Department of the Treasury

# 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 onter cocial cocurity numbers on this form as it may be made public

 $\blacktriangleright$  Do not enter social security numbers on this form as it may be made public.

► Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

s) **2019** 

**DLN: 93493280014610**OMB No. 1545-0047

Open to Public Inspection

		enue Service		innin a 04 04 0010	40.01	2012					
			calendar year, or tax year beg  C Name of organization	inning 01-01-2019 , and ending	12-31-	2019	D Emple	ar idantir	ication number		
		pplicable: change	SOUND CREDIT UNION						ication number		
□ Na		-					91-055	7925			
☐ Ini	tial re	turn	Doing business as								
		n/terminated		mail is not delivered to street address) Ro	om/suite		E Telephon	e number			
		d return ion pending	PO BOV 1505	mail is not delivered to street address) Ro	omysuite		(253) 5	97-7603			
— ~ Pi	pirode	on ponding		ountry, and ZIP or foreign postal code			(233) 3	<i>37 7</i> 7 0 0 3			
			TACOMA, WA 98401	,, <u></u>			<b>G</b> Gross re	ceints \$ 99	9.114.102		
			F Name and address of princi	pal officer:		H(a) Ic	this a group ref		.,		
			DONALD CLARK JR	'			bordinates?	turri ior	□Yes <b>☑</b> No		
			PO BOX 1595 TACOMA, WA 98401			<b>н(ь)</b> Ar	e all subordinat	es	☐ Yes ☐No		
I Tax	k-exe	mpt status	•	(insert no.)	527		cluded? "No." attack a l	ist (sss			
1 187	a bait	ha. > \A/\	WW.SOUNDCU.COM	(Insert no.) 4947(a)(1) or			"No," attach a l oup exemption	•	•		
J 44	ebsii	te:► wv	WW.SOUNDEU.COM			-(-) 01	oup exemption	Hamber			
<b>V</b> Form	o of o	raanization	n: 🗹 Corporation 🗌 Trust 🔲 As	consistion Other	L	Year of fo	ormation: 1940	M State	of legal domicile:		
K I OIII	11 01 0	rgariizatioi	i. La corporation La frust La As	Sociation in Other				WA			
Pa	ırt I	Sum	nmary		'						
			scribe the organization's mission				0 TT0 MEMBER	_			
e Se	:	COOPERA	ATIVE PROVIDING FINANCIAL SE	RVICES, INCLUDING LOANS AND SHA	ARE DEP	OSITS T	O ITS MEMBERS	5.			
æ	:										
E											
Governance				discontinued its operations or dispose	d of mor	e than 2	25% of its net a		_		
	l		=	ning body (Part VI, line 1a)			•	3	9		
~ Sé	l		•	of the governing body (Part VI, line 1	-			4	9		
Ě	l		• •	calendar year 2019 (Part V, line 2a)				5	469		
Activities &	l		mber of volunteers (estimate if n	, ,				6	0		
⋖	l			art VIII, column (C), line 12			•	7a	385,808		
	b	Net unre	elated business taxable income fr	om Form 990-T, line 39				7b	0		
							Prior Year		Current Year		
<u> 9</u> ;	l		tions and grants (Part VIII, line 1	•				0	0		
Ravenue	l	-	service revenue (Part VIII, line 2		74,735,6	532	89,645,251				
Α	l		ent income (Part VIII, column (A)			4,723,6	576	7,046,509			
	11	Other re	venue (Part VIII, column (A), line	s 5, 6d, 8c, 9c, 10c, and 11e)			-131,0		-57,700		
	12	Total rev	enue—add lines 8 through 11 (n	nust equal Part VIII, column (A), line 1	12)		79,328,2	292	96,634,060		
	13	Grants a	ind similar amounts paid (Part IX,	, column (A), lines 1–3)			161,1	173	295,000		
	14	Benefits	paid to or for members (Part IX,	0							
æ	15	Salaries,	other compensation, employee	benefits (Part IX, column (A), lines 5-		25,999,3	369	31,049,122			
Expenses	16a	Professi	onal fundraising fees (Part IX, col	umn (A), line 11e)			0	0			
Š.	Ь	Total fund	Iraising expenses (Part IX, column (D								
ш	17	Other ex	penses (Part IX, column (A), line	s 11a-11d, 11f-24e)			32,051,4	142	2 46,349,877		
	18	Total exp	penses. Add lines 13–17 (must e	qual Part IX, column (A), line 25)			58,211,9	984	77,693,999		
	19	Revenue	e less expenses. Subtract line 18	from line 12			21,116,3	308	18,940,061		
ଞ୍ଚ						Beginn	ing of Current Y	ear	End of Year		
dan		T-+-1	(D+ V - B + C)				1 522 106 5	727	1 040 110 126		
Net Assets or Fund Balances	l		, , ,				1,532,196,7		1,840,118,126		
₹ ĕ	l		bilities (Part X, line 26)	- 21 frama lina 20	•		1,328,862,4		1,617,176,338		
			ets or fund balances. Subtract line	21 from line 20			203,334,2	230	222,941,788		
	rt II		nature Block periury I declare that I have eva	mined this return, including accompa	nvina sc	hedules	and statements	and to	the hest of my		
				te. Declaration of preparer (other tha							
any k	nowl	edge.									
		****	<*				2020-10-05				
Sign		Signat	ture of officer				Date				
Here		TROV	GARRY CFO								
			or print name and title								
			Print/Type preparer's name	Preparer's signature	Date			PTIN			
Paid	ł			-	202	0-10-05	Check L if   F	01251320	)		
Pre		er 🖯	Firm's name MOSS ADAMS LLP	•			Firm's EIN ▶ 91-	0189318			
Use			Firm's address • 2707 COLBY AVENUS	CUITE 901		-	Di	250 7255			
JJ6	JI.	ا و	Firm's address > 2707 COLBY AVENUE				Phone no. (425)	259-/227			
			EVERETT, WA 9820	1							
			s this return with the preparer sh		<u>.</u>	<u> </u>	<u></u>		es 🗆 No		
For P	apei	rwork Re	eduction Act Notice, see the se	eparate instructions.	_	Cat. N	o. 11282Y		Form <b>990</b> (2019)		

Form	990 (2019)				Page <b>2</b>
Pa	statement	of Program Service Acc	complishments		
	Check if Sche	dule O contains a response o	note to any line in this Part III		🗆
1		organization's mission:	·		
<u>A ME</u>	MBER OWNED COOPE	RATIVE PROVIDING FINANCIA	AL SERVICES, INCLUDING LOAN	S AND SHARE DEPOSITS TO ITS ME	MBERS.
	Did the organization	undertake any significant pro	gram services during the year w	which were not listed on	
_	the prior Form 990 o	☐ Yes ☑ No			
	'	ese new services on Schedule			Lifes Life
3	•		o. gnificant changes in how it cond	uete any program	
3	services?	☐ Yes ☑ No			
					Lifes Life
	· ·	ese changes on Schedule O.			
4				largest program services, as meast of grants and allocations to others,	
	expenses, and reven	the total			
4a	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
	See Additional Data				
4b	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
	See Additional Data				
4c	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
	See Additional Data				
4d	Other program servi	ces (Describe in Schedule O.)			
	(Expenses \$	including	grants of \$	) (Revenue \$	)
4e	Total program ser	vice expenses ▶			
		-			Form <b>990</b> (2019)

19

20a

20b

21

Yes

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Nο

Nο

Par	tiv 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	Yes	
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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 $\footnote{S}$ .	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? <i>If "Yes," complete Schedule D,</i> 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? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> 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 2	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or $X$ as applicable.			
	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		No
	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 2	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
е	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		No
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	Yes	
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? <i>If "Yes," complete Schedule G, Part I</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,			

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . . .

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

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ar	Checklist of Required Schedules (continued)	1	V	NI -
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,		Yes	No
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
a	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? If "Yes," complete Schedule L, Part I	25a		
	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		
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	Yes	
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L,Part III	27		No
	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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		N
)	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		N.
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		N-
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		N <sub>1</sub>
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		N
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
	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)? If "Yes," complete Schedule R, Part V, line 2	35b		N-
	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
	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? If "Yes," complete Schedule R, Part VI	37		N
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
ılı	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			
a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   15,920		Yes	N

Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

 ${f c}$  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

1b

**1**c

Yes

Pai	art V Statements Regarding	Other IRS Filings and Ta	x Compliance (co	ntinu	ed)			
2a	Enter the number of employees rep Tax Statements, filed for the calen							
b	this return	a, did the organization file all red	ا quired federal employ			2b	Yes	
3a	<b>Note.</b> If the sum of lines 1a and 2a  a Did the organization have unrelate				•	3a	Yes	
	If "Yes," has it filed a Form 990-T f	•	-	•		3b	Yes	
	<ul> <li>At any time during the calendar ye financial account in a foreign count</li> </ul>	ar, did the organization have an	interest in, or a signa	ture o	r other authority over, a	4a		No
b	If "Yes," enter the name of the fore See instructions for filing requirem		rt of Foreign Bank and	d Finar	 ncial Accounts (FBAR).			
5a	<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?							No
b	Did any taxable party notify the or	ganization that it was or is a par	ty to a prohibited tax	shelte	r transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the or	rganization file Form 8886-T? .				5c		
6a	<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?							No
b	<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?							
7	Organizations that may receive	deductible contributions und	ler section 170(c).					
	Did the organization receive a payr provided to the payor?		·			7a		
	If "Yes," did the organization notify					7b		
	Did the organization sell, exchange Form 8282?				ch it was required to file	7c		1
d	I If "Yes," indicate the number of Fo	rms 8282 filed during the year		7d				
e	e Did the organization receive any fu	inds, directly or indirectly, to pay	premiums on a perso	onal be	enefit contract?	7e		
f	Did the organization, during the ye	ar, pay premiums, directly or inc	directly, on a personal	l benet	fit contract?	7f		
g	J If the organization received a contraction required?					7g		
h	If the organization received a conti 1098-C?			the o	rganization file a Form	7h		
8	Sponsoring organizations main sponsoring organization have exce					8		
9	Sponsoring organizations main	taining donor advised funds.						
а	Did the sponsoring organization ma	ake any taxable distributions und	ler section 4966? .			9a		
b	Did the sponsoring organization ma	ake a distribution to a donor, dor	nor advisor, or related	l perso	n?	<b>9</b> b		
10	Section 501(c)(7) organization	s. Enter:						
а	Initiation fees and capital contribut	ions included on Part VIII, line 12	2	10a				
	, ,		se of club facilities	10b				
11	,,,,,,		İ	ایما	İ			
a				11a				
	against amounts due or received fr	om them.)		11b				
	a Section 4947(a)(1) non-exemp			90 in l	ieu of Form 1041?	12a		
	o If "Yes," enter the amount of tax-e	•	, ,	12b				
13	( , , , ,	•						
	Note. See the instructions for addi	tional information the organizati	on must report on Sch	hedule	o.	13a		
	<ul> <li>Enter the amount of reserves the c which the organization is licensed t</li> <li>Enter the amount of reserves on h</li> </ul>	o issue qualified health plans .	•	13b				
			ces during the tay yea	<b>13c</b>		14a		No
	<ul> <li>L4a Did the organization receive any payments for indoor tanning services during the tax year?</li> <li>b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O</li> </ul>							110
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or exce						Yes	
16	parachute payment(s) during the y If "Yes," see instructions and file For Is the organization an educational	orm 4720, Schedule N.		• et inve	estment income?	16	162	No No
•	If "Yes," complete Form 4720, Sch					10		INO

