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Form 990-PF

Department of the Treasury
Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No 1545-0052

2018

Open to Public Inspection

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

Name of foundation
BECU FOUNDATION

Number and street (or P.O. box number if mail is not delivered to street address)
12770 GATEWAY DR S MAILSTOP 1011-1

City or town, state or province, country, and ZIP or foreign postal code
TUKWILA, WA 98168

G Check all that apply

☐ Initial return

☐ Initial return of a former public charity

☐ Final return

☐ Amended return

☐ Address change

☐ Name change

H Check type of organization

☒ Section 501(c)(3) exempt private foundation

☐ Section 4947(a)(1) nonexempt charitable trust

☐ Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 4,375,055

J Accounting method

☐ Cash

☒ Accrual

☐ Other (specify) (Part I, column (d) must be on cash basis)

A Employer identification number
91-1703337

B Telephone number (see instructions)
(206) 439-5700

C If exemption application is pending, check here

D 1. Foreign organizations, check here
2. Foreign organizations meeting the 85% test, check here and attach computation

E If private foundation status was terminated under section 507(b)(1)(A), check here

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	784,588		
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B			
	3 Interest on savings and temporary cash investments	1,038	1,038	
	4 Dividends and interest from securities	98,456	98,456	
	5a Gross rents			
	b Net rental income or (loss)			
	6a Net gain or (loss) from sale of assets not on line 10	148,128		
	b Gross sales price for all assets on line 6a	1,850,726		
	7 Capital gain net income (from Part IV, line 2)		148,128	
	8 Net short-term capital gain			
	9 Income modifications			
	10a Gross sales less returns and allowances			
b Less Cost of goods sold				
c Gross profit or (loss) (attach schedule)				
11 Other income (attach schedule)				
12 Total. Add lines 1 through 11	1,032,210	247,622		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0	0	0
	14 Other employee salaries and wages			
	15 Pension plans, employee benefits			
	16a Legal fees (attach schedule)			
	b Accounting fees (attach schedule)	14,000	2,800	11,200
	c Other professional fees (attach schedule)	58,536	58,536	0
	17 Interest			
	18 Taxes (attach schedule) (see instructions)	2,500	0	0
	19 Depreciation (attach schedule) and depletion			
	20 Occupancy			
	21 Travel, conferences, and meetings			
	22 Printing and publications			
	23 Other expenses (attach schedule)	136,304	0	49,119
	24 Total operating and administrative expenses. Add lines 13 through 23	211,340	61,336	60,319
	25 Contributions, gifts, grants paid	201,000		201,000
	26 Total expenses and disbursements. Add lines 24 and 25	412,340	61,336	261,319
	27 Subtract line 26 from line 12			
	a Excess of revenue over expenses and disbursements	619,870		
	b Net investment income (if negative, enter -0-)		186,286	
c Adjusted net income (if negative, enter -0-)				

For Paperwork Reduction Act Notice, see instructions.

Cat No 11289X

Form 990-PF (2018)

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	148,311	318,482	318,482
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)	1,041,529	1,047,681	1,047,681
	b Investments—corporate stock (attach schedule)	2,308,613	2,636,983	2,636,983
	c Investments—corporate bonds (attach schedule)	678,328	349,063	349,063
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	15,856	22,846	22,846
	14 Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	4,192,637	4,375,055	4,375,055	
Liabilities	17 Accounts payable and accrued expenses	1,701	1,796	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	1,701	1,796	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	1,939,460	2,310,140	
	25 Temporarily restricted	441,476	253,119	
	26 Permanently restricted	1,810,000	1,810,000	
	Foundations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 Total net assets or fund balances (see instructions)	4,190,936	4,373,259	
31 Total liabilities and net assets/fund balances (see instructions) .	4,192,637	4,375,055		

Part III Analysis of Changes in Net Assets or Fund Balances		
1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	4,190,936
2 Enter amount from Part I, line 27a	2	619,870
3 Other increases not included in line 2 (itemize) ▶ _____	3	0
4 Add lines 1, 2, and 3	4	4,810,806
5 Decreases not included in line 2 (itemize) ▶ _____	5	437,547
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	4,373,259

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a ST CAPITAL GAIN DISTRIBUTION	P		
b PUBLICLY TRADED STOCK LT	P		
c LT CAPITAL GAIN DISTRIBUTION	P		
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 278			278
b 1,847,419		1,702,598	144,821
c 3,029			3,029
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
a			278
b			144,821
c			3,029
d			
e			

