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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 01-01-2020 , and ending 12-31-2020

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

C Name of organization
NUMERICA CREDIT UNION

Doing business as
NA

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
14610 E SPRAGUE AVENUE

City or town, state or province, country, and ZIP or foreign postal code
SPOKANE VALLEY, WA 992162146

D Employer identification number
91-0863377

E Telephone number
(509) 462-7355

G Gross receipts $ 179,810,808

F Name and address of principal officer:
BEN RICHARDSON
14610 E SPRAGUE AVENUE
SPOKANE VALLEY, WA 992162146

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶ 1269

I Tax-exempt status: ☐ 501(c)(3) ☑ 501(c) (14) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.NUMERICACU.COM

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1937

M State of legal domicile: WA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
CREDIT UNION OPERATED WITHOUT PROFIT FOR MUTUAL PURPOSES.

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	9
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	**5**	691
6	Total number of volunteers (estimate if necessary)	**6**	15
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	575,627
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0	0
9	Program service revenue (Part VIII, line 2g)	140,960,172	155,019,454
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,850,214	5,192,243
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	94,907
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	148,810,386	160,306,604
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	347,568	530,389
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	51,983,222	56,389,314
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	69,935,355	76,561,260
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	122,266,145	133,480,963
19	Revenue less expenses. Subtract line 18 from line 12	26,544,241	26,825,641

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,515,014,678	3,014,942,037
21	Total liabilities (Part X, line 26)	2,253,558,552	2,724,967,100
22	Net assets or fund balances. Subtract line 21 from line 20	261,456,126	289,974,937

Part II Signature Block

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

Sign Here

****** 2021-08-16
Signature of officer Date

BEN RICHARDSON ACTING CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2021-08-16		P01251320

Firm's name ▶ MOSS ADAMS LLP — Firm's EIN ▶ 91-0189318

Firm's address ▶ 601 W RIVERSIDE AVENUE STE 1800
SPOKANE, WA 99201 — Phone no. (509) 747-2600

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ **Yes** ☐ **No**

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

CREDIT UNION OPERATED WITHOUT PROFIT FOR MUTUAL PURPOSES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ including grants of $) (Revenue $)

See Additional Data

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	51,717		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	691		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	No
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.			**16**	No

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	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		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		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	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶BEN RICHARDSON 14610 E SPRAGUE AVENUE SPOKANE VALLEY, WA 99216 (509) 462-7355

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 year.

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

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								8,583,782	0	841,692

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 123

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MTR COMMUNICATIONS 1705 S MAPLE BLVD SPOKANE, WA 99203	MARKETING/PUBLIC RELATIONS	1,394,818
DIEBOLD PO BOX 643543 PITTSBURGH, PA 15264	ATM MAINTENANCE & SUPPLIES	1,122,191
ADVANCED AMC INC 408 E SHERMAN AVE SUITE 205 CDA, ID 83814	APPRAISALS	1,111,175
CHAPTER & VERSE 111 N POST ST SUITE 400 SPOKANE, WA 99201	MARKETING/PUBLIC RELATIONS	881,930
LOOMIS FARGO & CO PO BOX 643543 PALANTINE, IL 60055	ATM BRANCH & CASH DELIVERY	853,271