rm 9	990 (2019)			Page
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI	•	onse to i	lines <b>V</b>
Sec	tion 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  1a  9			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent  1b 9			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
	Did the organization delegate control over management duties customarily performed by or under the direct supervisior of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	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	9		No
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	2.)	
			Yes	No
)a	Did the organization have local chapters, branches, or affiliates?	10a		No
	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?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
la.	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
}	Did the organization have a written whistleblower policy?	13	Yes	
ŀ	Did the organization have a written document retention and destruction policy?	14	Yes	
5	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	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
	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?			
		16b		
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed▶			
3	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)			
9	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.			
)	State the name, address, and telephone number of the person who possesses the organization's books and records:  TROY GARRY 1331 BROADWAY PLAZA TACOMA, WA 98401 (253) 597-7603			
_		F	orm <b>99</b>	n (201

(15) KIMBERLY MAPES

(16) CHARLENE HENSON

(17) RYAN HORAN

SVP/CHIEF RETAIL OFFICER

BUSINESS LOAN OFFICER

SVP/CHIEF LENDING OFFICER

SVP/CHIEF EMPLOYEE ENGAGEMENT OFFICER

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII  $\,$  .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax

- 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."

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

- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- organization and any related organizations.

<ul> <li>List all of the organization's former officers, of reportable compensation from the organization</li> </ul>						sated	em	ployees who receive	ed more than \$100	,000	
<ul> <li>List all of the organization's former director</li> </ul>	rs or trustees	that red	ceive	d, in	the						
organization, more than \$10,000 of reportable conservations for the order in which to list the			organ	izati	ion a	and a	ny r	elated organizations	S.		
Check this box if neither the organization no	•		ion c	omn	enc	ated :	anv.	current officer dire	ctor or trustee		
(A) Name and title	(B) Average hours per week (list any hours	Positio tha pers	n (do an on on is	(C) o not e bo both	t che x, u n an		ore	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	related organizations	
(1) BRENDA HEINEMAN BOARD CHAIR	1.00	Х		х				25,000	0	0	
(2) DAVID WASSON VICE CHAIR	1.00	Х		х				20,000	0	0	
(3) SHELLEY COLEMAN SECRETARY/TREASURER	1.00	Х		х				20,000	0	0	
(4) BARRY WALLIS DIRECTOR	1.00	Х						20,000	0	0	
(5) JOHN BAUDER DIRECTOR	1.00	Х						20,000	0	0	
(6) KEITH MOCK DIRECTOR	1.00	Х						19,625	0	0	
(7) JAMES GRIGGS DIRECTOR	1.00	Х						18,875	0	0	
(8) ALTAF MERCHANT DIRECTOR	1.00	Х						15,000	0	0	
(9) HALUK DEMIRKAN DIRECTOR	1.00	Х						15,000	0	0	
(10) DONALD CLARK JR PRESIDENT/CEO	50.00			х				1,277,519	0	588,146	
(11) TROY GARRY EVP/CHIEF FINANCIAL OFFICER	60.00			x				360,278	0	50,758	
(12) WENDY CLEVELAND EVP/CHIEF OPERATIONS OFFICER	50.00				х			351,600	0	41,725	
(13) ROBYN LACHANCE EVP/CHIEF STRATEGY OFFICER	50.00				х			288,149	0	34,632	
(14) LYMAN WILLIAMS	50.00										

50.00

50.00

50.00

Х

Χ

Form **990** (2019)

48,260

29.607

29,019

31,615

0

0

0

252,248

224,171

217,637

167,664

Form 990 (2019) Page <b>8</b>												
Part VII Section A. Officers, Directors		ey Em	ploy			d Hig	hes			(con	tinued)	
( <b>A)</b> Name and title	Name and title  Average hours per week (list any hours for related hours per week list any hours for related hours per week list any hours for related hours for related hours hours hours for related hours		compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-		(F) Estimated amount of other compensation from the organization and						
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)		relat organiz	ed
(18) ANNA ALBERTIN VP/MORTGAGE LENDING	50.00					Х		161,723		0		40,113
(19) JASON MCDOUGAL BUSINESS INTELLIGENCE MANAGER	50.00					Х		147,983		0		38,877
(20) SANDY LOPEZ  VP/CONTROLLER	50.00					Х		145,136		0		30,900
(21) SARAH MEIKLE  MORTGAGE LOAN OFFICER PRODUCTION SUPERVISOR	50.00					Х		131,747		0		28,382
1b Sub-Total					•	-				-		
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	-				,	-		3,899,355		0		992,034
Total number of individuals (including but of reportable compensation from the organization)	not limited to t				e) v	/ho re	ceive	ed more than \$100	,000			
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for					•	•	-	•	mployee on		Yes	No
4 For any individual listed on line 1a, is the organization and related organizations greindividual	sum of reporta	ble com	pens	atio	n an	d othe	er co	mpensation from t	he	3	Yes	No
5 Did any person listed on line 1a receive or services rendered to the organization?If "				,			-	•	dual for	5	103	No No
Section B. Independent Contractors												
Complete this table for your five highest of from the organization. Report compensations.	on for the caler								tax year.	mpen		
	(A) usiness address							Descript	(B) tion of services		(C Compen	
MEDIA PLUS 160 ROY ST SEATTLE, WA 98109								MEDIA/COMML	JNICATIONS		1,	848,257
NCR CORPORATION  14181 COLLECTIONS CENTER DRIVE								DIGITAL BANK	ING SERVICES		1,	489,935
CHICAGO, IL 60693  MOMENTUM INC  ARCHITECTURAL/CONTRACTING SERVICES							1,	406,916				
1520 4TH AVE SUITE 300 SEATTLE, WA 98101 AUGEO  CARDHOLDER REWARD PROGRAM							1,	.213,941				
1620 BOND STREET NAPERVILLE, IL 60563 WONGDOODY INC ADVERTISING SERVICES							1,081,796					
011 WESTERN AVE STE 900 EATTLE, WA 98104												
2 Total number of independent contractors (ir compensation from the organization ► 41	icluding but not	limited	i to ti	nose	list	ed abo	ove)	who received more	e than \$100,00	)0 of	Form <b>99</b> 6	(2019)
											・・・・・・ フラリ	

orm 9- Part		(2019) Statement	of r	Revenus						Page <b>9</b>
ran	VIII				respo	onse or note to any	line in this Part VIII			🗆
				•	1		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ν S	1:	a Federated campa	aigns	s	<b>1</b> a			revenue		312 314
Contributions, Gifts, Grants and Other Similar Amounts		<b>b</b> Membership due	s.	. [	<b>1</b> b					
š, Gi Ama		c Fundraising ever		Ļ	1c					
Sifts Iar.		<ul><li>d Related organiza</li><li>e Government grants</li></ul>		Ļ	1d					
ıs, ( imi	'	All other contribution	•	, į	1e					
ıtior er S		and similar amount above	s not	included	1f					
ig te		g Noncash contribution lines 1a - 1f:\$	ons in	cluded in	1g					
on d		<b>h Total.</b> Add lines	1a-1	.f., .		•				
						Business Code		T		
	2a	LOAN INTEREST INC	ОМЕ			522291	65,113,895	65,113,895		
nue	h	FEES AND CHARGES					10,397,225	10,208,336	188,889	
Program Service Revenue						522100	10.264.722	10 264 722		
ice I	С	INTERCHANGE				522299	10,264,722	10,264,722		
Serv	d	LOAN ORIGINATION	INCC	DME		518210	1,126,578	1,126,578		
ram	e	FINANCIAL SERVICES	S			522100	507,492	421,218	86,274	
Prog						322100				
_	f	All other program	serv	rice revenue.			2,235,339	2,124,694	110,645	
		Total. Add lines 2				89,645,251				1
	3	Investment income similar amounts)		cluding divide		nterest, and other				6,429,321
		Income from invest	tmer	nt of tax-exe	mpt bo		-			
	5	Royalties	_	(i) Rea		(ii) Personal	•			
	6-	Cross routs	_							
		Gross rents Less: rental	6a		325,709	7				
		expenses Rental income	6b	3	383,409	)				
	С	or (loss)	6с		-57,700					
	C	Net rental income	e or				-57,700	)		-57,700
	7a	Gross amount		(i) Securi	ities	(ii) Other				
		from sales of assets other than inventory			2,713,82	21				
	b	Less: cost or other basis and sales expenses	7b			2,096,63	33			
		Gain or (loss)	<b>7</b> c			617,18	<b></b> .			
		I Net gain or (loss) Gross income from fu			_	•	617,188	3		617,188
Other Revenue	Ja	(not including \$ contributions reporte See Part IV, line 18	d on	of	8a					
r Re	Ŀ	Less: direct expen	ises		8b					
the	C	: Net income or (los	ss) fr	rom fundrais	ing ev	ents 🕨				
	9a	Gross income from See <b>Part</b> IV, line 19			9a					
		Less: direct expent Net income or (los			9b	ies .				
		. Net income or (los	33) 11	om gaming	activit					
		aGross sales of inverteurns and allowa	ance	s	10a					
		Less: cost of good Net income or (los			10b invent					
		Miscellaneo				Business Code				
	11	.a								
	Ł	•								
	c									
		- All - C								
		l All other revenue • Total. Add lines 1			_	•				
		: Total revenue. S								
		otal reveilue. 5	ee II	isti uccioiis	· ·	· · · •	96,634,060	89,259,443	385,808	6,988,809

