPOKANE, WA 99201	91-0577131	501(C)(3)	40,000				GENERAL SUPPORT

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
INW COMMUNITY FOUNDATION 421 W RIVERSIDE SUITE 606 SPOKANE, WA 99201	91-0941053	501(C)(3)	33,000				GENERAL SUPPORT
DAYBREAK YOUTH SERVICES 960 E 3RD AVE SPOKANE, WA 99202	91-1083936	501(C)(3)	30,000				GENERAL SUPPORT

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
BOYS & GIRLS CLUB OF BENTON & FRANKLIN PO BOX 1322 PASCO, WA 99301	91-1673377	501(C)(3)	30,000				GENERAL SUPPORT
BIG TABLE PO BOX 372 SPOKANE, WA 99210	20-8931223	501(C)(3)	25,000				GENERAL SUPPORT

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
FAMILY PROMISE OF SPOKANE 904 HARTSON AVE SPOKANE, WA 99202	91-1707988	501(C)(3)	20,000				GENERAL SUPPORT
YMCA SPOKANE 1126 N MONROE SPOKANE, WA 99201	91-0827958	501(C)(3)	17,000				GENERAL SUPPORT

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
SNAP 3102 W FT GEORGE WRIGHT DR SPOKANE, WA 99224	91-1311127	501(C)(3)	10,000				GENERAL SUPPORT
CHILDREN'S MIRACLE NETWORK 205 W 700 SOUTH SALT LAKE CITY, UT 84101	87-0387205	501(C)(3)	7,000				GENERAL SUPPORT

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 <u>www.irs.gov/Form990</u> for instructions and the latest information.		OMB No 1545-0047
			2018
			Open to Public Inspection
Name of the organization NUMERICA CREDIT UNION		Employer identification number 91-0863377	

Part I Questions Regarding Compensation			Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.				
☐ First-class or charter travel ☒ Travel for companions ☒ Tax indemnification and gross-up payments ☐ Discretionary spending account	☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ 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.				
☒ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations	☐ Written employment contract ☒ Compensation survey or study ☒ 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	No
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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			4c	No
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? If "Yes," on line 5a or 5b, describe in Part III.			5b	
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? If "Yes," on line 6a or 6b, describe in Part III.			6b	
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.

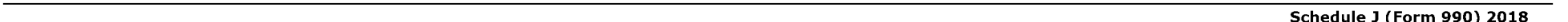
See Additional Data TableSchedule J (Form 990) 2018

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	BOARD MEMBERS WHO HAVE COMPANIONS TRAVELING HAVE THESE EXPENSES INCLUDED FOR TAXABLE PURPOSES IN THEIR 1099-MISC. TAX PAYMENTS ARE PROVIDED FOR EXECUTIVE LEVEL STAFF ON THE TAXABLE BENEFIT OF AN INTEREST-FREE LOAN ON A SPLIT DOLLAR LIFE INSURANCE POLICY. WELLNESS EXPENSES SUCH AS HEALTH CLUB DUES ARE PROVIDED FOR EXECUTIVE MANAGEMENT AS A BENEFIT. THEIR COMPENSATION IS TAXED APPROPRIATELY FOR THIS BENEFIT.

Return Reference	Explanation
PART I, LINE 4B	CARLA CICERO, CEO, PARTICIPATES IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN THE AMOUNT EARNED IN 2018 WAS \$51,415