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 57

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	**1a** Federated campaigns . . **1a**				
	b Membership dues . . **1b**				
	c Fundraising events . . **1c**				
	d Related organizations **1d**				
	e Government grants (contributions) **1e**				
	f All other contributions, gifts, grants, and similar amounts not included above **1f**				
	g Noncash contributions included in lines 1a - 1f:$ **1g**				
	h Total. Add lines 1a-1f . . . . . ▶				
Program Service Revenue		Business Code			
	2a INTEREST ON LOANS	522100	107,621,538	107,621,538	
	b FEE INCOME	522100	39,646,304	39,070,677	575,627
	c GAIN ON SALE OF LOANS	522100	7,751,612	7,751,612	
	d				
	e				
	f All other program service revenue.				
	g Total. Add lines 2a–2f. . . . . ▶	155,019,454			
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		4,931,035		4,931,035
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶				
		(i) Real	(ii) Personal		
	6a Gross rents **6a**				
	b Less: rental expenses **6b**				
	c Rental income or (loss) **6c**				
	d Net rental income or (loss) . . . . . ▶				
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory **7a**	16,945,041	2,820,371		
	b Less: cost or other basis and sales expenses **7b**	16,683,151	2,821,053		
	c Gain or (loss) **7c**	261,890	-682		
	d Net gain or (loss) . . . . . ▶		261,208		261,208
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . **8a**				
	b Less: direct expenses . . . **8b**				
	c Net income or (loss) from fundraising events . . ▶				
	9a Gross income from gaming activities. See Part IV, line 19 . . . **9a**				
	b Less: direct expenses . . . **9b**				
	c Net income or (loss) from gaming activities . . ▶				
	10a Gross sales of inventory, less returns and allowances . . **10a**				
	b Less: cost of goods sold . . **10b**				
	c Net income or (loss) from sales of inventory . . ▶				
	Miscellaneous Revenue	Business Code			
	11a TAX REFUND	900099	94,907		94,907
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a–11d . . . . . ▶		94,907		
	12 Total revenue. See instructions . . . . . ▶		160,306,604	154,443,827	575,627	5,287,150

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	485,580			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	44,809			
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	7,914,965			
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	37,345,092			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	3,477,347			
9 Other employee benefits	3,930,707			
10 Payroll taxes	3,721,203			
11 Fees for services (non-employees):				
a Management				
b Legal	325,011			
c Accounting	272,003			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	660,039			
12 Advertising and promotion	4,241,250			
13 Office expenses	6,452,020			
14 Information technology	4,950,972			
15 Royalties				
16 Occupancy	2,457,248			
17 Travel	195,522			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	208,073			
20 Interest	23,690,010			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,940,198			
23 Insurance	736,247			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROVISION FOR LOAN LOSS	16,510,000			
b LOAN SERVICING EXPENSE	6,098,136			
c ATM/VISA CARD EXPENSES	4,158,602			
d ASSOCIATION DUES	355,848			
e All other expenses	310,081			
25 **Total functional expenses.** Add lines 1 through 24e	133,480,963			
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		52,175,521	1	50,386,651
	2	Savings and temporary cash investments		91,800,626	2	260,844,243
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other 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		40,063,666	5	41,966,171
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net		1,991,847,157	7	2,288,578,829
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		2,743,091	9	3,726,078
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 87,959,015			
	b	Less: accumulated depreciation	10b 30,877,954	61,947,466	10c	57,081,061
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11		214,249,750	12	243,923,601
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets		249,766	14	201,548
	15	Other assets. See Part IV, line 11		59,937,635	15	68,233,855
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		2,515,014,678	16	3,014,942,037
Liabilities	17	Accounts payable and accrued expenses		33,664,607	17	39,999,787
	18	Grants payable			18	
	19	Deferred revenue		129,408	19	298,761
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		867,881	21	1,136,568
	22	Loans and other 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			22	
	23	Secured mortgages and notes payable to unrelated third parties		117,500,000	23	90,500,000
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		2,101,396,656	25	2,593,031,984
	26	**Total liabilities.** Add lines 17 through 25		2,253,558,552	26	2,724,967,100
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☐ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions			27	
	28	Net assets with donor restrictions			28	
		Organizations that do not follow FASB ASC 958, check here ▶ ☑ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		0	29	0
	30	Paid-in or capital surplus, or land, building or equipment fund		0	30	0
	31	Retained earnings, endowment, accumulated income, or other funds		261,456,126	31	289,974,937
	32	Total net assets or fund balances		261,456,126	32	289,974,937
	33	Total liabilities and net assets/fund balances		2,515,014,678	33	3,014,942,037

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	160,306,604
2	Total expenses (must equal Part IX, column (A), line 25)	2	133,480,963
3	Revenue less expenses. Subtract line 2 from line 1	3	26,825,641
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	261,456,126
5	Net unrealized gains (losses) on investments	5	1,693,170
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	289,974,937

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 91-0863377

Name: NUMERICA CREDIT UNION

Form 990 (2020)

Form 990, Part III, Line 4a:

PROVIDE FINANCIAL SERVICES TO 160,049 MEMBERS. THESE SERVICES INCLUDE, BUT ARE NOT LIMITED TO, PROVIDING REAL ESTATE AND OTHER SECURED/UNSECURED CONSUMER AND BUSINESS LOANS, CHECKING AND SAVINGS PROGRAMS, AND CREDIT CARD SERVICES.