	art IX Statement of Functional Expenses				Page 10
۲	art IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must c	omplete all columns.	All other organizati	ons must complete col	umn (A).
	Check if Schedule O contains a response or note to an		=		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	279,000			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	16,000			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	3,967,250			
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	19,856,899			
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,734,889			
9	Other employee benefits	3,447,126			
10	Payroll taxes	2,042,958			
11	Fees for services (non-employees):				
ā	a Management	109,294			
i	Legal	119,222			
(	Accounting	320,020			
ď	il 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)	2,355,862			
12	Advertising and promotion	707,727			
13	Office expenses	7,050,535			
14	Information technology	1,600,718			
15	Royalties				
16	Occupancy	2,221,675			
17	Travel	801,417			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	262,306			
20	Interest	8,629,799			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,836,238			
23	Insurance				
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 LOAN SERVICING	6,447,904			
	b PROVISION FOR LOAN LOSS	4,897,111			
	c BANK FEES	4,619,860			
	d MP AMORTIZATION OF CDI	2,249,322			
	e All other expenses	1,120,867			
25	Total functional expenses. Add lines 1 through 24e	77,693,999			
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).				

Form 990 (2019)

1

2

Fund Balances

٥ 29

Assets 30

27

28

31

32

33

9,018,568

11,292,149

1.402.487.985

1,567,303

46,880,881

84,429,800

3,832,809

24,113,838

23,305,392

19,114,364

2,109,594

1,769,490

1,594,182,890

1.617.176.338

0

0

222.941.788

222,941,788

1,840,118,126

Form 990 (2019)

1,840,118,126

End of year

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

			•
Cash-non-interest-bearing	15,643,996	1	24,167,142
Savings and temporary cash investments	169,903,005	2	209,022,259
Distance and annula or estable and		,	

70,671,400

23,790,519

Beginning of year

0 5

1.175.947.137

1,628,267

38,949,174

89,747,416

3.665.402

3,459,134

25,520,261

18,494,973

1,310,178

1,309,057,346

1.328.862.497

1,532,196,727

6

7

9

10c

11

12 13

14

15

16

17

18

19

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21

22

23

24

25

26

27

28

31

32

33

0 29

0 30

203.334.230

203,334,230

1,532,196,727

3 Pledges and grants receivable, net . 7.732.935 Accounts receivable, net Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

Notes and loans receivable, net . . . . Assets

Inventories for sale or use . . Prepaid expenses and deferred charges . 10a basis. Complete Part VI of Schedule D

Investments—publicly traded securities .

10a Land, buildings, and equipment: cost or other Investments—program-related. See Part IV, line 11

b Less: accumulated depreciation

10b

11 12 13 14 Intangible assets . 15 Other assets. See Part IV, line 11 . . . 16

Investments—other securities. See Part IV, line 11 . . . 17 Accounts payable and accrued expenses

Total assets. Add lines 1 through 15 (must equal line 34) . Grants payable .

18 19 Deferred revenue . . .

20 Tax-exempt bond liabilities . 21 Escrow or custodial account liability. Complete Part IV of Schedule D

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 

22

Liabilities 23 24 25 and other liabilities not included on lines 17 - 24).

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties .

Other liabilities (including federal income tax, payables to related third parties, Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 . .

Organizations that follow FASB ASC 958, check here <a> </a> <a> and</a>

Organizations that do not follow FASB ASC 958, check here > 🗹 and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

26

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances .

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? 3a No 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. 3h

#### Additional Data

Software ID:

Software Version:

Name: SOUND CREDIT UNION

**EIN:** 91-0557925

Form 990 (2019)

Form 990, Part III, Line 4a:

ON THE LIABILITY/EQUITY SIDE OF THE BALANCE SHEET OUR MEMBERS HOLD 235,824 SAVINGS, CHECKING, AND MONEY MARKET DEPOSIT ACCOUNTS WITH COMBINED BALANCES OF \$1,299,846,734, MEMBERS HOLD 2,102 IRA SAVINGS ACCOUNTS WITH COMBINED BALANCES OF \$21,158,889. THESE FUNDS ARE POOLED AND USED PRIMARILY TO FUND CONSUMER AND REAL ESTATE SECURED LOANS TO OUR MEMBERSHIP.

Form 990, Part III, Line 4b: ALSO ON THE LIABILITY/EQUITY SIDE OF THE BALANCE SHEET, 8,678 OF OUR MEMBERS HOLD CERTIFICATE ACCOUNTS WITH TOTAL BALANCES OF \$274,705,116.

Form 990, Part III, Line 4c: ON THE ASSET SIDE, 74,854 OF OUR MEMBERS HOLD CONSUMER LOANS THAT INCLUDE VEHICLE, STUDENT, MORTGAGE, AND VISA LOANS, CONSUMER LOANS THAT INCLUDE VEHICLE SECURED LOANS TOTAL \$543,632,825. REAL ESTATE SECURED LOANS TOTAL \$716,152,043. THE LOAN PORTFOLIO TOTAL \$1,417,697,537.

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

EZ)

DLN: 93493280014610

OMB No. 1545-0047

## **Political Campaign and Lobbying Activities**

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

**Open to Public** 

	al Revenue Service	o to <u>www.irs.gov/Form990</u> for instr	uctions and the la	test information.	Inspe	ction
If the ● S	e organization answered "Yes" ection 501(c)(3) organizations: C	on Form 990, Part IV, Line 3, or Form omplete Parts I-A and B. Do not comple	te Part I-C.		Activities), the	n
	Section 501(c) (other than sectior Section 527 organizations: Comp	ı 501(c)(3)) organizations: Complete Par lete Part I-A only	ts I-A and C below.	Do not complete Part I-B.		
If the	e organization answered "Yes"	on Form 990, Part IV, Line 4, or Form				
		nat have filed Form 5768 (election under nat have NOT filed Form 5768 (election i				
		on Form 990, Part IV, Line 5 (Proxy Ta				
	xy Tax) (see separate instruction			•		
	Section 501(c)(4), (5), or (6) orgains	nizations: Complete Part III.		Employer ident	tification nun	her
	JND CREDIT UNION				incution nun	ibei
Par	t T-A Complete if the ora	anization is exempt under secti	ion 501(c) or is	91-0557925	ation	
		anization is exempt under section and anization anization and anization and anization anization and anization anization and anization anizat				
1	"political campaign activities")	anization's direct and indirect political ca	ampaign activities in	Part IV (see instructions in	or definition or	
2	Political campaign activity expe	nditures (see instructions)			\$	15,18
3		npaign activities (see instructions)				
Par	t I-B Complete if the org	anization is exempt under secti	on 501(c)(3).			
1	,	tax incurred by the organization under			\$	
2	•	tax incurred by organization managers			\$	
3	If the organization incurred a se	ection 4955 tax, did it file Form 4720 for	this year?		☐ Yes	□ No
4a	Was a correction made?				☐ Yes	□ No
b	If "Yes," describe in Part IV.			=04( )(0)		
		anization is exempt under secti				
1	·	nded by the filing organization for sectio	•		<b></b>	
2		rganization's funds contributed to other			\$	15,18
3	Total exempt function expendit	ures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	line 17b ▶	\$	15,18
4	Did the filing organization file <b>F</b>	orm 1120-POL for this year?			✓ Yes	□ No
5	organization made payments. F of political contributions receive	d employer identification number (EIN) of or each organization listed, enter the an id that were promptly and directly delive ttee (PAC). If additional space is needec	nount paid from the ered to a separate p	filing organization's funds. olitical organization, such a	Also enter the	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount	of political
	(3)		(5, 2	filing organization's funds. If none, enter -0	contributions and promp directly deliv separate p organization enter	s received otly and vered to a political . If none,
(1) CREI	DIT UNION LEGISTLATIVE ACTION	18000 INTERNATIONAL BLVD	80-0043051	15,187		
FUNE		SEATAC, WA 98188				
2						
3						
4						
5						
6						

re	each "Yes" response on lines 1a through	1i below, provide in Part IV a detailed description of the lobbying	(	a)		(b)	
	ity.	2, below, provide in a decarded description of the rossying	Yes	No	A	moun	t
		ation attempt to influence foreign, national, state or local legislation, olic opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?						
b	Paid staff or management (include con	npensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?						
d	Mailings to members, legislators, or th	e public?					
е	Publications, or published or broadcast	t statements?					
f	Grants to other organizations for lobby	/ing purposes?					
g	Direct contact with legislators, their st	affs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, con	ventions, speeches, lectures, or any similar means?					
i	Other activities?						
j	Total. Add lines 1c through 1i						
а	Did the activities in line 1 cause the or	ganization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax i	ncurred under section 4912			1		
c	If "Yes," enter the amount of any tax i	ncurred by organization managers under section 4912					
d	If the filing organization incurred a sec	tion 4912 tax, did it file Form 4720 for this year?					
ar	t III-A Complete if the organic	ization is exempt under section 501(c)(4), section 501(c)	(5), c	or secti	on		
						Yes	No
L	Were substantially all (90% or more)	dues received nondeductible by members?			1		
2	_	se lobbying expenditures of \$2,000 or less?			2		
3		er lobbying and political expenditures from the prior year?			3		
ar	t III-B Complete if the organi and if either (a) BOTH answered "Yes."	ization is exempt under section 501(c)(4), section 501(c) Part III-A, lines 1 and 2, are answered "No" OR (b) Part	(5), c III-A	or secti , line 3	on 50 8, is	<b>01(</b> c)	)(6
l.		ts from members	1				
2	Section 162(e) nondeductible lobbying expenses for which the section 52	and political expenditures (do not include amounts of political 7(f) tax was paid).					
a			2a	ļ			
b	, ,		2b				
С		6000( )(4)(4)	2c				
3		6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3				
1	the organization agree to carryover to	n line 2c exceeds the amount on line 3, what portion of the excess does the reasonable estimate of nondeductible lobbying and political	4				
5		cal expenditures (see instructions)	5				
P	art IV Supplemental Informa	ation	1	<u> </u>			
Pro	vide the descriptions required for Part I-	A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); nplete this part for any additional information.	Part II	-A, lines	1 and	2 (se	e
	Return Reference	Explanation					
		CREDIT LINION CONTRIBUTED TO A POLITICAL ACTION COMMITTEE WA					

STATEWIDE OFFICE AND STATE LEGISLATURE.