Additional Data

Software ID:
Software Version:
EIN: 91-0863377
Name: NUMERICA 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				
CICERO CARLA PRESIDENT/CEO	(i)	584,701	395,837	169,176	100,264	5,122	1,255,100	0
	(ii)	0	0	0	0	0	0	0
PLANK KENNETH CHIEF LENDING OFFICER	(i)	278,070	99,850	57,224	4,123	8,022	447,289	0
	(ii)	0	0	0	0	0	0	0
LEHN JENNIFER CHIEF OPERATIONS OFFICER	(i)	309,165	89,359	8,091	7,194	5,445	419,254	0
	(ii)	0	0	0	0	0	0	0
HARTER NANCY CHIEF BRANDING OFFICER	(i)	271,029	95,125	39,712	7,525	6,882	420,273	0
	(ii)	0	0	0	0	0	0	0
LEAVER CINDY CHIEF FINANCIAL OFFICER/CSO	(i)	291,590	97,911	32,104	7,066	8,022	436,693	0
	(ii)	0	0	0	0	0	0	0
FERGUSON KELLEY CHIEF INFORMATION OFFICER	(i)	275,519	84,024	24,649	8,250	8,442	400,884	0
	(ii)	0	0	0	0	0	0	0
CIANI LYNN CHIEF RISK OFFICER	(i)	240,325	60,361	7,061	6,787	8,022	322,556	0
	(ii)	0	0	0	0	0	0	0
CLUTE TROY VP HOME LOAN CENTER	(i)	187,045	106,834	484	8,521	8,022	310,906	0
	(ii)	0	0	0	0	0	0	0
ERNY JANA SVP OF RETAIL LENDING	(i)	193,747	84,687	491	0	9,463	288,388	0
	(ii)	0	0	0	0	0	0	0
HANSEN GREG SVP OF BUSINESS SERVICES	(i)	193,953	70,173	2,088	5,257	9,090	280,561	0
	(ii)	0	0	0	0	0	0	0
STEPHENS ROB SVP OF FINANCE	(i)	193,923	51,406	468	7,173	11,835	264,805	0
	(ii)	0	0	0	0	0	0	0
GRABICKI MICHELLE VP OF CORPORATE CULTURE	(i)	178,216	44,377	465	5,350	6,585	234,993	0
	(ii)	0	0	0	0	0	0	0
O'CALLAGHAN JENNIFER SVP OF MARKETING	(i)	190,015	44,443	4,637	132	8,022	247,249	0
	(ii)	0	0	0	0	0	0	0
SUNDERMAN LISA VP ENTERPRISE RISK MANAGEMENT	(i)	164,546	40,930	432	4,937	8,022	218,867	0
	(ii)	0	0	0	0	0	0	0
MURRAY KAYCEE SVP INFORMATION TECHNOLOGY	(i)	172,724	37,891	475	6,319	8,042	225,451	0
	(ii)	0	0	0	0	0	0	0
FOX MARK VP PAYMENT SERVICES	(i)	134,208	34,249	242	4,067	6,585	179,351	0
	(ii)	0	0	0	0	0	0	0
STIRLING ANDY SVP OF CENTRAL WASHINGTON REGION	(i)	167,788	42,518	2,884	8,521	15,822	237,533	0
	(ii)	0	0	0	0	0	0	0
MELCHER JOSHUA VP PRIVATE BUSINESS BANKING SBA TEAM	(i)	149,685	89,885	531	5,652	10,122	255,875	0
	(ii)	0	0	0	0	0	0	0
COLTRAIN ERIC FINANCIAL ADVISOR	(i)	49,400	152,257	146	5,674	10,422	217,899	0
	(ii)	0	0	0	0	0	0	0
FULLER CURT VP COMMERCIAL BANKING TEAM LEADER	(i)	136,589	61,603	1,014	4,102	9,882	213,190	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				
CHAMBERLIN BRYCE PRIVATE BANKING RELATIONSHIP OFFICER	(i)	110,632	76,164	293	1,289	8,685	197,063	0
	(ii)	0	0	0	0	0	0	0
JANIKOWSKI DENNIS VP COMMERCIAL BANKING TEAM LEADER	(i)	143,675	47,604	337	2,156	10,122	203,894	0
	(ii)	0	0	0	0	0	0	0

Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
NUMERICA CREDIT UNION

Employer identification number
91-0863377

Part I

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II

Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
See Additional Data Table												
Total						▶ \$ 32,758,734						

Part III

Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information

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

Return Reference	Explanation
------------------	-------------

Additional Data

Software ID:
Software Version:
EIN: 91-0863377
Name: NUMERICA CREDIT UNION

Form 990, Schedule L, Part II - Loans to and from Interested Persons

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
CICERO CARLA	CHIEF EXECUTIVE OFFICER	SPLIT DOLLAR LIFE INSURANCE POLICY		X	12,173,272	12,234,712		No	Yes		Yes	
LEHN JENNIFER A	CHIEF OPERATIONS OFFICER	SPLIT DOLLAR LIFE INSURANCE POLICY		X	1,665,148	1,673,552		No	Yes		Yes	
NORBURY- HARTERNANCY	CHIEF BRANDING OFFICER	SPLIT DOLLAR LIFE INSURANCE POLICY		X	3,076,916	3,092,446		No	Yes		Yes	
FERGUSON KELLEY	CHIEF INFORMATION OFFICER	SPLIT DOLLAR LIFE INSURANCE POLICY		X	3,261,694	3,278,156		No	Yes		Yes	
PLANK KEN	CHIEF LENDING OFFICER	SPLIT DOLLAR LIFE INSURANCE POLICY		X	4,569,112	4,592,172		No	Yes		Yes	
CIANI LYNN	EVP - GENERAL COUNCIL	SPLIT DOLLAR LIFE INSURANCE POLICY		X	772,040	775,937		No	Yes		Yes	
LEAVER CYNTHIA J	CHIEF FINANCIAL OFFICER	SPLIT DOLLAR LIFE INSURANCE POLICY		X	1,540,000	1,540,000		No	Yes		Yes	
CHAMBERLIN BRYCE	PRIVATE BANKING RELATIONSHIP OFFICER III	MORTGAGE LOAN		X	44,299	44,299		No		No	Yes	
CIANI LYNN	EVP - GENERAL COUNCIL	MORTGAGE LOAN		X	333,600	286,922		No		No	Yes	
CIANI LYNN	EVP - GENERAL COUNCIL	AUTO LOAN		X	62,170	39,761		No		No	Yes	
CICERO CARLA	CHIEF EXECUTIVE OFFICER	MORTGAGE LOAN		X	562,500	425,278		No		No	Yes	
CLUTE TROY	SVP HOME LOANS AND DEALER SERVICES	MORTGAGE LOAN		X	51,545	51,545		No		No	Yes	
CLUTE TROY	SVP HOME LOANS AND DEALER SERVICES	AUTO LOAN		X	38,000	6,838		No		No	Yes	
COLTRAINERIC	FINANCIAL ADVISOR	MORTGAGE LOAN		X	46,500	35,536		No		No	Yes	
ERNY JANA	SVP RETAIL EXPERIENCE AND OPERATIONS	MORTGAGE LOAN		X	76,295	74,000		No		No	Yes	

Form 990, Schedule L, Part II - Loans to and from Interested Persons												
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
ERNY JANA	SVP RETAIL EXPERIENCE AND OPERATIONS	MORTGAGE LOAN		X	225,145	203,786		No		No	Yes	
ERNY JANA	SVP RETAIL EXPERIENCE AND OPERATIONS	AUTO LOAN		X	13,575	9,326		No		No	Yes	
ERNY JANA	SVP RETAIL EXPERIENCE AND OPERATIONS	OTHER PERSONAL LINE OF CREDIT		X	30,000	23,000		No		No	Yes	
FERGUSON KELLEY	CHIEF INFORMATION OFFICER	MORTGAGE LOAN		X	537,562	527,929		No		No	Yes	
FERGUSON KELLEY	CHIEF INFORMATION OFFICER	MORTGAGE LOAN		X	106,444	108,864		No		No	Yes	
FERGUSON KELLEY	CHIEF INFORMATION OFFICER	MORTGAGE LOAN		X	224,000	146,732		No		No	Yes	
FOX MARK	SVP PAYMENTS AND DIGITAL	MORTGAGE LOAN		X	36,811	35,430		No		No	Yes	
FOX MARK	SVP PAYMENTS AND DIGITAL	MORTGAGE LOAN		X	508,000	496,025		No		No	Yes	
FULLER CURT	VP COMMERCIAL BANKING TEAM LEADER	AUTO LOAN		X	18,350	1,064		No		No	Yes	
GRABICKI MICHELLE	SVP CORPORATE CULTURE	MORTGAGE LOAN		X	417,000	376,281		No		No	Yes	
HANSEN GREG	SVP BUSINESS SERVICES AND RETAIL LENDING	AUTO LOAN		X	16,585	8,047		No		No	Yes	
HUPP RON	BOARD OF DIRECTORS	MORTGAGE LOAN		X	338,000	77,325		No		No	Yes	
HUPP RON	BOARD OF DIRECTORS	AUTO LOAN		X	200,000	6,566		No		No	Yes	
HUPP RON	BOARD OF DIRECTORS	AUTO LOAN		X	34,472	32,299		No		No	Yes	
JANIKOWSKI DENNIS	VP COMMERCIAL BANKING TEAM LEADER-TRI-CITIES	AUTO LOAN		X	29,969	18,259		No		No	Yes	

Form 990, Schedule L, Part II - Loans to and from Interested Persons												
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
JANIKOWSKI DENNIS	VP COMMERCIAL BANKING TEAM LEADER-TRI-CITIES	AUTO LOAN		X	47,900	47,424		No		No	Yes	
JANIKOWSKI DENNIS	VP COMMERCIAL BANKING TEAM LEADER-TRI-CITIES	AUTO LOAN		X	23,173	22,978		No		No	Yes	
LEAVER CYNTHIA J	CHIEF FINANCIAL OFFICER	MORTGAGE LOAN		X	77,333	74,234		No		No	Yes	
LEAVER CYNTHIA J	CHIEF FINANCIAL OFFICER	MORTGAGE LOAN		X	363,920	329,877		No		No	Yes	
LEAVER CYNTHIA J	CHIEF FINANCIAL OFFICER	AUTO LOAN		X	14,657	7,278		No		No	Yes	
LEAVER CYNTHIA J	CHIEF FINANCIAL OFFICER	AUTO LOAN		X	49,532	32,412		No		No	Yes	
LEAVER CYNTHIA J	CHIEF FINANCIAL OFFICER	OTHER EMPLOYEE COMPUTER LOAN		X	1,380	451		No		No	Yes	
LEHN JENNIFER A	CHIEF OPERATIONS OFFICER	MORTGAGE LOAN		X	100,000	16,854		No		No	Yes	
LEHN JENNIFER A	CHIEF OPERATIONS OFFICER	MORTGAGE LOAN		X	136,000	2,209		No		No	Yes	
LEHN JENNIFER A	CHIEF OPERATIONS OFFICER	MORTGAGE LOAN		X	216,000	138,987		No		No	Yes	
MELCHER JOSH	VP PRIVATE & BUSINESS BANKING AND SBA	AUTO LOAN		X	28,581	24,799		No		No	Yes	
MURRAY KAYCEE	SVP INFORMATION TECHNOLOGY	MORTGAGE LOAN		X	417,000	395,846		No		No	Yes	
NORBURY-HARTERN	CHIEF BRANDING OFFICER	MORTGAGE LOAN		X	417,000	376,230		No		No	Yes	
O'CALLAGHAN JEN	SVP OF MARKETING	MORTGAGE LOAN		X	122,000	119,851		No		No	Yes	
O'CALLAGHAN JEN	SVP OF MARKETING	MORTGAGE LOAN		X	133,000	132,939		No		No	Yes	

Form 990, Schedule L, Part II - Loans to and from Interested Persons

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
O'CALLAGHAN JEN	SVP OF MARKETING	AUTO LOAN		X	48,800	42,324		No		No	Yes	
PLANK KEN	CHIEF LENDING OFFICER	MORTGAGE LOAN		X	658,750	651,429		No		No	Yes	
PLANK KEN	CHIEF LENDING OFFICER	AUTO LOAN		X	31,881	23,511		No		No	Yes	
PLANK KEN	CHIEF LENDING OFFICER	AUTO LOAN		X	19,000	14,982		No		No	Yes	
STEPHENS ROB	SVP FINANCE	MORTGAGE LOAN		X	93,750	82,032		No		No	Yes	

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.

OMB No 1545-0047

2018**Open to Public
Inspection**

Department of the Treasury

Name of the organization
NUMERICA CREDIT UNION

Employer identification number

91-0863377

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION HAS ONE CLASS OF MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE ORGANIZATION'S MEMBERS MAY ELECT ONE OR MORE MEMBERS OF THE GOVERNING BODY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE ORGANIZATION'S MEMBERS MUST APPROVE CERTAIN INFREQUENT DECISIONS OF THE GOVERNING BODY FOR EXAMPLE, A MERGER WOULD REQUIRE MEMBER APPROVAL

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS REVIEWED BY EXECUTIVE MANAGEMENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THERE IS AN ANNUAL CERTIFICATION PROCESS WHERE THE CODE OF ETHICS POLICY FOR VOLUNTEERS IS REVIEWED WHEN THERE IS A PERSONAL INTEREST, EVEN IF ONLY IN APPEARANCE, SUCH INTEREST MUST BE DISCLOSED AND THE NATURE OF SUCH INTEREST DESCRIBED TO THE BOARD PRIOR TO THE TIME ANY ACTION IS TAKEN THE INTERESTED PARTY SHALL NOT DIRECTLY OR INDIRECTLY PARTICIPATE IN ANY DELIBERATION OR DETERMINATION OF THE MATTER AND SHOULD TAKE ALL REASONABLE STEPS TO AVOID THE CONFLICT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	A COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE CEO'S CONTRACT ANNUALLY AND USES DATA FROM VARIOUS SURVEYS TO PROVIDE SUBSTANTIATION OF THE DELIBERATION AND DECISIONS REGARDING THE CEO'S ANNUAL BONUS AND SALARY. ALL OF THE SALARY RANGES FOR THE ENTIRE ORGANIZATION ARE SET BASED ON VARIOUS SALARY SURVEYS, INCLUDING EXECUTIVE SALARY SURVEY. THE SURVEYS ARE OF FINANCIAL INSTITUTIONS OF SIMILAR SIZE AND REGION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATION'S FORM 1024 AND FORM 990 ARE AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	EQUITY TRANSFERRED IN MERGER 1,609,523

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493319094549	
SCHEDULE R (Form 990)	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. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.				OMB No 1545-0047
					2018
	Department of the Treasury Internal Revenue Service	Open to Public Inspection			
Name of the organization NUMERICA CREDIT UNION				Employer identification number 91-0863377	

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

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
(1) NUMERICA MEMBER SERVICES INC PO BOX 4000 SPOKANE VALLEY, WA 99037 91-1320629	FINANCIAL PLANNING SERVICE	WA	NUMERICA CREDIT UNION	C		495,765	100 000 %	Yes	

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

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

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)

Return Reference	Explanation