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HUPP RON CHAIRMAN	8.00	X		X				6,223	0	0
NIELSEN SUSAN SECRETARY	8.00	X		X				3,967	0	0
MORTENSEN WES VICE CHAIRMAN	8.00	X		X				1,432	0	0
CLARK SCOTT DIRECTOR	8.00	X						8,938	0	0
BENSON ADAM DIRECTOR	8.00	X						6,695	0	0
PLUMB SCOTT DIRECTOR	8.00	X						4,869	0	0
SMITH YVONNE DIRECTOR	8.00	X						2,192	0	0
OCHOA-BRUCK GLORIA DIRECTOR	8.00	X						1,432	0	0
KITTLITZ LIESEL DIRECTOR	8.00	X						1,432	0	0
CICERO CARLA PRESIDENT/CEO	40.00			X				945,594	0	151,916

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LEHN JENNIFER CHIEF OPERATIONS OFFICER	40.00			X				461,419	0	37,131
LEAVER CINDY CHIEF STRATEGY OFFICER	40.00			X				447,786	0	30,732
PLANK KENNETH CHIEF LENDING OFFICER	40.00			X				415,063	0	39,143
FERGUSON KELLEY CHIEF ADMINISTRATION OFFICER	40.00			X				414,025	0	39,773
CIANI LYNN CHIEF RISK OFFICER	40.00			X				355,173	0	35,332
HARTER NANCY CHIEF BRANDING OFFICER (THRU 5/20)	40.00			X				238,541	0	25,090
SHERMAN NICOLE CHIEF OPERATING OFFICER	40.00			X				123,174	0	1,857
MELCHER JOSHUA SVP OF BUSINESS SERVICES	40.00				X			360,224	0	27,741
HANSEN GREG EVP CREDIT ADMINISTRATION	40.00				X			308,034	0	32,324
ERNY JANA SVP OF RETAIL LENDING	40.00				X			309,569	0	29,587

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CLUTE TROY SVP HOME LOAN CENTER	40.00				X			299,564	0	33,763
O'CALLAGHAN JENNIFER SVP OF MARKETING	40.00				X			277,217	0	32,509
PEARMAN- GILLMAN KIM SVP CORPORATE & COMMUNITY RELATIONS	40.00				X			280,435	0	21,492
STIRLING ANDY SVP OF CENTRAL WASHINGTON REGION	40.00				X			265,951	0	30,758
MURRAY KAYCEE SVP INFORMATION TECHNOLOGY	40.00				X			260,694	0	34,665
GRABICKI MICHELLE SVP OF CORPORATE CULTURE (THRU 8/20)	40.00				X			274,262	0	20,994
FOX MARK SVP PAYMENT SERVICES & DIGITAL	40.00				X			253,188	0	28,914
SUNDERMAN LISA SVP ENTERPRISE RISK MANAGEM	40.00				X			245,489	0	25,553
RICHARDSON BEN SVP OF FINANCE	40.00				X			246,352	0	15,591
WEIS KAREN VP OF LEGAL/ COMPLIANCE	40.00				X			192,357	0	23,606

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SKINFILL LINDSEY VP OF CULTURE	40.00				X			162,991	0	22,213
KELLY JASON HLC SENIOR LOAN OFFICER	40.00					X		389,910	0	20,020
COLTRAIN ERIC FINANCIAL ADVISOR (THRU 11/20)	40.00					X		278,208	0	18,176
CHAMBERLIN BRYCE VP PRIVATE BANKING TEAM LEADER	40.00					X		264,603	0	24,279
BERDAR CLIFFORD HLC SALES MANAGER	40.00					X		238,547	0	19,891
SCHERTENLEIB WADE FINANCIAL ADVISOR (THRU 11/20)	40.00					X		238,232	0	18,642

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
NUMERICA CREDIT UNION

Employer identification number
91-0863377

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

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

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other .....