MAKE CONTRIBUTIONS TO SUPPORT THE ELECTION OF CREDIT UNION-FRIENDLY CANDIDATES FOR

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D** 

As Filed Data -

DLN: 93493280014610

OMB No. 1545-0047

2019

## **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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

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

	me of the organization ND CREDIT UNION			Employer ide	entification n	umber
501	IND CUEDIT ONION			91-0557925		
Pa	rt I Organizations Maintaining Donor Advi			r Accounts.		
	Complete if the organization answered "Ye		rt IV, line 6. dvised funds	(b) Fund	s and other ac	counts
1	Total number at end of year	(a) Dollor a	uviseu iuilus	(b) Fulla	s and other at	.counts
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 adviso	rs in writing that the	L Assets held in donor ad	vised funds are	the	
•	organization's property, subject to the organization's ex					res 🗌 No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or	or any other purpose o		missible	ſes □ No
Pa	rt II Conservation Easements.  Complete if the organization answered "Ye	s" on Form 990. Pa	rt IV. line 7.			
1	Purpose(s) of conservation easements held by the organ					
	Preservation of land for public use (e.g., recreation	` -	Preservation of an	historically imp	ortant land are	ea
	Protection of natural habitat	Γ	Preservation of a c			- <del></del>
		_	_ Freservation of a c	ertinea mstoric	Structure	
_	Preservation of open space	11.00		•		
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation	contribution in the for		ation at the End of	the Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easements			2b		
С	Number of conservation easements on a certified histori	c structure included in	ı (a)	2c		
d	Number of conservation easements included in (c) acqu structure listed in the National Register	ired after 7/25/06, an	d not on a historic	2d		
3	Number of conservation easements modified, transferre tax year ▶	ed, released, extinguis	hed, or terminated by t	the organizatior	during the	
4	Number of states where property subject to conservation	on easement is located	<b>&gt;</b>			
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds	ne periodic monitoring s?	, inspection, handling o	of violations,	☐ Yes	□ No
6	Staff and volunteer hours devoted to monitoring, inspect	cting, handling of viola	tions, and enforcing co	onservation ease	ements during	the year
7	Amount of expenses incurred in monitoring, inspecting, ▶ \$	handling of violations	, and enforcing conserv	vation easemen	ts during the y	ear
8	Does each conservation easement reported on line 2(d)	above satisfy the req	uirements of section 17	70(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?				☐ Yes	□No
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the organ				
Pai	<b>Organizations Maintaining Collections</b> Complete if the organization answered "Ye			er Similar As	ssets.	
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar	public exhibition, edu	cation, or research in f			rks of
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items:	.6 (ASC 958), to report lic exhibition, education	t in its revenue statem on, or research in furtho	ent and balance erance of public	e sheet works service, provi	of art, de the
(	i) Revenue included on Form 990, Part VIII, line $f 1$			<b>&gt;</b> \$		
(	i)Assets included in Form 990, Part X			<b>&gt;</b> \$		_ <del>_</del>
2	If the organization received or held works of art, histori following amounts required to be reported under SFAS			ncial gain, provi	de the	
а	Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$		
b	Assets included in Form 990, Part X			▶\$		
For	Paperwork Reduction Act Notice, see the Instruction	ns for Form 990	Cat No	52283D <b>Sch</b>	edule D (For	m 990) 2019

**d** Equipment .

Sche	dule D	(Form 990) 2019									Page 2
Par	t III	Organizations Ma	aintaining Col	lections of Ar	t, Histori	cal Tre	easures, e	or Other	Similar As:	sets (co	ntinued)
3		the organization's acq (check all that apply):		n, and other reco	rds, check	any of th	ne following	that are a	significant us	se of its o	collection
а		Public exhibition			d	<b>□</b> ι	Loan or exc	hange prog	grams		
b		Scholarly research			e		Other				
С		Preservation for future	e generations								
4	Provid Part X	de a description of the (III.	organization's col	lections and expl	ain how the	ey furthe	er the organ	nization's e	xempt purpos	e in	
5		g the year, did the org s to be sold to raise fur								☐ Yes	□ No
Pai	rt IV	Escrow and Cust Complete if the or X, line 21.			Form 990	, Part I	V, line 9,	or reporte	ed an amour	nt on Fo	orm 990, Part
<b>1</b> a		organization an agent led on Form 990, Part I								☐ Yes	☑ No
h	TE "Vo	s," explain the arrange	omant in Bart VIII	and complete th	o following	table			Λn	nount	
b c		is," explain the arrange ning balance		· ·	-			1c	An	Juilt	
d	_	ons during the year .						1d			
e		butions during the year						1e			
f		g balance						1f			
2a		ne organization include						account li	ahility2	V voc	 □ No
		s," explain the arrange							•		□ N0
	rt V	Endowment Fund		. Check here ii th	e expianat	ion nas i	been provid	ied in Part .	XIII		
I C	I C V	Complete if the or		vered "Yes" on	Form 990	, Part I	V, line 10				
				(a) Current year		rior year		years back	(d) Three year	rs back (	e) Four years back
<b>1</b> a	Beginni	ing of year balance .									
		outions									
		estment earnings, gair	·								
		or scholarships									
	and pro	expenditures for facilitions of the second s									
		strative expenses .									
g	End of	year balance									
2		de the estimated perce	-	ent year end bala	nce (line 1	g, colum	ın (a)) held	as:			
а	Board	l designated or quasi-e									
b	Perma	anent endowment 🟲									
С		orarily restricted endo	***************************************								
3a		ercentages on lines 2a nere endowment funds			ization tha	t are hol	d and admi	inistered fo	r the		
Ja	organ	ization by:	·	Sion of the organ	zacion tila	are nei	a ana aunn	matered 10	i die		Yes No
	(i) un	related organizations						•		3a(	· · · · · · · · · · · · · · · · · · ·
		elated organizations .								3a(	<del>-                                     </del>
b ₄		s" on 3a(ii), are the related in the interior of the interior								3 t	<u> </u>
4 •••					idowinent	unus.					
C	rt VI	Land, Buildings, Complete if the or			Form 990	, Part I	V, line 11	a. See Fo	rm 990. Par	t X, line	: 10.
	Descri	ption of property	(a) Cost or oth	ner basis (b)	Cost or other			ccumulated o			) Book value
			(investme	enc)							
1a	Land					18,441	,216				18,441,216
b	Building	gs				35,252	.,224		13,378,482		21,873,742
С	Leaseh	old improvements				3,462	,817		1,382,504		2,080,313

13,515,143

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

4,485,610

9,029,533

Part VII	Investments—Other Securities.	00 Part 11/ II-	0 11h 500 Farm 000 '	Part V line 12
	Complete if the organization answered "Yes" on Form 9  (a) Description of security or category  (including name of security)	90, Part IV, lin (b) Book value	(c) Metho	Part X, line 12. d of valuation: -year market value
(1) Financia	ıl derivatives			
(2) Closely- (3)Other	held equity interests	<u>·</u>		
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)	•		
Part VIII	<b>Investments—Program Related.</b> Complete if the organization answered 'Yes' on Form 9	90. Part IV. lin	e 11c. See Form 990.	Part X. line 13.
	(a) Description of investment	50, 1 arc 10, iiii	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	n (b) must equal Form 990, Part X, col.(B) line 13.)		•	
Part IX	Complete if the organization answered 'Yes' on Form 99	00, Part IV, line	e 11d. See Form 990, Par	
(1)	(a) Description			(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	omn (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.		<u> </u>	<b>•</b>
	Complete if the organization answered 'Yes' on Form 99  (a) Description of liability	0, Part IV, line	e 11e or 11f.See Form	990, Part X, line 25. (b) Book value
1. (1) Federal (2)	income taxes			(b) book value
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col.(B) line 25.)			1,594,182,890
2. Liability fo	or uncertain tax positions. In Part XIII, provide the text of the foo		anization's financial state	ments that reports the
organization	's liability for uncertain tax positions under FIN 48 (ASC 740). Ch	neck here if the t	ext of the footnote has be	een provided in Part XIII 🗹