2 Capital gain net income or (net capital loss)	2	148,128
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2017	303,835	3,820,026	0 079537
2016	267,942	3,235,517	0 082813
2015	285,294	3,064,129	0 093108
2014	267,510	2,946,343	0 090794
2013	184,509	2,626,200	0 070257

2 Total of line 1, column (d)	2	0 416509
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years	3	0 083302
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	4,301,334
5 Multiply line 4 by line 3	5	358,310
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	1,863
7 Add lines 5 and 6	7	360,173
8 Enter qualifying distributions from Part XII, line 4	8	261,319

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	1	3,726
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	3,726
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	3,726
6	Credits/Payments		
a	2018 estimated tax payments and 2017 overpayment credited to 2018	6a	2,500
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	1,500
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments. Add lines 6a through 6d.	7	4,000
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	34
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶	10	240
11	Enter the amount of line 10 to be Credited to 2019 estimated tax ▶ 240 Refunded ▶	11	0

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ _____ 0 (2) On foundation managers ▶ \$ _____ 0		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____ 0		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities	2	No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ WA		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation .	8b	Yes
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2018 or the taxable year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV	9	No
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions.	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address WWW BECU ORG	13	Yes	
14	The books are in care of RACHEL VAN NOORD Telephone no (206) 439-5700			
	Located at 12770 GATEWAY DR S TUKWILA WA ZIP+4 98168			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year 15			
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ▶	16	Yes	No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions. Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/>	1b		No
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? If "Yes," list the years ▶ 20____, 20____, 20____, 20____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions).	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a	During the year did the foundation pay or incur any amount to		Yes	No
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions.		5b	No
	Organizations relying on a current notice regarding disaster assistance check here.	<input type="checkbox"/>		
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945–5(d)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6b	No
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7b	
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?			
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
BRUCE FLORSHEIM 12770 GATEWAY DR S TUKWILA, WA 98168	PRESIDENT 1 00	0	0	0
ANDREA MAIN 12770 GATEWAY DR S TUKWILA, WA 98168	VICE PRESIDENT 1 00	0	0	0
ROGER MAULDIN 12770 GATEWAY DR S TUKWILA, WA 98168	TREASURER 1 00	0	0	0
RACHEL VAN NOORD 12770 GATEWAY DR S TUKWILA, WA 98168	SECRETARY/EXECUTIVE DIRECTOR 1 00	0	0	0
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000.				0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services. ►		0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3 ►	0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	4,180,514
b	Average of monthly cash balances.	1b	163,476
c	Fair market value of all other assets (see instructions).	1c	22,847
d	Total (add lines 1a, b, and c).	1d	4,366,837
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	4,366,837
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	65,503
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	4,301,334
6	Minimum investment return. Enter 5% of line 5.	6	215,067

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	215,067
2a	Tax on investment income for 2018 from Part VI, line 5.	2a	3,726
b	Income tax for 2018 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	3,726
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	211,341
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	211,341
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	211,341

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	261,319
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	261,319
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	261,319

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				211,341
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2018				
a From 2013.	184,509			
b From 2014.	268,954			
c From 2015.	286,127			
d From 2016.	106,282			
e From 2017.	116,612			
f Total of lines 3a through e.	962,484			
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ 261,319				
a Applied to 2017, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2018 distributable amount.				211,341
e Remaining amount distributed out of corpus	49,978			
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a))	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,012,462			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions).	184,509			
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	827,953			
10 Analysis of line 9				
a Excess from 2014.	268,954			
b Excess from 2015.	286,127			
c Excess from 2016.	106,282			
d Excess from 2017.	116,612			
e Excess from 2018.	49,978			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c.					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

Part XV

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

RACHEL VAN NOORD
12770 GATEWAY DR S
TUKWILA, WA 98168
(206) 439-5700
RACHEL VANNOORD@BECU.ORG

b The form in which applications should be submitted and information and materials they should include

FORM IS AVAILABLE ONLINE JANUARY 1ST AT WWW.BECU.ORG

c Any submission deadlines

MARCH 31ST

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

NO RESTRICTIONS OR LIMITATIONS

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	
b <i>Approved for future payment</i>				
Total			▶ 3b	

Enter gross amounts unless otherwise indicated

[illegible]

Part XVII

	Yes	No
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1a(1)	No
-------	----