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☑ No

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

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☑ Yes ☐ No

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

Part V Endowment Funds.

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

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

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

- a Board designated or quasi-endowment ▶ .....
- b Permanent endowment ▶ .....
- c Term endowment ▶ .....

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations . . . . . 3a(i)		
(ii) Related organizations . . . . . 3a(ii)		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3b		

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		12,693,082		12,693,082
b Buildings		48,607,082	14,289,208	34,317,874
c Leasehold improvements		4,433,127	2,255,948	2,177,179
d Equipment		7,030,563	5,002,867	2,027,696
e Other		15,195,161	9,329,931	5,865,230
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				57,081,061

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests	1,428,751	C
(3) Other		
(A) AVAILABLE FOR SALE SECURITIES	213,266,621	F
(B) NCUSIF DEPOSIT	20,992,897	C
(C) FEDERAL HOME LOAN BANK STOCK	6,642,200	C
(D) OTHER INVESTMENTS	1,593,132	C
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	243,923,601	

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SHARES & DEPOSITS	2,593,031,984
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	2,593,031,984

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	154,668,169
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	154,668,169
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	5,638,435		
c	Add lines **4a** and **4b**			4c	5,638,435
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	160,306,604

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

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

1	Total expenses and losses per audited financial statements			1	127,842,528
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	127,842,528
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	5,638,435		
c	Add lines **4a** and **4b**			4c	5,638,435
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	133,480,963

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

Additional Data

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

Supplemental Information

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

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE CREDIT UNION IS EXEMPT BY STATUTE FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SE CTION 501 OF THE INTERNAL REVENUE CODE OF 1954; HOWEVER, THE CREDIT UNION'S UNRELATED BUSI NESS INCOME AND SUBSIDIARIES ARE SUBJECT TO FEDERAL INCOME TAXES. THERE WERE NO SIGNIFICAN T INCOME TAXES FOR THE YEARS ENDED DECEMBER 31, 2020 OR 2019. ACCOUNTING PRINCIPLES PRESCR IBE A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNIT ION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE C REDIT UNION HAD NO MATERIAL UNRECOGNIZED TAX POSITIONS AT DECEMBER 31, 2020 OR 2019. IT IS THE CREDIT UNION'S POLICY TO RECORD ANY PENALTIES OR INTEREST ARISING FROM FEDERAL OR STA TE TAXES AS A COMPONENT OF NONINTEREST EXPENSE. THE CREDIT UNION FILES A FEDERAL EXEMPT OR GANIZATION RETURN AND A SALES AND USE TAX RETURN WITH THE STATE OF WASHINGTON AND A STATE INCOME TAX RETURN WITH THE STATE OF IDAHO.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	RECLASS ATM FEES NETTED AGAINST ATM INCOME ON FS 5,543,528. RECLASS TAX REFUND 94,907.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	RECLASS ATM FEES NETTED AGAINST ATM INCOME ON FS 5,543,528. RECLASS TAX REFUND 94,907.

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
NUMERICA CREDIT UNION

Employer identification number
91-0863377

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 15

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) FINANCIAL EDUCATION SCHOLARSHIPS	4	19,809			
(2) STUDENT AMBASSADOR SCHOLARSHIPS	10	15,000			
(3) CONTINUING EDUCATION SCHOLARSHIPS	4	10,000			
(3)					
(4)					
(5)					
(6)					
(7)					