Schedule D (Form 990) 2019

	Complete if the organize	zation answered 'Yes' on Form 990, Part	t IV, li	ne 12a.		
1	Total revenue, gains, and other su	upport per audited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on in	nvestments	2a			
b	Donated services and use of facilit	ties	2b			
c	Recoveries of prior year grants .		2c			
d	Other (Describe in Part XIII.) .		2d			
e	Add lines 2a through 2d		٠		2e	
3	Subtract line 2e from line 1				3	
4	Amounts included on Form 990, P	art VIII, line 12, but not on line 1:				
а	Investment expenses not included	on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII.) .		4b			
c	Add lines <b>4a</b> and <b>4b</b>		٠		4c	
5	Total revenue. Add lines 3 and 4c	. (This must equal Form 990, Part I, line 12.)			5	
Par		penses per Audited Financial Statem		•	Retur	n.
	•	zation answered 'Yes' on Form 990, Part			1 .	
1	•	lited financial statements			1	
2	Amounts included on line 1 but no	, ,		1		
а		cies	2a			
b	Prior year adjustments		2b		_	
С	Other losses		2c			
d	Other (Describe in Part XIII.) .		2d		]	
е	Add lines 2a through 2d				2e	
3	Subtract line <b>2e</b> from line <b>1</b>				3	
4	Amounts included on Form 990, P	art IX, line 25, but not on line 1:				
а	Investment expenses not included	l on Form 990, Part VIII, line 7b 🔒 🔒	4a			
b	Other (Describe in Part XIII.) .		4b			
C	Add lines 4a and 4b				4c	
5	Total expenses. Add lines 3 and 4	c. (This must equal Form 990, Part I, line 18.	.) .		5	
Pai	t XIII Supplemental Info	rmation				
		art II, lines 3, 5, and 9; Part III, lines 1a and a 2d and 4b. Also complete this part to provide			t V, line	4; Part X, line 2; Part
	Return Reference		Ex	olanation		
See A	Additional Data Table					

Page 4

chedule D (Forn	n 990) 2019	Page <b>5</b>
Part XIII	Supplemental Info	rmation (continued)
Return Reference		Explanation

Schedule D (Form 990) 2019

### **Additional Data**

Software ID: Software Version:

EIN: 91-0557925

Name: SOUND CREDIT UNION

GAGE SERVICE PROVIDER HANDLES THE ESCROW PROCESSING ON BEHALF OF THE CREDIT UNION.

#### **Supplemental Information**

### ion

Return Reference Explanation

PART IV, LINE 2B: THE CREDIT UNION HOLDS ESCROWED FUNDS FOR THE PAYMENT OF PROPERTY TAXES AND INSURANCE PREM IUMS AS A SERVICE FOR MEMBERS WHO HAVE MORTGAGES WITH THE CREDIT UNION. A THIRD-PARTY MORT

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2:	THE CREDIT UNION IS A STATE-CHARTERED CREDIT UNION DESCRIBED IN INTERNAL REVENUE CODE (IRC ) SECTION 501(C)(14). AS SUCH, THE CREDIT UNION IS EXEMPT FROM FEDERAL TAXATION OF INCOME DERIVED FROM THE PERFORMANCE OF ACTIVITIES THAT ARE IN FURTHERANCE OF ITS EXEMPT PURPOSES. HOWEVER, IRC SECTION 511 IMPOSES A TAX ON THE UNRELATED BUSINESS INCOME (AS DEFINED IN SE CTION 512) DERIVED BY STATE-CHARTERED CREDIT UNIONS. THE SPECIFIC APPLICATION OF SECTION 5 12 TO THE VARIOUS ACTIVITIES CONDUCTED BY STATE-CHARTERED CREDIT UNIONS HAS BEEN AT ISSUE FOR MANY YEARS. THE INTERNAL REVENUE SERVICE (IRS) HAS ISSUED A SERIES OF TECHNICAL ADVICE MEMORANDA (TAM) TO A NUMBER OF STATE-CHARTERED CREDIT UNIONS LOCATED THROUGHOUT THE COUNT RY. IN THESE TAMS, THE IRS RULED CERTAIN PRODUCTS AND SERVICES TO BE SUBJECT TO TAXATION A S UNRELATED BUSINESS INCOME. IN LIGHT OF THE TAMS, THE CREDIT UNION HAS ASSESSED ITS ACTIVITIES AND ANY POTENTIAL FEDERAL INCOME TAX LIABILITY. IN THE OPINION OF MANAGEMENT, ANY LI ABILITY ARISING FROM FEDERAL OR STATE TAXATION OF ACTIVITIES DEEMED TO BE UNRELATED TO ITS EXEMPT PURPOSES IS NOT EXPECTED TO HAVE A MATERIAL EFFECT ON THE CREDIT UNION'S FINANCIAL POSITION OR RESULTS OF OPERATIONS. ACCOUNTING PRINCIPLES PRESCRIBE A RECOGNITION THRESHOL D AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A T AX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE CREDIT UNION ADOPTED THE PR OVISIONS OUTLINED IN THIS GUIDANCE ON JANUARY 1, 2009. THE CREDIT UNION HAD NO UNRECOGNIZE D TAX POSITIONS THAT REQUIRED ADJUSTMENT TO THE JANUARY 1, 2009, BEGINNING BALANCE OF UNDIVIDED EARNINGS. THE CREDIT UNION HAD NO UNRECOGNIZED TAX POSITIONS AT DECEMBER 31, 2019 OR 2018. IF ASSESSED, THE CREDIT UNION HAD NO UNRECOGNIZES PENALTIES AND INTEREST ASSOCIATED WITH TAX MATTERS AS PART OF OPERATING EXPENSES.

Cupplemental Information

DLN: 93493280014610 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I OMB No. 1545-0047 Grants and Other Assistance to Organizations, (Form 990) 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. Department of the ► Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service

Open to Public Inspection Name of the organization **Employer identification number** SOUND CREDIT UNION 91-0557925 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 ✓ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 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 (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization cash (book, FMV, appraisal, noncash assistance or assistance grant or government assistance other) (1) See Additional Data (2)(4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . 

Schedule I (Form 990) 2019

Part III

(2)

(3)

(4)

(5)

(6)

(7)

Part IV

PART I, LINE 2:

Return Reference

Page **2** 

Schedule I (Form 990) 2019

13 (1) **EDUCATIONAL ASSISTANCE -SCHOLARSHIPS** 

Part III can be duplicated if additional space is needed.

Explanation

FROM SOUND CREDIT UNION.

(b) Number of

recipients

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22,

(c) Amount of

cash grant

16,000

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

(d) Amount of

noncash assistance

THE DONATION AND SPONSORSHIP COMMITTEE MEETS APPROXIMATELY EVERY 45-60 DAYS TO REVIEW EACH REQUEST THAT IS SUBMITTED. AS THE REQUESTS ARE REVIEWED, THE ORGANIZATION DETERMINES THE FOLLOWING INFORMATION: WHO IS THE ORGANIZATION AND WHAT DO THEY DO? WHAT ARE THEY TRYING TO

ORGANIZATION GOOD FOR THE LOCAL COMMUNITY, SOUND'S MEMBERSHIP, AND SOUND CREDIT UNION AS A WHOLE? WHERE ARE THEY LOCATED AND WHAT IS THEIR AREA OF FOCUS? HAS THE ORGANIZATION SUPPORTED THE CAUSE IN THE PAST? DOES THE DOLLAR AMOUNT REQUESTED FIT INTO THE BUDGET? WHEN APPROVED. THE ORGANIZATION WORKS WITH THE REQUESTING ORGANIZATION TO DISCUSS NEXT STEPS, INCLUDING PAYMENT, LOGO PLACEMENT, AND SOCIAL MEDIA. ONCE SCHOLARSHIP APPLICATIONS ARE SUBMITTED EACH COMMITTEE MEMBER SCORES THE APPLICATIONS. THOSE SCORES ARE THEN AVERAGED. THE COMMITTEE MEETS TO DISCUSS ALL APPLICATIONS AND DETERMINE THE TOP APPLICANTS THEY FEEL SHOULD BE SELECTED TO RECEIVE THE AWARDS. APPLICANTS PROVIDE THEIR SCHOOL'S INFORMATION AND SCHOLARSHIP CHECKS ARE MAILED DIRECTLY TO THE SCHOOL'S FINANCIAL AID OFFICE, PAYMENTS COME DIRECTLY

ACHIEVE WITH THEIR REQUEST? WHAT IS THEIR PURPOSE, AND DOES IT ALIGN WITH SOUND'S PUBLIC RESPONSIBILITY BELIEFS? IS THE SUPPORTING

(e) Method of valuation (book,

FMV, appraisal, other)

#### **Additional Data**

NEWS TRIBUNE SCHOLARSHIP

UNIVERSITY OF WASHINGTON

1900 COMMERCE STREET BOX

FOUNDATION 1950 S STATE ST TACOMA, WA 98405

FOUNDATION

TACOMA, WA 98402

358420

Software ID: **Software Version: EIN:** 91-0557925 Name: SOUND CREDIT UNION

94-3082120

94-3079432

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation						
organization if applicable grant cash (book, FMV, appraisal, or government assistance other)	organization	(b) EIN	(c) IRC section if applicable	(,	cash	(book, FMV, appraisal,

27,083

14,500

501(C)(3)

501(C)(3)

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

(g) Description of non-cash assistance

(h) Purpose of grant

BUSINESS LEADERSHIP

AWARDS/PROGRAM

or assistance

ISOUTH SOUND TOGETHER

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

YMCA OF PIERCE AND KITSAP COUNTIES 4717 S 19TH ST STE 201 TACOMA, WA 98405	91-0565562	501(C)(3)	10,000		ANNUAL DONATION
NORTHWEST CREDIT UNION	91-1649328	501(C)(6)	21,510		ANNUAL DONATION -

ASSOCIATION ICU 4 KIDS AUCTION 1800 INTERNATIONAL BLVD

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

STE 350 SEATAC, WA 98188

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 501(C)(6) 9.0001 SPONSORSHIP & ECONOMIC DEVELOPMENT 91-1040355 BOARD OF TACOMA-PIERCE COMPETE EVERY DAY VER

COUNTY PO BOX 1555 TACOMA, WA 98401					FOREVE
NATIONAL CREDIT UNION FOUNDATION	39-1383650	501(C)(3)	20,187		ANNUAL FAIRSH

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

MADISON, WI 53705

JAL DONATION & HARE CONTRIBUTION 5/10 MINERAL POINT ROAD PO BOX 431

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 501(C)(6) 100.000 CREDIT UNION NATIONAL 23-7065623 CREDIT UNION