1a(1)		No
1a(2)		No

--	--	--

1b(1)	No
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1b(2)	No
-------	----

1b(3)	No
--------------	-----------

1b(4)		No
--------------	--	-----------

1b(5)		No
--------------	--	-----------

1b(6)		No
--------------	--	-----------

1c	Yes	
-----------	------------	--

value
ue

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations

described in section 501(c) (other than section 501(c)(3)) or in section 527? ☒ Yes ☐ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
BOEING EMPLOYEES' CREDIT UNION	501(C)(14)	SUBSTANTIAL CONTRIBUTOR

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here ▶ ***** 2019-11-08 *****
 Signature of officer or trustee Date Title

May the IRS discuss this return with the preparer shown below

(see instr)? ☒ Yes ☐ No

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	WENDY CAMPOS		2019-11-08		P00448102
	Firm's name ► MOSS ADAMS LLP				Firm's EIN ► 91-0189318
	Firm's address ► 601 W RIVERSIDE AVENUE STE 1800 SPOKANE, WA 99201				Phone no (509) 747-2600

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PHUONG NGUYEN12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	3,500
VALERIE TSE12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
EMMA TAUPIN12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
Total ▶ 3a				201,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
DERIAN WILLIAMS 12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
BETHANY LOCKE12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
VY NGUYEN12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
Total ▶ 3a				201,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MADELEINE SCHWITTERS 12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
EUNICE NDUNGU12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
CARSON MIELKE12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
Total ▶ 3a				201,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
JOSHUA WONG12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
THOMAS RICH12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
MADISEN BARRE-HEMINGWAY 12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
Total ▶ 3a				201,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CHERYL LEE12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
VEENADHARI KOLLIPARA 12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
KINSEY MANNING12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
Total ▶ 3a				201,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MARCELINO VARGAS-PENALVER 12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
JONATHAN WEISER 12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
EMILY SIANGKAM12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
Total ▶ 3a				201,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SOPHIE SANDS12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
ELI ARAO12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
PETER GUYON12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
Total ▶ 3a				201,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ELIZABETH MIN12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
GURLEEN BIRK12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
DANIELLE SCANES 12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
Total ▶ 3a				201,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SARAH WOLCOTT12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
EMMA LIEN12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
ROBERT WILKEY12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
Total ▶ 3a				201,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
KAITLYN KITELEY12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
TURNER RILEY12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
MADELINE SEIDEL 12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
Total ▶ 3a				201,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
JEHANNAH SOLLMANN 12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
KELSEY GREEN12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
JORDAN KENDALL 12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
Total ▶ 3a				201,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FRANCESCA LEONARD 12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
CAMERON MASTERS 12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
PEYTON WRIGHT12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
Total ▶ 3a				201,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
TIANNA MAE ANDRESEN 12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
HANNAH LEA 12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
PEYTON LEE 12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
Total ▶ 3a				201,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
JASE PAULSEN12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
ANGELA LEE12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
ASHLEY MOWREADER 12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
Total ▶ 3a				201,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HANNAH WISTI12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
MICHAEL ZENDEJAS 12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
MISHEL MUZYCHUK 12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
Total ▶ 3a				201,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ALYSSA RYSER12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
CHRISTINA TUTTLE 12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
LEAH DEOBALD12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
Total ▶ 3a				201,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ELINOR HAMBLIN12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
ANNE LEE12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
GRACE SCUDERI12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
Total ▶ 3a				201,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
KARLYN STOKES12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
J STARKE12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
SKYLAR FORD12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
Total ▶ 3a				201,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
EVA KELLER12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
EVAN ANDERSON12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
NIRVANA HOPE12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
Total ▶ 3a				201,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
EBNEAZER TSEGAYE 12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
CLAUDIO CARRASCO 12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
ZANIA STERLING12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
Total ► 3a				201,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
KATERINA ZHURAVEL 12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
REGAN DENNY12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
MARIELA GALVAN12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
Total ▶ 3a				201,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
KARI NASU12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
PEARL NGUYEN12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
KAYLA COOK12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
Total ▶ 3a				201,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
KEVIN MAI12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
JOSEPH POLLINO12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
CHARLES ROLL12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
Total ▶ 3a				201,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ALICIA SIGALA12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
VIVIEN ZOLLER12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
KENDRA MORRIS12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
Total ▶ 3a				201,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SAGE BITTER12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
MARYAM HUSSAIN 12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
ANDREW BENDOKAS 12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
Total ▶ 3a				201,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
KASSI BLANCHARD 12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
BRIANNA ARNOLD 12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
MATTHEW BATTERN 12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
Total ► 3a				201,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
LILY AKSAN12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
RYSHUN SAMPSON 12770 GATEWAY DR S TUKWILA, WA 98168	BECU MEMBER	I	SCHOLARSHIP	2,500
Total ▶ 3a				201,000