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

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

Additional Data

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BIG TABLE PO BOX 372 SPOKANE, WA 99210	20-8931223	501(C)(3)	30,000				GENERAL SUPPORT
SECOND HARVEST FOOD BANK 1234 E FRONT AVE SPOKANE, WA 99202	23-7173826	501(C)(3)	25,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VANESSA BEHAN CRISIS NURSERY 1004 E 8TH AVE SPOKANE, WA 99202	91-1196575	501(C)(3)	20,000				GENERAL SUPPORT
DOMESTIC VIOLENCE SERVICES 3311 W CLEARWATER AVE KENNEWICK, WA 99336	87-0704852	501(C)(3)	20,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMUNITIES IN SCHOOLS OF BENTON-FRANKLIN 295 BRADLEY BLVD SUITE 204 RICHLAND, WA 99352	81-0846103	501(C)(3)	20,000				GENERAL SUPPORT
YWCA OF SPOKANE 930 N MONROE SPOKANE, WA 99201	91-0565025	501(C)(3)	15,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FAMILY PROMISE OF SPOKANE 904 E HARTSON AVE SPOKANE, WA 99202	91-1707988	501(C)(3)	15,000				GENERAL SUPPORT
YWCA NC WA 212 FIRST ST WENATCHEE, WA 98801	91-0721056	501(C)(3)	12,500				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SAFE PASSAGE 850 N 4TH ST COEUR DALENE, ID 83814	82-0341451	501(C)(3)	12,500				GENERAL SUPPORT
CHILDREN'S VILLAGE 1350 W HANLEY AVE COEUR DALENE, ID 83815	82-0485532	501(C)(3)	12,500				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHILDREN'S HOME SOCIETY 1014 WALLA WALLA AVE WENATCHEE, WA 98801	91-0575955	501(C)(3)	12,500				GENERAL SUPPORT
WOMEN'S & CHILDREN'S FREE REST 1408 N WASHINGTON ST SPOKANE, WA 99201	91-1399742	501(C)(3)	10,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SPOKANE VALLEY PARTNERS 10814 E BROADWAY AVE SPOKANE VALLEY, WA 99206	91-1478830	501(C)(3)	10,000				GENERAL SUPPORT
GSEWNI 1404 N ASH ST SPOKANE, WA 99201	91-0570844	501(C)(3)	10,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CDAIDE PO BOX 1042 COEUR DALENE, ID 83816	82-1514707	501(C)(3)	10,000				GENERAL SUPPORT

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Schedule J (Form 990)

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
NUMERICA CREDIT UNION

Employer identification number
91-0863377

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☑ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		
b	Any related organization?	**5b**		
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		
b	Any related organization?	**6b**		
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 1A	BOARD MEMBERS WHO HAVE COMPANIONS TRAVELING HAVE THESE EXPENSES INCLUDED FOR TAXABLE PURPOSES IN THEIR 1099-MISC. TAX PAYMENTS ARE PROVIDED FOR EXECUTIVE LEVEL STAFF ON THE TAXABLE BENEFIT OF AN INTEREST-FREE LOAN ON A SPLIT DOLLAR LIFE INSURANCE POLICY. WELLNESS EXPENSES SUCH AS HEALTH CLUB DUES ARE PROVIDED FOR EXECUTIVE MANAGEMENT AS A BENEFIT. THEIR COMPENSATION IS TAXED APPROPRIATELY FOR THIS BENEFIT.
PART I, LINES 4A-B	MICHELLE GRABICKI RECEIVED $77,470 OF SEVERANCE IN 2020. CARLA CICERO, CEO, PARTICIPATES IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. THE AMOUNT EARNED IN 2020 WAS $95,260.