AWARENESS INITIATIVE

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

ASSOCIATION INC

99 M STREET SE NO 300 WASHINGTON, DC 20003

efil	le GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 93	49328	30014	610
Sch	nedule J	Co	mpensati	ion Information	0	MB No.	1545-0	0047
(Fori	m 990)		Compensa	rustees, Key Employees, and Hig Ited Employees Iered "Yes" on Form 990, Part IV,		20	19	)
_		-	▶ Attach	to Form 990.		Open		
-	tment of the Treasury al Revenue Service	► Go to <u>www.irs.go</u>	<i>// <u>FOFM990</u> 1</i> 0F	instructions and the latest inform	nation.		ectio	
	me of the organiza	ation			Employer identifica	tion nu	ımber	
300	SND CREDIT ONION				91-0557925			
Pa	rt I Questio	ons Regarding Compensat	ion					
<b>1</b> a	Check the appro	opiate box(es) if the organization	provided any of	the following to or for a person liste	d on Form		Yes	No
				y relevant information regarding the				
		or charter travel		Housing allowance or residence for	•			
		companions	님	Payments for business use of perso				
		nification and gross-up payments		Health or social club dues or initiation				
	□ Discretion	ary spending account	Ш	Personal services (e.g., maid, chauf	rieur, cher)			
b				follow a written policy regarding pay ve? If "No," complete Part III to expl		1b	Yes	
2				or allowing expenses incurred by all	1-3	2		No
	directors, truste	es, officers, including the CEO/E.	xecutive Director	r, regarding the items checked on Lir	ne la?			
3	organization's C	EO/Executive Director. Check all	that apply. Do n	d to establish the compensation of the not check any boxes for methods CEO/Executive Director, but explain i				
	<b>✓</b> Compensa	ation committee	П	Written employment contract				
		ent compensation consultant	<u> </u>	Compensation survey or study				
		of other organizations	$\checkmark$	Approval by the board or compensa	ition committee			
4	During the year, related organiza		990, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	ance payment or change-of-cont	rol payment? .			4a		No
b		r receive payment from, a supple				4b	Yes	
c				nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and	provide the app	licable amounts for each item in Part	t III.			
	Only 501(c)(3	), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.				
5		ed on Form 990, Part VII, Sectior ontingent on the revenues of:		the organization pay or accrue any				
а	The organization	1?				5a		
b						5b		
	If "Yes," on line	5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Section ontingent on the net earnings of:		the organization pay or accrue any				
а	The organization	1?				6a		
b	,					6b		
	•	6a or 6b, describe in Part III.						
7	For persons liste payments not de	ed on Form 990, Part VII, Sectior escribed in lines 5 and 6? If "Yes	n A, line 1a, did t ," describe in Pa	the organization provide any nonfixe rt III	d 	7		
8	subject to the in	nitial contract exception described	d in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," do		8		_
9				presumption procedure described in		9		
For F	Panerwork Redu	ction Act Notice, see the Inst	ructions for Fo	orm 990. Cat. No. 5	50053T Schedule	l (Forn	1 990)	2019

Schedule J (Form 990) 2019

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

(A) Name and Title		( <b>B</b> ) Brea	kdown of W-2 and/o compensation	or 1099-MISC	(C) Retirement and other deferred compensation	( <b>D)</b> Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation ir column (B) reported as deferred on prio Form 990
		(i) Base compensation E	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								
	_							
	+							

Schedule J (Form 990) 2019	Page 3
Part III Supplemental Inform	nation
Provide the information, explanation, or	descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
Return Reference	Explanation
	FIRST CLASS TRAVEL: FIRST CLASS TRAVEL IS PROVIDED FOR BOARD OF DIRECTORS MEMBERS FOR FLIGHTS OVER A CERTAIN AMOUNT OF HOURS. TRAVEL FOR COMPANIONS: INCLUDES SPOUSAL TRAVEL FOR BOARD OF DIRECTORS MEMBERS, ALL OF WHICH IS TAXABLE COMPENSATION.
	THE CREDIT UNION HAS ENTERED INTO ONE 457(F) SUPPLEMENTAL RETIREMENT BENEFIT AGREEMENT WITH DON CLARK JR. IN 2019, DON ACCRUED AN AMOUNT OF \$537,388. IN 2019, TROY GARRY, WENDY CLEVELAND, KIMBERLY MAPES, LYMAN WILLIAMS, ROBYN LACHANCE, AND CHARLENE HENSON PARTICIPATED IN A SPLIT DOLLAR LOAN PLAN.

Schedule J (Form 990) 2019

SVP/CHIEF LENDING OFFICER

**5**KIMBERLY MAPES

7RYAN HORAN

8ANNA ALBERTIN

9JASON MCDOUGAL

VP/CONTROLLER

11SARAH MEIKLE

MANAGER **10**SANDY LOPEZ

SVP/CHIEF EMPLOYEE **ENGAGEMENT OFFICE 6**CHARLENE HENSON

SVP/CHIEF RETAIL OFFICER

**BUSINESS LOAN OFFICER** 

VP/MORTGAGE LENDING

**BUSINESS INTELLIGENCE** 

MORTGAGE LOAN OFFICER PRODUCTION SUP

(ii)

(ii)

171,419

168,000

91,672

138,923

125,895

121,941

54,834

Software ID:

**Software Version:** 

**EIN:** 91-0557925

Name: SOUND CREDIT UNION

	-,			-,				
(A) Name and Title		<b>(B)</b> Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1DONALD CLARK JR PRESIDENT/CEO	(i)	593,720	178,116	505,683	562,588	25,558	1,865,665	0
	(ii)	0	0	o	0	0	0	0
1TROY GARRY EVP/CHIEF FINANCIAL	(i)	252,000	63,000	45,278	25,200	25,558	411,036	0
OFFICER	(ii)	0	0	0	0	0	0	0
<b>2</b> WENDY CLEVELAND EVP/CHIEF OPERATIONS	(i)	252,000	63,000	36,600	25,200	16,525	393,325	0
OFFICER	(ii)	0	0	0	0	0	0	0
3ROBYN LACHANCE EVP/CHIEF STRATEGY	(i)	199,500	49,875	38,774	25,200	9,432	322,781	0
OFFICER	(ii)	0	o	o	0	0	0	0
4LYMAN WILLIAMS	(i)	197,478	49,370	5,400	22,702	25,558	300,508	0

5,295

7,637

74,892

912

8,424

4,856

75,863

20,175

19,587

15,090

14,555

13,319

13,062

11,857

9,432

9,432

16,525

25,558

25,558

17,838

16,525

253,778

246,656

199,279

201,836

186,860

176,036

160,129

0

0

0

0

	(ii)	0	0	0	0	
1TROY GARRY EVP/CHIEF FINANCIAL	(i)	252,000	03,000	45,278	,	
OFFICER	(ii)	0	0	0	0	
	\ <i>'</i>		•	0	•	<b>I</b>

47,457

42,000

1,100

21,888

13,664

18,339

1,050

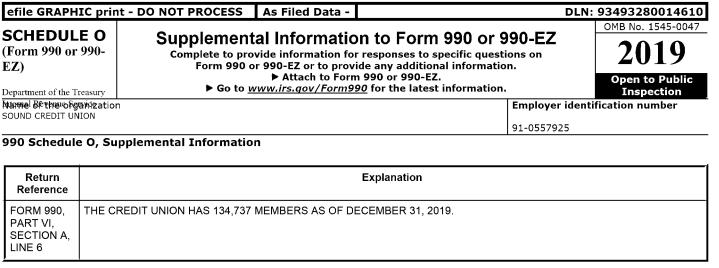
Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