TY 2018 Accounting Fees Schedule**Name:** BECU FOUNDATION**EIN:** 91-1703337

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
AUDIT EXPENSE	6,229	1,246		4,983
TAX PREPARATION FEES	7,771	1,554		6,217

TY 2018 Investments Corporate Bonds Schedule**Name:** BECU FOUNDATION**EIN:** 91-1703337**Investments Corporate Bonds Schedule**

Name of Bond	End of Year Book Value	End of Year Fair Market Value
ISHARES 1-3 YEAR CREDIT BOND ETF	174,492	174,492
SPDR BARCLAYS SHORT TERM CORPORATE	174,571	174,571

TY 2018 Investments Corporate Stock Schedule**Name:** BECU FOUNDATION**EIN:** 91-1703337**Investments Corporation Stock Schedule**

Name of Stock	End of Year Book Value	End of Year Fair Market Value
ISHARES CORE MSCI EMERGING MKTS	291,198	291,198
ISHARES CORE S&P SMALL-CAP ETF	297,660	297,660
ISHARES TR CORE MSCI EAFE ETF	372,680	372,680
ISHARES S&P MID-CAP 400 VALUE ETF	296,739	296,739
PIMCO ALL ASSET FUND CLASS I #34	93,050	93,050
SPDR S&P 500 ETF TRUST	777,002	777,002
VANGUARD VALUE ETF	508,654	508,654

TY 2018 Investments Government Obligations Schedule**Name:** BECU FOUNDATION**EIN:** 91-1703337**US Government Securities - End
of Year Book Value:**

1,047,681

**US Government Securities - End
of Year Fair Market Value:**

1,047,681

**State & Local Government
Securities - End of Year Book
Value:**

0

**State & Local Government
Securities - End of Year Fair
Market Value:**

0

TY 2018 Investments - Other Schedule

Name: BECU FOUNDATION

EIN: 91-1703337

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
ACCRUED INTEREST/CONTRIBUTIONS	FMV	22,846	22,846

TY 2018 Other Decreases Schedule

Name: BECU FOUNDATION

EIN: 91-1703337

Description	Amount
UNREALIZED GAIN (LOSS) ON INVESTMENTS	437,547

TY 2018 Other Expenses Schedule**Name:** BECU FOUNDATION**EIN:** 91-1703337**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
GOLF TOURNAMENT FEES	87,185	0		0
SCHOLARSHIP ADMINISTRATION EXPENSES	49,119	0		49,119

TY 2018 Other Professional Fees Schedule**Name:** BECU FOUNDATION**EIN:** 91-1703337

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CONSULTING FEES	37,284	37,284		0
INVESTMENT FEES	21,252	21,252		0

TY 2018 Taxes Schedule**Name:** BECU FOUNDATION**EIN:** 91-1703337

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL INCOME TAX	2,500	0		0

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93491319058319	
Schedule B (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>		Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF ▶ Go to www.irs.gov/Form990 for the latest information			OMB No 1545-0047
					2018
Name of the organization BECU FOUNDATION				Employer identification number 91-1703337	

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . ▶ \$ _____

Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization BECU FOUNDATION	Employer identification number 91-1703337
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Part I Contributors (See Instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	See Additional Data Table 	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	 	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	 	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	 	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	 	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	 	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	 	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	 	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)

Employer identification number

91-1703337

Part II	Noncash Property
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[illegible]

Employer identification number

91-1703337

Use duplicate copies of Part III if additional space is needed

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Additional Data

Software ID:
Software Version:
EIN: 91-1703337
Name: BECU FOUNDATION

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	BOEING EMPLOYEES' CREDIT UNION	\$ 249,742	Person <input checked="" type="checkbox"/>
	12770 GATEWAY DR S MAILSTOP 1011-1		Payroll <input type="checkbox"/>
	TUKWILA, WA 98168		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>2</u>	MASTERCARD	\$ 50,000	Person <input checked="" type="checkbox"/>
	100 MANHATTANVILLE ROAD		Payroll <input type="checkbox"/>
	PURCHASE, NY 10577		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>3</u>	PSCU	\$ 50,000	Person <input checked="" type="checkbox"/>
	560 CARILLON PARKWAY		Payroll <input type="checkbox"/>
	SAINT PETERSBURG, FL 33716		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>4</u>	FISERV	\$ 50,000	Person <input checked="" type="checkbox"/>
	255 FISERV DRIVE PO BOX 979		Payroll <input type="checkbox"/>
	BROOKFIELD, WI 53008		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>5</u>	CO-OP FINANCIAL SERVICES	\$ 30,000	Person <input checked="" type="checkbox"/>
	9692 HAVEN AVENUE		Payroll <input type="checkbox"/>
	RANCHO CUCAMONGA, CA 91730		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>6</u>	ZAYO	\$ 15,000	Person <input checked="" type="checkbox"/>
	1805 29TH ST STE 2050		Payroll <input type="checkbox"/>
	BOULDER, CO 80301		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>	LOOMIS	\$ 15,000	Person <input checked="" type="checkbox"/>
	5200 E MARGINAL WAY S		Payroll <input type="checkbox"/>
	SEATTLE, WA 98134		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>8</u>	VISA	\$ 15,000	Person <input checked="" type="checkbox"/>
	1 MARKET ST 600		Payroll <input type="checkbox"/>
	SAN FRANCISCO, CA 94105		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>9</u>	USI	\$ 15,000	Person <input checked="" type="checkbox"/>
	4605 COLUMBUS STREET		Payroll <input type="checkbox"/>
	VIRGINIA BEACH, VA 23462		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>10</u>	NCR	\$ 15,000	Person <input checked="" type="checkbox"/>
	864 SPRING ST NW		Payroll <input type="checkbox"/>
	ATLANTA, GA 30308		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>11</u>	EQUIFAX	\$ 7,500	Person <input checked="" type="checkbox"/>
	1550 PEACHTREE ST NW		Payroll <input type="checkbox"/>
	ATLANTA, GA 30309		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>12</u>	PEGASYSYSTEMS	\$ 7,500	Person <input checked="" type="checkbox"/>
	ONE ROGERS STREET		Payroll <input type="checkbox"/>
	CAMBRIDGE, MA 02142		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>13</u>	WEST MONROE PARTNERS	\$ 7,500	Person <input checked="" type="checkbox"/>
	222 W ADAMS ST 11TH FLOOR		Payroll <input type="checkbox"/>
	CHICAGO, IL 60606		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>14</u>	MX	\$ 7,500	Person <input checked="" type="checkbox"/>
	3401 NORTH THANKSGIVING WAY STE 500		Payroll <input type="checkbox"/>
	LEHI, UT 84043		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>15</u>	MEMBERS TRUST	\$ 7,500	Person <input checked="" type="checkbox"/>
	14025 RIVEREDGE DR STE 280		Payroll <input type="checkbox"/>
	TAMPA, FL 33637		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>16</u>	CATALYST WORKPLACE ACTIVATION	\$ 7,500	Person <input checked="" type="checkbox"/>
	10848 E MARGINAL WAY S		Payroll <input type="checkbox"/>
	SEATTLE, WA 98168		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>17</u>	POINT B	\$ 7,500	Person <input checked="" type="checkbox"/>
	1420 5TH AVE SUITE 500		Payroll <input type="checkbox"/>
	SEATTLE, WA 98101		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>18</u>	BRIDGEFORCE	\$ 7,500	Person <input checked="" type="checkbox"/>
	101 BRICK ROAD SUITE 300		Payroll <input type="checkbox"/>
	CHADDS FORD, PA 19317		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u>	KAYE SMITH	<u> \$ 7,500 </u>	Person <input checked="" type="checkbox"/>
	4101 OAKESDALE AVE SW		Payroll <input type="checkbox"/>
	RENTON, WA 98057		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>20</u>	TRANSUNION	<u> \$ 7,500 </u>	Person <input checked="" type="checkbox"/>
	555 W ADAMS ST		Payroll <input type="checkbox"/>
	CHICAGO, IL 60661		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>21</u>	COLUMBIA PACIFIC WEALTH MGMT	<u> \$ 7,500 </u>	Person <input checked="" type="checkbox"/>
	1910 FAIRVIEW AVE E SUITE 200		Payroll <input type="checkbox"/>
	SEATTLE, WA 98102		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)