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1CICERO CARLA PRESIDENT/CEO	(i)	667,893	245,513	32,188	145,357	6,559	1,097,510	0
	(ii)	0	0	0	0	0	0	0
1LEHN JENNIFER CHIEF OPERATIONS OFFICER	(i)	365,377	92,670	3,372	29,540	7,591	498,550	0
	(ii)	0	0	0	0	0	0	0
2LEAVER CINDY CHIEF STRATEGY OFFICER	(i)	343,010	92,063	12,713	22,400	8,332	478,518	0
	(ii)	0	0	0	0	0	0	0
3PLANK KENNETH CHIEF LENDING OFFICER	(i)	318,234	83,809	13,020	30,950	8,193	454,206	0
	(ii)	0	0	0	0	0	0	0
4FERGUSON KELLEY CHIEF ADMINISTRATION OFFICER	(i)	329,215	83,580	1,230	30,950	8,823	453,798	0
	(ii)	0	0	0	0	0	0	0
5CIANI LYNN CHIEF RISK OFFICER	(i)	278,962	73,107	3,104	27,935	7,397	390,505	0
	(ii)	0	0	0	0	0	0	0
6HARTER NANCY CHIEF BRANDING OFFICER (THRU 5/20)	(i)	155,410	81,959	1,172	22,400	2,690	263,631	0
	(ii)	0	0	0	0	0	0	0
7MELCHER JOSHUA SVP OF BUSINESS SERVICES	(i)	182,464	176,579	1,181	18,136	9,605	387,965	0
	(ii)	0	0	0	0	0	0	0
8HANSEN GREG EVP CREDIT ADMINISTRATION	(i)	244,553	57,328	6,153	23,527	8,797	340,358	0
	(ii)	0	0	0	0	0	0	0
9ERNY JANA SVP OF RETAIL LENDING	(i)	246,370	60,691	2,508	17,955	11,632	339,156	0
	(ii)	0	0	0	0	0	0	0
10CLUTE TROY SVP HOME LOAN CENTER	(i)	225,368	73,553	643	23,209	10,554	333,327	0
	(ii)	0	0	0	0	0	0	0
11O'CALLAGHAN JENNIFER SVP OF MARKETING	(i)	221,887	54,894	436	24,316	8,193	309,726	0
	(ii)	0	0	0	0	0	0	0
12PEARMAN- GILLMAN KIM SVP CORPORATE & COMMUNITY RELATIONS	(i)	223,832	51,345	5,258	7,889	13,603	301,927	0
	(ii)	0	0	0	0	0	0	0
13STIRLING ANDY SVP OF CENTRAL WASHINGTON REGION	(i)	213,021	49,535	3,395	17,155	13,603	296,709	0
	(ii)	0	0	0	0	0	0	0
14MURRAY KAYCEE SVP INFORMATION TECHNOLOGY	(i)	207,558	52,878	258	20,959	13,706	295,359	0
	(ii)	0	0	0	0	0	0	0
15GRABICKI MICHELLE SVP OF CORPORATE CULTURE (THRU 8/20)	(i)	145,744	51,048	77,470	15,581	5,413	295,256	0
	(ii)	0	0	0	0	0	0	0
16FOX MARK SVP PAYMENT SERVICES & DIGITAL	(i)	205,079	47,795	314	20,618	8,296	282,102	0
	(ii)	0	0	0	0	0	0	0
17SUNDERMAN LISA SVP ENTERPRISE RISK MANAGEM	(i)	197,626	47,504	359	18,526	7,027	271,042	0
	(ii)	0	0	0	0	0	0	0
18RICHARDSON BEN SVP OF FINANCE	(i)	215,609	30,430	313	7,398	8,193	261,943	0
	(ii)	0	0	0	0	0	0	0
19WEIS KAREN VP OF LEGAL/ COMPLIANCE	(i)	163,348	28,165	844	16,646	6,960	215,963	0
	(ii)	0	0	0	0	0	0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21SKINFILL LINDSEY VP OF CULTURE	(i)	149,517	13,378	96	13,845	8,368	185,204	0
	(ii)	0	0	0	0	0	0	0
1KELLY JASON HLC SENIOR LOAN OFFICER	(i)	60,964	328,889	57	12,989	7,031	409,930	0
	(ii)	0	0	0	0	0	0	0
2COLTRAIN ERIC FINANCIAL ADVISOR (THRU 11/20)	(i)	46,740	230,887	581	9,976	8,200	296,384	0
	(ii)	0	0	0	0	0	0	0
3CHAMBERLIN BRYCE VP PRIVATE BANKING TEAM LEADER	(i)	136,843	126,988	772	15,615	8,664	288,882	0
	(ii)	0	0	0	0	0	0	0
4BERDAR CLIFFORD HLC SALES MANAGER	(i)	88,441	149,768	338	12,691	7,200	258,438	0
	(ii)	0	0	0	0	0	0	0
5SCHERTENLEIB WADE FINANCIAL ADVISOR (THRU 11/20)	(i)	46,740	190,917	575	10,383	8,259	256,874	0
	(ii)	0	0	0	0	0	0	0

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
NUMERICA CREDIT UNION

Employer identification number
91-0863377

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

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

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

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

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
See Additional Data Table												
Total . . . . . ▶ $						41,966,171						