CHIC GRAFTILE	rint - DO NOT I	PROCESS	As Filed Da	ıta -					DLN:	93493	<u>32800</u>	<u> 14610</u>
Schedule L Form 990 or 990-E	Z) ► Complete if		ctions w					a. 25h	. 26.		lo. 1545	
	Complete	27, 28a, 28b	o, or 28c, or Fo	orm 990-EZ,	Part V,	line 38a o		a, 250,	, 20,	Z	01	9
Department of the Treasur	y <b>►Go t</b>		➤ Attach to Fo ov/Form990 f				informat	ion.			n to P specti	
Name of the organi							Em	ployer	identif			
SOUND CREDIT UNION	N .						91-	055792	:5			
	<b>Benefit Transa</b>											
	e if the organization										(1) 6	
1 (a) N	ame of disqualified	person	(b) Relation	ship between organiz		ified person	and (	,	ription action	or	(a) Cor Yes	rected?
											165	NO
	unt of tax incurred							der sec				
4958 3 Enter the amo	unt of tax, if any, o	n line 2, above	e, reimbursed b	y the organiz	ation .	: : :	: : :	: !	\$ - \$ -			
4958 3 Enter the amo  Part II Loans Compl	unt of tax, if any, o  s to and/or Fro  ete if the organizati	n line 2, above  m Intereste ion answered	e, reimbursed bed Persons. "Yes" on Form S	by the organization of the	ation .	: : :	: : :	: !	\$ - \$ -	if the o	organiza	ation
4958 3 Enter the amo  Part II Loans Compl	unt of tax, if any, o	n line 2, above  m Intereste ion answered	e, reimbursed bed Persons. "Yes" on Form S X, line 5, 6, or	by the organization of the	ation.	: : :	: : :	IV, line	\$ - \$ -	(	organiza (i) Writi	en
4958 3 Enter the amo  Part II Loan: Complete reporter  (a) Name of	unt of tax, if any, o s to and/or Fro ete if the organizatied an amount on Fo (b) Relationship	m Interested form 990, Part (c) Purpose	ed Persons. "Yes" on Form 9 X, line 5, 6, or (d) Loan to	y the organization of the	ation.	3a, or Form	990, Part	IV, line	\$ - \$ - \$ 26; or (h) (b) by ed by ard or	(	(i) Writi	en
4958 3 Enter the amo  Part II Loan: Complete reporter  (a) Name of	unt of tax, if any, o s to and/or Fro ete if the organizatied an amount on Fo (b) Relationship	m Interested form 990, Part (c) Purpose	e, reimbursed bed Persons. "Yes" on Form 9 X, line 5, 6, or  (d) Loan to or from the organization?	990-EZ, Part \ 22 (e) Original principal	ation.	3a, or Form	990, Part  (g) In  default?	IV, line	\$ - \$ - e 26; or by ed by ard or mittee?	a	(i) Writi	cen ent?
4958	unt of tax, if any, o s to and/or Fro ete if the organizatied an amount on Fo (b) Relationship	m Interested form 990, Part (c) Purpose	ed Persons. "Yes" on Form 9 X, line 5, 6, or (d) Loan to or from the	990-EZ, Part \ 222 (e) Original principal amount	/, line 38	3a, or Form	990, Part	IV, line	\$ - \$ - e 26; or by ed by ard or mittee?	(	(i) Writi	en
4958	unt of tax, if any, o s to and/or Fro ete if the organizati ed an amount on Fo (b) Relationship with organization	m Interestion answered form 990, Part (c) Purpose of loan	e, reimbursed be ed Persons. "Yes" on Form 9 X, line 5, 6, or  (d) Loan to or from the organization?  To From	990-EZ, Part \222 (e) Original principal amount	/, line 38	3a, or Form	990, Part  (g) In  default?	IV, line	\$ - \$ - e 26; or by ed by ard or mittee?	a	(i) Writi	cen ent?
4958	unt of tax, if any, of sto and/or Fro ete if the organizatied an amount on Fro (b) Relationship with organization	m Interestion answered form 990, Part (c) Purpose of loan	e, reimbursed beed Persons. "Yes" on Form S X, line 5, 6, or  (d) Loan to or from the organization?  To From  Interested	ey the organization of the	(f) Ba	3a, or Form lance due	990, Part  (g) In  default?	IV, line	\$ - \$ - e 26; or by ed by ard or mittee?	a	(i) Writi	cen ent?
4958	unt of tax, if any, o  s to and/or Fro ete if the organizatied an amount on Fo  (b) Relationship with organization  s or Assistance ete if the organiz	m Interestion answered form 990, Part (c) Purpose of loan	e, reimbursed be ed Persons. "Yes" on Form 9 X, line 5, 6, or  (d) Loan to or from the organization?  To From  Interested red "Yes" on	ey the organization of the	(f) Ba	3a, or Form lance due .1,292,149 line 27.	990, Part  (g) In default?  Yes No	IV, line Appro boa comm Yes	\$ \$ \$ \$ \$ \$ \$ \$ -	Yes	(i) Writi	ten ent?
4958. 3 Enter the amo  Part II Loan: Comple report  (a) Name of interested person  Total  Part III Grant Comple	unt of tax, if any, of sto and/or Fro ete if the organization (b) Relationship with organization	m Interestorion answered or Purpose of Ioan  Benefiting attion answe	e, reimbursed be ed Persons. "Yes" on Form S X, line 5, 6, or  (d) Loan to or from the organization?  To From  Interested red "Yes" on ween (c) Ai	ey the organization of the principal amount    Solution   Persons   Persons   Person   (f) Ba	3a, or Form lance due .1,292,149 line 27.	990, Part  (g) In  default?	IV, line Appro boa comm Yes	\$ \$ \$ \$ \$ \$ \$ \$ -	Yes	(i) Writi	ten ent?	
4958	unt of tax, if any, of sto and/or Fro ete if the organization (b) Relationship with organization	m Interest ion answered form 990, Part (c) Purpose of loan  Benefiting tation answe elationship bet sted person an	e, reimbursed be ed Persons. "Yes" on Form S X, line 5, 6, or  (d) Loan to or from the organization?  To From  Interested red "Yes" on ween (c) Ai	ey the organization of the principal amount    Solution   Persons   Persons   Person   (f) Ba	3a, or Form lance due .1,292,149 line 27.	990, Part  (g) In default?  Yes No	IV, line Appro boa comm Yes	\$ \$ \$ \$ \$ \$ \$ \$ -	Yes	(i) Writi	ten ent?	
4958	unt of tax, if any, of sto and/or Fro ete if the organization (b) Relationship with organization	m Interest ion answered form 990, Part (c) Purpose of loan  Benefiting tation answe elationship bet sted person an	e, reimbursed be ed Persons. "Yes" on Form S X, line 5, 6, or  (d) Loan to or from the organization?  To From  Interested red "Yes" on ween (c) Ai	ey the organization of the principal amount    Solution   Persons   Persons   Person   (f) Ba	3a, or Form lance due .1,292,149 line 27.	990, Part  (g) In default?  Yes No	IV, line Appro boa comm Yes	\$ \$ \$ \$ \$ \$ \$ \$ -	Yes	(i) Writi	ten ent?	
4958. 3 Enter the amo  Part II Loan: Comple report  (a) Name of interested person  Total Part III Grant Comple	unt of tax, if any, of sto and/or Fro ete if the organization (b) Relationship with organization	m Interest ion answered form 990, Part (c) Purpose of loan  Benefiting tation answe elationship bet sted person an	e, reimbursed be ed Persons. "Yes" on Form S X, line 5, 6, or  (d) Loan to or from the organization?  To From  Interested red "Yes" on ween (c) Ai	ey the organization of the principal amount    Solution   Persons   Persons   Person   (f) Ba	3a, or Form lance due .1,292,149 line 27.	990, Part  (g) In default?  Yes No	IV, line Appro boa comm Yes	\$ \$ \$ \$ \$ \$ \$ \$ -	Yes	(i) Writi	ten ent?	
4958. 3 Enter the amo  Part II Loan: Comple report  (a) Name of interested person  Total Part III Grant Comple	unt of tax, if any, of sto and/or Fro ete if the organization (b) Relationship with organization	m Interest ion answered form 990, Part (c) Purpose of loan  Benefiting tation answe elationship bet sted person an	e, reimbursed be ed Persons. "Yes" on Form S X, line 5, 6, or  (d) Loan to or from the organization?  To From  Interested red "Yes" on ween (c) Ai	ey the organization of the principal amount    Solution   Persons   Persons   Person   (f) Ba	3a, or Form lance due .1,292,149 line 27.	990, Part  (g) In default?  Yes No	IV, line Appro boa comm Yes	\$ \$ \$ \$ \$ \$ \$ \$ -	Yes	(i) Writi	ten ent?	

Explanation

**Return Reference** 

Schedule I. (Form 990 or 990-F7) 2019



Return Explanation
Reference

FORM 990,	THE CREDIT UNION'S MEMBERS HAVE THE RIGHT TO ELECT ONE OR MORE MEMBERS OF THE GOVERNING BO
PART VI,	DY, WHETHER PERIODICALLY, AS VACANCIES ARISE, OR OTHERWISE.
SECTION A,	
LINE 7A	

Return Explanation
Reference

FORM 990, MEMBERS OF THE CREDIT UNION HAVE THE RIGHT TO APPROVE THE GOVERNING BODY'S ELECTION AND RE MOVAL ANNUALLY. ADDITIONALLY, MEMBERS VOTE ON ITEMS BROUGHT THROUGH A SPECIAL MEETING OF M SECTION A, EMBERS, SUCH AS MERGERS AND REMOVAL OF OFFICERS AND DIRECTORS.

Return Explanation
Reference

FORM 990,	THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS WHO REVIEW THE FORM AND APPLICABLE SCHEDULES
PART VI,	PRIOR TO THE RETURN'S FILING WITH THE IRS.
SECTION B,	
LINE 11B	

FORM 990, PART VI, SECTION B, LINE 12C  EMPLOYEES SIGN A STATEMENT REQUIRING THAT THEY MUST DISCLOSE TO THE PRESIDENT & CEO ANY AC TUAL, POTENTIAL, OR PERCEIVED CONFLICTS OF INTEREST BEFORE BEING HIRED. DIRECTORS AND VOLU NTEERS SIGN A "CODE OF ETHICS ACKNOWLEDGEMENT" THAT STATES THEY WILL NOT BE INVOLVED IN SI TUATIONS THAT RESULT IN OR COULD BE PERCEIVED TO BE A CONFLICT OF INTEREST. THEY MUST ALSO EXCUSE THEMSELVES FROM ANY DISCUSSIONS OR PARTICIPATION IN DECISIONS INVOLVING INSTANCES IN WHICH A CONFLICT OF INTEREST EXISTS OR MAY EXIST. THE POLICY MANUAL HAS THREE SECTIONS IN WHICH CONFLICTS OF INTEREST ARE STATED AND THE BOARD APPROVES THE POLICY MANUAL ON AN A NNUAL BASIS. BOTH THE CEO & EVP MONITOR ALL STAFF AND VOLUNTEER ACCOUNTS, IN ADDITION, DUR ING OUR CERTIFIED AUDIT, ALL STAFF AND VOLUNTEER ACCOUNTS, OR A SAMPLING, ARE REVIEWED FOR POTENTIAL CONFLICTS OF INTEREST. NO DIRECTOR, COMMITTEE MEMBER, OR EMPLOYEE OF THE CREDIT UNION MAY HAVE A PECUNIARY INTEREST IN ANY CONTRACT OR TRANSACTION WITH THE CREDIT UNION UNLESS THIS INTEREST IS DISCLOSED AND MADE KNOWN TO THE BOARD OF DIRECTORS. NO DIRECTOR OR COMMITTEE MEMBER OF THE CREDIT UNION WILL PARTICIPATE IN THE DELIBERATION OF ANY QUESTION AFFECTING THEIR OWN PECUNIARY INTEREST. SUCH DIRECTOR OR COMMITTEE MEMBER WILL WITHDRAW FROM THE DELIBERATION AND DECISION UPON SUCH INTEREST.	Return Reference	<b>Explanation</b>
	PART VI, SECTION B,	TUAL, POTENTIAL, OR PERCEIVED CONFLICTS OF INTEREST BEFORE BEING HIRED. DIRECTORS AND VOLU NTEERS SIGN A "CODE OF ETHICS ACKNOWLEDGEMENT" THAT STATES THEY WILL NOT BE INVOLVED IN SI TUATIONS THAT RESULT IN OR COULD BE PERCEIVED TO BE A CONFLICT OF INTEREST. THEY MUST ALSO EXCUSE THEMSELVES FROM ANY DISCUSSIONS OR PARTICIPATION IN DECISIONS INVOLVING INSTANCES IN WHICH A CONFLICT OF INTEREST EXISTS OR MAY EXIST. THE POLICY MANUAL HAS THREE SECTIONS IN WHICH CONFLICTS OF INTEREST ARE STATED AND THE BOARD APPROVES THE POLICY MANUAL ON AN A NNUAL BASIS. BOTH THE CEO & EVP MONITOR ALL STAFF AND VOLUNTEER ACCOUNTS. IN ADDITION, DUR ING OUR CERTIFIED AUDIT, ALL STAFF AND VOLUNTEER ACCOUNTS, OR A SAMPLING, ARE REVIEWED FOR POTENTIAL CONFLICTS OF INTEREST. NO DIRECTOR, COMMITTEE MEMBER, OR EMPLOYEE OF THE CREDIT UNION MAY HAVE A PECUNIARY INTEREST IN ANY CONTRACT OR TRANSACTION WITH THE CREDIT UNION UNLESS THIS INTEREST IS DISCLOSED AND MADE KNOWN TO THE BOARD OF DIRECTORS. NO DIRECTOR OR COMMITTEE MEMBER OF THE CREDIT UNION WILL PARTICIPATE IN THE DELIBERATION OF ANY QUESTION AFFECTING THEIR OWN PECUNIARY INTEREST. SUCH DIRECTOR OR COMMITTEE MEMBER WILL WITHDRAW F