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

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

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

Return Reference	Explanation

Additional Data

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

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) CICERO CARLA	CHIEF EXECUTIVE OFFICER	SPLIT DOLLAR LIFE INSURANCE POLICY		X	12,173,272	12,909,882		No	Yes		Yes	
(1) FERGUSON KELLEY	CHIEF INFORMATION OFFICER	SPLIT DOLLAR LIFE INSURANCE POLICY		X	3,261,694	3,459,908		No	Yes		Yes	
(2) LEHN JENNIFER A	CHIEF OPERATIONS OFFICER	SPLIT DOLLAR LIFE INSURANCE POLICY		X	1,665,148	1,765,766		No	Yes		Yes	
(3) NORBURY-HARTERNANCY	CHIEF BRANDING OFFICER	SPLIT DOLLAR LIFE INSURANCE POLICY		X	3,076,916	2,979,983		No	Yes		Yes	
(4) CIANI LYNN	EVP - GENERAL COUNCIL	SPLIT DOLLAR LIFE INSURANCE POLICY		X	5,841,766	6,179,912		No	Yes		Yes	
(5) LEAVER CYNTHIA J	CHIEF FINANCIAL OFFICER	SPLIT DOLLAR LIFE INSURANCE POLICY		X	3,728,690	3,752,594		No	Yes		Yes	
(6) PLANK KEN	CHIEF LENDING OFFICER	SPLIT DOLLAR LIFE INSURANCE POLICY		X	4,569,112	4,851,412		No	Yes		Yes	
(7) ERNY JANA	SVP RETAIL EXPERIENCE AND OPERATIONS	OTHER: EMPLOYEE PERSONAL LOAN		X	30,000	13,500		No		No	Yes	
(8) LEAVER CYNTHIA J	CHIEF FINANCIAL OFFICER	OTHER: EMPLOYEE PERSONAL LOAN		X	2,000	600		No		No	Yes	
(9) CLUTE TROY	SVP HOME LOANS AND DEALER SERVICES	MORTGAGE LOAN		X	160,000	159,897		No		No	Yes	
(10) HUPP RON	BOARD OF DIRECTORS	MORTGAGE LOAN		X	338,000	69,544		No		No	Yes	
(11) O'CALLAGHAN JEN	SVP OF MARKETING	MORTGAGE LOAN		X	144,000	116,820		No		No	Yes	
(12) MURRAY KAYCEE	SVP INFORMATION TECHNOLOGY	MORTGAGE LOAN		X	417,000	373,878		No		No	Yes	
(13) O'CALLAGHAN JEN	SVP OF MARKETING	MORTGAGE LOAN		X	133,000	12,862		No		No	Yes	
(14) PLANK KEN	CHIEF LENDING OFFICER	MORTGAGE LOAN		X	35,736	29,760		No		No	Yes	

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(16) ERNY JANA	SVP RETAIL EXPERIENCE AND OPERATIONS	MORTGAGE LOAN		X	120,500	114,500		No		No	Yes	
(1) ERNY JANA	SVP RETAIL EXPERIENCE AND OPERATIONS	MORTGAGE LOAN		X	225,145	184,566		No		No	Yes	
(2) FOX MARK	SVP PAYMENTS AND DIGITAL	MORTGAGE LOAN		X	564,000	548,200		No		No	Yes	
(3) PLANK KEN	CHIEF LENDING OFFICER	MORTGAGE LOAN		X	752,250	744,290		No		No	Yes	
(4) O'CALLAGHAN JEN	SVP OF MARKETING	MORTGAGE LOAN		X	122,000	102,614		No		No	Yes	
(5) NORBURY-HARTERNANCY	CHIEF BRANDING OFFICER	MORTGAGE LOAN		X	368,000	363,258		No		No	Yes	
(6) CIANI LYNN	EVP - GENERAL COUNCIL	MORTGAGE LOAN		X	375,000	364,876		No		No	Yes	
(7) CICERO CARLA	CHIEF EXECUTIVE OFFICER	MORTGAGE LOAN		X	562,500	391,370		No		No	Yes	
(8) FERGUSON KELLEY	CHIEF INFORMATION OFFICER	MORTGAGE LOAN		X	308,000	299,151		No		No	Yes	
(9) LEAVER CYNTHIA J	CHIEF FINANCIAL OFFICER	MORTGAGE LOAN		X	459,000	455,597		No		No	Yes	
(10) LEHN JENNIFER A	CHIEF OPERATIONS OFFICER	MORTGAGE LOAN		X	300,000	282,855		No		No	Yes	
(11) RCHARDSON BEN	SVP OF FINANCE	MORTGAGE LOAN		X	404,500	403,031		No		No	Yes	
(12) FERGUSON KELLEY	CHIEF INFORMATION OFFICER	MORTGAGE LOAN		X	106,444	10,700		No		No	Yes	
(13) CICERO CARLA	CHIEF EXECUTIVE OFFICER	MORTGAGE LOAN		X	286,811	186,837		No		No	Yes	
(14) CLARK SCOTT T	BOARD OF DIRECTORS	MORTGAGE LOAN		X	170,000	140,741		No		No	Yes	