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	LINE 15A, COMPENSATION PROCESS FOR TOP OFFICIAL: THE EMPLOYEE BENEFITS COMMITTEE, WHICH IS COMPRISED OF 3 BOARD MEMBERS, REVIEWS LOCAL SURVEYS, INCLUDING THE ANNUAL MILLIMAN NORTHW EST FINANCIAL INDUSTRY SALARY SURVEY TO DEVELOP A RECOMMENDATION FOR THE BOARD. THE BOARD REVIEWS THE COMMITTEE'S RECOMMENDATION AND APPROVES THE CEO'S COMPENSATION. THIS PROCESS W AS LAST DONE IN 2018 IN DETERMINING THE CEO'S COMPENSATION FOR 2019. LINE 15B, COMPENSATIO N PROCESS FOR OFFICERS: OTHER OFFICER AND KEY EMPLOYEE COMPENSATION IS DETERMINED BY THE CEO, BASED ON A REVIEW OF LOCAL SALARY SURVEY INFORMATION, AND BECOMES A PART OF THE COMPENSATION RECOMMENDATION DURING THE BUDGET PROCESS.

**Explanation** Return Reference

FORM 990. THE CREDIT UNION'S BYLAWS AND LEGAL DOCUMENTS. FINANCIAL STATEMENTS AND ANNUAL REPORT. THA T MEMBERS HAVE THE RIGHT TO VIEW. ARE AVAILABLE UPON REQUEST. THE REQUEST MUST BE IN WRITT EN FORM.

PART VI. SECTION C. LINE 19

efile GRAPHIC print - DO	NOT PROCESS	As Filed Data -										DLN: 93493	280014	610
SCHEDULE R (Form 990)  Department of the Treasury Internal Revenue Service	<b>&gt;</b> (	Related Complete if the organ	ization ar	nswered "Yes ▶ Attach to	s" on Form Form 990.	990, Part	IV, line 33	, 34, 35b,		37.		Open to	19	
Name of the organization SOUND CREDIT UNION									Emp	loyer identif	icatior	n number		
-1					1.007		200 5	T) / I: 5		557925				
	(a) EIN (if applicable) of disn	ntities. Complete if	trie organ	(b) Primary a		Legal dom	c) nicile (state n country)	(d)		<b>(e)</b> End-of-year as	sets	<b>(f</b> Direct co enti		
	of Related Tax-Ex npt organizations du	empt Organization uring the tax year.	<b>ıs.</b> Compl	ete if the org	ganization	answered	i "Yes" on	Form 990	, Part I	V, line 34 be	ecause	e it had one or	more	
Name, address, an	<b>(a)</b> d EIN of related organizati	ion	Prim	<b>(b)</b> ary activity	tivity Legal domi or foreign		(d) Exempt Coo		(e) Public charity status (if section 501(c)(3))		Di	(f) rect controlling entity	Section (13) con enti	512(b) ntrolled ty?
													Yes	No
For Paperwork Peduction Ac	at Mating and the Torr	aturiations for Ec	00			at No. 5017	DEV.				Cal-	edule P (Form	900) 30	10

(a) Name, address, and EIN related organization		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predomir income(rel unrelate excluded tax und sections!	lated, total inco ed, from ler 512-		Disprop alloca	h) ortionate ations?		65)	x managing partner?		General or managing partner?		General or managing		General or managing		(k) rcenta wnersl
								Yes	No		Y	es	No							
			+ +						+			_								
			1 1						<u> </u>				_							
			+ +						<del>                                     </del>				_							
V Identification of Related Orga	anizations Taxable as a C	orporation	or Trus	t. Complete	e if the or	ganization a	nswered "Ye	s" on I	Form 9	990, Pari	t IV, I	ine :	 34							
V Identification of Related Orga because it had one or more relat (a) Name, address, and EIN of related organization	anizations Taxable as a C ted organizations treated as (b) Primary activity	a corporation	on or trus (c) egal omicile or foreign	t during th	e if the or ne tax yea (d) controlling entity	ganization a ar. (e) Type of entity (C corp, S corp or trust)	nswered "Ye  (f)  Share of total income	Share	(g) e of end- year assets	of- Pe	(h) ercenta	ge	Section (13) of	on 5 con ntit						
because it had one or more relat  (a)  Name, address, and EIN of	ted organizations treated as (b)	L do (state	on or trus (c) Legal omicile	Direct	(d) controlling entity  D CREDIT	(e) Type of entity (C corp, S corp	(f) Share of total	Share	(g) e of end- year	of- Po	(h) ercenta	ge nip	Section (13)	cont entity						
because it had one or more relat  (a)  Name, address, and EIN of related organization  D FINANCIAL GROUP INC  595 WA 98401	ted organizations treated as  (b)  Primary activity	L do (state	on or trust (c) Legal Omicile or foreign untry)	t during th	(d) controlling entity  D CREDIT	(e) Type of entity (C corp, S corp or trust)	(f) Share of total income	Share	(g) e of end- year assets	of- Po	(h) ercenta wnersh	ge nip	Section (13) (13) (14) Yes	on 5 cont entit						
because it had one or more relat  (a)  Name, address, and EIN of related organization  D FINANCIAL GROUP INC 595 WA 98401	ted organizations treated as  (b)  Primary activity	L do (state	on or trust (c) Legal Omicile or foreign untry)	Direct	(d) controlling entity  D CREDIT	(e) Type of entity (C corp, S corp or trust)	(f) Share of total income	Share	(g) e of end- year assets	of- Po	(h) ercenta wnersh	ge nip	Section (13) (13) (14) Yes	on 5 cont entit						
because it had one or more relat  (a)  Name, address, and EIN of related organization  D FINANCIAL GROUP INC 595 WA 98401	ted organizations treated as  (b)  Primary activity	L do (state	on or trust (c) Legal Omicile or foreign untry)	Direct	(d) controlling entity  D CREDIT	(e) Type of entity (C corp, S corp or trust)	(f) Share of total income	Share	(g) e of end- year assets	of- Po	(h) ercenta wnersh	ge nip	Section (13) (13) (14) Yes	on 5 cont entit						
because it had one or more relat  (a)  Name, address, and EIN of related organization  D FINANCIAL GROUP INC  595 WA 98401	ted organizations treated as  (b)  Primary activity	L do (state	on or trust (c) Legal Omicile or foreign untry)	Direct	(d) controlling entity  D CREDIT	(e) Type of entity (C corp, S corp or trust)	(f) Share of total income	Share	(g) e of end- year assets	of- Po	(h) ercenta wnersh	ge nip	Section (13) (13) (14) Yes	on 5 cont entit						
(a) Name, address, and EIN of related organization	ted organizations treated as  (b)  Primary activity	L do (state	on or trust (c) Legal Omicile or foreign untry)	Direct	(d) controlling entity  D CREDIT	(e) Type of entity (C corp, S corp or trust)	(f) Share of total income	Share	(g) e of end- year assets	of- Po	(h) ercenta wnersh	ge nip	Section (13) (13) (14) Yes	on 5 cont entit						
because it had one or more relat  (a)  Name, address, and EIN of related organization  D FINANCIAL GROUP INC  595 WA 98401	ted organizations treated as  (b)  Primary activity	L do (state	on or trust (c) Legal Omicile or foreign untry)	Direct	(d) controlling entity  D CREDIT	(e) Type of entity (C corp, S corp or trust)	(f) Share of total income	Share	(g) e of end- year assets	of- Po	(h) ercenta wnersh	ge nip	Section (13) (13) (14) Yes	on 5 conf ntit						

Page **3** 

art V	Transactions with R	elated Organizations.	Complete if the organization answered	res on Form 990,	Part IV, line 34, 35b, or 36.	
NI - 4 -	. Campulaka lima 4 is amu ama	in the line and in Decade II III .	ou TV ( of Alain and adula			

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	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)	<b>1</b> b		No
С	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	<b>1</b> d		No
е	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g		<b>1</b> g		No
h	Purchase of assets from related organization(s)	1h		No
	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
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
0	Sharing of paid employees with related organization(s)	10		No
р	Reimbursement paid to related organization(s) for expenses	<b>1</b> p		No
q	Reimbursement paid by related organization(s) for expenses	<b>1</b> q		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)	<b>1</b> s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	_		
	(a) Name of related organization  (b) Transaction type (a-s)  (c) Amount involved Method of determining an	nount i	nvolved	

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

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

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Ar	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ate ?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General d managin partner?	or g ?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
			1			ı				Schedul	e R (Form	990	0) 2019

Part VII	Supplemental Info	ormation				
	Provide additional infor	mation for responses to questions on Schedule R. (see instructions).				
Retu	ırn Reference	Explanation				