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(31) PLANK KEN	CHIEF LENDING OFFICER	MORTGAGE LOAN		X	389,205	389,205		No		No	Yes	
(1) MELCHER JOSH	SVP OF BUSINESS SERVICES	MORTGAGE LOAN		X	132,000	50,313		No		No	Yes	
(2) OCHOA-BRUCK GLORIA	BOARD OF DIRECTORS	OTHER: UNSECURED LOAN		X	4,000	1,455		No		No	Yes	
(3) O'CALLAGHAN JEN	SVP OF MARKETING	AUTO LOAN		X	48,800	28,619		No		No	Yes	
(4) HUPP RON	BOARD OF DIRECTORS	AUTO LOAN		X	34,472	21,113		No		No	Yes	
(5) LEAVER CYNTHIA J	CHIEF FINANCIAL OFFICER	AUTO LOAN		X	14,657	1,993		No		No	Yes	
(6) LEAVER CYNTHIA J	CHIEF FINANCIAL OFFICER	AUTO LOAN		X	49,532	19,999		No		No	Yes	
(7) PLANK KEN	CHIEF LENDING OFFICER	AUTO LOAN		X	31,881	16,958		No		No	Yes	
(8) PLANK KEN	CHIEF LENDING OFFICER	AUTO LOAN		X	40,000	39,603		No		No	Yes	
(9) PLUMB SCOTT	BOARD OF DIRECTORS	AUTO LOAN		X	35,508	28,372		No		No	Yes	
(10) BENSON ADAM	BOARD OF DIRECTORS	AUTO LOAN		X	40,119	12,404		No		No	Yes	
(11) CLARK SCOTT T	BOARD OF DIRECTORS	AUTO LOAN		X	12,000	6,483		No		No	Yes	
(12) SMITH YVONNE	BOARD OF DIRECTORS	AUTO LOAN		X	13,884	6,379		No		No	Yes	
(13) SMITH YVONNE	BOARD OF DIRECTORS	AUTO LOAN		X	19,757	5,443		No		No	Yes	
(14) MELCHER JOSH	SVP OF BUSINESS SERVICES	AUTO LOAN		X	39,980	33,036		No		No	Yes	

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(46) GRABICKI MICHELLE	SVP OF CORPORATE CULTURE	MORTGAGE LOAN		X	417,000	35,892		No		No		No

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
NUMERICA CREDIT UNION

Employer identification number
91-0863377

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	A COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE CEO'S CONTRACT ANNUALLY AND USES DATA FR OM VARIOUS SURVEYS TO PROVIDE SUBSTANTIATION OF THE DELIBERATION AND DECISIONS REGARDING T HE CEO'S ANNUAL BONUS AND SALARY. ALL OF THE SALARY RANGES FOR THE ENTIRE ORGANIZATION ARE SET BASED ON VARIOUS SALARY SURVEYS, INCLUDING EXECUTIVE SALARY SURVEY. THE SURVEYS ARE O F FINANCIAL INSTITUTIONS OF SIMILAR SIZE AND REGION.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
NUMERICA CREDIT UNION

Employer identification number
91-0863377

Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)NUMERICA MEMBER SERVICES INC PO BOX 4000 SPOKANE VALLEY, WA 99037 91-1320629	FINANCIAL PLANNING SERVICE	WA	NUMERICA CREDIT UNION	C		495,765	100.000 %	Yes	

Part V **Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

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

Part VI **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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation