Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2018

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.

Open to Public

OMB No 1545-0047

	A For the 2017 calendar year, or tax year beginning and ending									
				D. Employer identifi	estion number					
В	heck if	C Name of organization		D Employer identifi	cation number					
Г	Addre	SEATTLE CREDIT UNION		1						
F	Name		91-0176215							
-	Initial		oom/suite	E Telephone numbe						
	_ return Final return	1521 ETDOM AVE COUMU	l l							
	term:r ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	81,031,331.					
	Amen return	SEATTLE, WA 90134		H(a) Is this a group return						
	Application pendi	sa I		for subordinates	s? ☐ Yes X No					
		SAME AS C ABOVE		H(b) Are all subordinates in						
		empt status: 501(c)(3) X 501(c) (14) ◀ (insert no.) 4947(a)(1) or	527) I	list. (see instructions)					
		te: > WWW.SMCU.COM	 	H(c) Group exemption						
		organization: X Corporation Trust Association Other	L Year	of formation: 1933	VI State of legal domicile; WA					
Pe	rt I	Summary	l DED AM	TUE ODGANT	שנות מסק משק					
ě		Bnefly describe the organization's mission or most significant activities: A COOL PURPOSE OF PROMOTING THRIFT AND SAVINGS AM			ZED FOR THE					
Governance										
ē	2	Check this box I if the organization discontinued its operations or disposed	or more	1	8					
30		Number of voting members of the governing body (Part VI, line 1a)	 7	3	8					
		Number of independent voting members of the governing body (Part VI, line, 1b) Total number of individuals employed in calendar year 201 (Fan Vilne 2a)	1	5	233					
Activities &		Total number of volunteers (estimate if necessary)	181	6	8					
ξį		Total unrelated business revenue from Part VIII, columnad, line 19 2 6 2018	PO	7a	201,058.					
Ac		Net unrelated business taxable income from Form 99949 line 34	RS-08(<u>/a</u>	-488,922.					
				Prior Year	Current Year					
	8	Contributions and grants (Part VIII, line 1h) OGDEN, UT	j	0.	0.					
Revenue		Program service revenue (Part VIII, line 2g)		31,483,265.	37,125,108.					
		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,087,491.	1,733,376.					
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		33,570,756.	38,858,484.					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		20,000.	142,221.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)	. [0.						
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		12,776,976. 15,616,39						
ıse		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	<u>).</u> [
Ð	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		18,830,131.	22,471,037.					
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		31,627,107.	38,229,652.					
	19	Revenue less expenses. Subtract line 18 from line 12		1,943,649.	628,832.					
o Ses				ginning of Current Year	End of Year					
sets alan	20	Total assets (Part X, line 16)		48,953,281.	861,701,864.					
Net Assets or	21	Total liabilities (Part X, line 26)		80,260,290.	791,821,186.					
	22	Net assets or fund balances. Subtract line 21 from line 20		68,692,991.	69,880,678.					
	rt II	Signature Block								
		Ities of perjury, I declare that I have examined this return, including accompanying schedules ar			/ knowledge and belief, it is					
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	n preparer		<u> </u>					
		Signature of officer		Date	8					
Sigr		•	TCED	Duic						
Here	•	MICHAEL QUAMMA, SVP CHIEF FINANCIAL OFF	ICER							
			<u> </u>	Date Check C	PTIN					
ם בים		Print/Type preparer's name COLLEEN RAMIRES Preparer's signature COLLEEN RAMIRES	i	1/09/18 off-employ						
Paid Prep	2105	Firm's name MOSS ADAMS LLP		Firm's EIN	91-0189318					
Use		Firm's address > 2707 COLBY AVENUE, SUITE 801		THE S CHY	21 0107310					
Uat	only	EVERETT, WA 98201		Phone no 42	5-259-7227					
May	the I	IS discuss this return with the preparer shown above? (see instructions)		Li none no ±2	X Yes No					
	1 11-2				Form 990 (2017)					
					\ /					

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	t IV Checklist of Required Schedules	213		aye C
Pai	t 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	 	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	-	X
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_		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			İ
	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 98-197 If "Yes," complete Schedule C, Part III	5		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? // "Yes," complete			
Ŭ	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			i
9	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
40	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	۲		
10		10		x
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	"	 	 -
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	١.,	x	
	Part VI	11a	^	-
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	l		
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11b	ļ	X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			۱.,
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII	11c		X
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	ļ		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		1	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			1
	Schedule D, Parts XI and XII	12a	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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	1		ļ
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	1	X
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			
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	<u>-</u>	İ	T
16		16		X
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	<u> </u>	 	✝▔
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		x
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	 ''-	\vdash	 ^
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		х
	1c and 8a? If "Yes," complete Schedule G, Part II	18	\vdash	┝
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

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Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a ·	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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 19 If "Yes," complete Schedule I, Parts I and II	21	X	
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 ⁷ If "Yes," complete Schedule I, Parts I and III	22	<u>L</u> .	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's cui	rrent		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	ļ
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as			
	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		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defeat		†	
C	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	
		240		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		╁	
a	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, a			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	Schedule L, Part I	25b	 	
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Y		v	
	complete Schedule L, Part II	26	X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member.			٦,
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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)	ļ	·	
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Po	art IV 28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an	officer,		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	ļ	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	'n		
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes." complete Schedule R, Part II, III, or IV, ar			
		34		x
350	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	1	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled en			T-
D		35ь		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		 	T^{-}
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization make any transfers to an exempt non-charitable related organization.	36		1
	If "Yes " complete Schedule R. Part V. line 2	30	1	1

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37

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

Note. All Form 990 filers are required to complete Schedule O

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

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a is the organization licensed to issue qualified health plans in more than one state?

14a Did the organization receive any payments for indoor tanning services during the tax year?

organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

Note. See the instructions for additional information the organization must report on Schedule O

b Enter the amount of reserves the organization is required to maintain by the states in which the

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

13b

13c

X

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13a

14a

14b

Form 990 (2017).

SEATTLE CREDIT UNION

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 8 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 8 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 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? X 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b Х persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a a The governing body? X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Х 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? X 11a 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 X 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this was done X 13 13 Did the organization have a written whistleblower policy? Х Did the organization have a written document retention and destruction policy? 14 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? X a The organization's CEO, Executive Director, or top management official 15a X **b** Other officers or key employees of the organization 15b 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 16a taxable entity during the year? 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 16b exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed -NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website X Upon request Other (explain in Schedule O) Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records MICHAEL QUAMMA - (206) 398-5857 1521 FIRST AVE SOUTH, SEATTLE, WA 98134

Form 990 (2017)

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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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	140	Position (do not check more t				one	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)				n an	compensation	compensation	amount of
	week	Η.	ceran	ано	recto	ITUUS	188)	from	from related	other
	(list any hours for	lrect				L		the	organizations (W-2/1099-MISC)	compensation from the
	related	Individual trustee or director	itee			Highest compensated employee		organization (W-2/1099-MISC)	(***2/1099-141130)	organization
	organizations	truste	Institutional trustee		yee	u ber		(** 27 1000 111100)		and related
	below	lanpi	nthon	la la	Key employee	est co	 			organizations
	line)	Indiv	Instif	Officer	Key (돌	Former			
(1) LAWRENCE METZ	1.00	1				İ	1			
BOARD CHAIR		Х		X			L	0.	0.	0.
(2) SHARI STORM	1.00									
CHAIR (JAN-APR)		Х		X			L	0.	0.	0.
(3) ANDREA FALL ZACHARY	1.00					1	l	}		
VICE CHAIR		X		X			L.	0.	0.	0.
(4) TODD BOZE	1.00									
VICE CHAIR (JAN-APR)		X		Х	<u> </u>		Ц.	0.	0.	0.
(5) ROBIN SHULER	1.00]								
BOARD SECRETARY		X		X			匚	0.	0.	0.
(6) HELEN BELLO	1.00	1								
BOARD MEMBER		X	lacksquare				<u>L</u>	0.	0.	0.
(7) STEPHEN EJIDE	1.00	1								
BOARD MEMBER		Х					L	0.	0.	0.
(8) CARLOS RUIZ	1.00									
BOARD MEMBER		X			_	_	L	0.	0.	0.
(9) BRUCE STEDMAN	1.00	ļ					ĺ		_	
BOARD MEMBER		X			_	ļ	L	0.	0.	0.
(10) JAMES TREFRY	1.00								_	_
BOARD MEMBER		X				_	L.	0.	0.	0.
(11) RICHARD ROMERO	40.00								_	
PRESIDENT/CEO		L		Х	<u></u> .	_	ᆫ	437,050.	0.	156,210.
(12) MICHAEL QUAMMA	40.00								_	
SVP/CHIEF FINANCIAL OFFICER		<u> </u>	L	Х			<u> </u>	40,864.	0.	3,912.
(13) JASON ELLIOTT	40.00									
SVP/CHIEF FINANCIAL OFFICER (JAN-JUL		<u> </u>		Х			Ц.	206,206.	0.	11,097.
(14) TONITA WEBB	40.00		.						_	
EVP/COO				Х		_	<u> </u>	268,653.	0.	106,908.
(15) JILL VICENTE	40.00	ł						004 555	_	05 000
SVP/CHIEF MARKETING OFFICER	10.00	ļ_	Щ	Х		<u> </u>	<u> </u>	224,555.	0.	85,898.
(16) LEE PIERCE	40.00							454 005		
VP LENDING	10.00				X	ļ	<u> </u>	151,086.	0.	60,490.
(17) DONNA RANSIER	40.00	l						155 544		50 544
VP INFORMATION TECHNOLOGY	l				X		Ц.	177,514.	0.	70,544.

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)	(B)	(C)					(D)	(E)				
Name and title	Average	,,,	not c		ition		000	Reportable	Reportable	Estimated		
	hours per	box	, unle	ss pe	rson	s boti	n an	compensation	compensation	amount of		
	week	-	cer ar	dad	irecto	r/trus	tee)	from	from related	l	other	
	(list any	ᇐ						the	organizations	1	npensa	
	hours for related	ē	8	1		ated		organization	(W-2/1099-MISC)	1	rom th	
	organizations	ustee	trust		 80	Suado		(W-2/1099-MISC)		1 .	ganızat ıd relat	
	below	ual tr	tronal	١.	ge	yee y	_			1	anızatı	
	line)	Individual trustee or director	Institutional trustee	Officer	Кеу етрюуее	Highest compensated employee	l gu			J	a	01.0
(18) BRENT RICHINS	40.00	_	_	Ť			Ē					
SVP/SERVICE OPERATIONS		1			Х			172,701.	0.	8	2,8	04.
(19) JOHN NORAWONG	40.00											
SVP OF COMMERCIAL LENDING (JAN-OCT)					Х	ļ		188,967.	0.	2	5,9	96.
(20) KHAMSAY VONGCHANTHA	40.00											
VP ENTERPRISE RISK MANAGEMENT			L			X	L,	113,743.	0.	2	8,0	<u>70.</u>
(21) HEATHER SANNEMAN	40.00											
EQUITY LOAN OFFICER					<u> </u>	X	L	135,662.	0.	1	7,4	<u> 36.</u>
(22) MARGUERITE LAUDERDALE	40.00					l			_			
AVP OF REAL ESTATE		$ldsymbol{ldsymbol{ldsymbol{eta}}}$	igsqcup	<u> </u>		X	L	121,323.	0.	1	3,3	<u>33.</u>
(23) WALLACE HO	40.00					l			_	_		
VP COMMERCIAL LENDING					ļ	X	ldash	140,544.	0.	2	4,3	<u>94.</u>
(24) KEITH HILE	40.00					l <u>.</u> _		054 040	•	ا ا		
COMMISSIONED MLO		_	_	_	<u> </u>	X	<u> </u>	351,349.	0.	1	8,6	<u>95.</u>
							┢		<u></u>			
1b Sub-total					L		┢	2,730,217.	0.	70	5,7	87.
c Total from continuation sheets to Part VI	I, Section A						>	0.	0.			0.
d Total (add lines_1b and 1c)							▶_	2,730,217.	0.	70	5,7	87.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable			
compensation from the organization									<u> </u>			18
											Yes	No
3 Did the organization list any former officer,	director, or tru	iste	e, ke	y en	nplo	yee,	or h	highest compensated en	nployee on			
line 1a? If "Yes," complete Schedule J for s	uch individual									3_		<u> </u>
4 For any individual listed on line 1a, is the su	ım of reportabl	е со	mpe	nsa	tion	and	oth	er compensation from the				
and related organizations greater than \$150	0,000? If "Yes,	" со	mple	ete S	Sche	dule	Jf	or such individual		4_	X	
5 Did any person listed on line 1a receive or a	•						elate	ed organization or individ	lual for services			<u> </u>
rendered to the organization? If "Yes." complete Schedule J for such person										5		X

Section B. Independent Contractors

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
TWENTY FOUR 7		
425 NE 9TH AVE, PORTLAND, OR 97232	ADVERTISING	1,547,148.
FISERV	CORE SYSTEM PROVIDER	
PO BOX 99924, GRAPEVINE, TX 76099	SERVICES	1,534,929.
DP, INC.	CONSTRUCTION	
19936 BALLINGER WAY NE, SEATTLE, WA 98155	SERVICES	1,517,662.
Q2	ONLINE BANKING	
PO BOX 205970, DALLAS, TX 75320	SERVICES_	637,113.
DIEBOLD	ATM MAINTENANCE	
PO BOX 643543, PITTSBURGH, PA 75264	SERVICES	564,890.
2 Total number of independent contractors (including but not limited to those list \$100,000 of compensation from the organization ▶ 36	ed above) who received more than	

Form 990 (2017)

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under sections 512 - 514 (B) (C) Related or Unrelated Total revenue exempt function husiness revenue revenue Grants 1 a Federated campaigns b Membership dues 1b c Fundraising events 1c d Related organizations 1d 1e e Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f Business Code 2 a LOAN INTEREST INCOME 522100 26,893,362. 26,893,362. Program Service INTERCHANGE INCOME 522100 3,515,382. 3,515,382. 3,159,044. FEES AND CHARGES 522100 3,150,071. 8,973 d NET GAIN ON LOANS 522100 2,170,230. 2,170,230. 1,195,005. OTHER REVENUE 522100 1,387,090 192,085. f All other program service revenue 37,125,108. Total. Add lines 2a-2f Investment income (including dividends, interest, and 1,722,083. 1,722,083. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (II) Personal 6 a Gross rents **b** Less rental expenses Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 577,057. 41,607,083. assets other than inventory b Less cost or other basis 41,578,912, 593,935. and sales expenses -16,878. 28,171. c Gain or (loss) 11,293. 11,293. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 38,858,484. 36,924,050. 201,058. 1,733,376. Total revenue. See instructions.

732009 11-28-17

Form 990 (2017)

Form 990 (2017) SEATTLE CREDIT UNION Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			iibiete columni (A).	
<u> </u>		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		<u> </u>	: :	
•	and domestic governments. See Part IV, line 21	142,221.			į
2	Grants and other assistance to domestic			٠.	
	ındıvıduals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				İ
	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	2,471,454.			
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	10,196,148.			
8	Pension plan accruals and contributions (include	_			
	section 401(k) and 403(b) employer contributions)	170,752.			
9	Other employee benefits	1,821,508.			
10	Payroll taxes	956,532.			
11	Fees for services (non-employees)	-			
а	Management				
b	Legal	180,216.			
С	Accounting	157,769.			
d	Lobbying				
е	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 Sch O.)	3,625,094.			
12	Advertising and promotion	2,156,446.			
13	Office expenses	938,607.			
14	Information technology	2,213,981.			
15	Royalties		_		
16	Occupancy	3,316,342.			
17	Travel	55,628.	_		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	227,453.		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
20	Interest	3,466,186.			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,121,701.			
23	Insurance	126,627.			
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 0.)	0.646.460		-	
а	PROVISION FOR LOAN LOSS	2,646,169.			<u>,, </u>
b	MEMBER AWARDS	399,027.	_		
С	DUES & SUBSCRIPTIONS	305,048.			
d	SHARED BRANCHING EXPENS	209,547.			
е	All other expenses	325,196.			
<u>25</u>	Total functional expenses. Add lines 1 through 24e	38,229,652.			
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)				F 990 (2017)

732010 11-28-17

Form **990** (2017)

	990 (2017) SEATTLE CREDIT UNION		9 I -	U1/6215 Page 11
Pai	tΧ	Balance Sheet		-	
		Check if Schedule O contains a response or note to any line in this Part X		г —	
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	5,654,023.	1	5,556,620.
	2	Savings and temporary cash investments	52,601,055.	2	77,650,883.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	2,064,798.	4	2,284,233.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L	5,269,040.	5	5,241,392.
	6	Loans and other receivables from other disqualified persons (as defined under		:	-
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
Ŋ		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	563,248,262.	7	675,191,982.
¥	8	Inventories for sale or use		8_	
	9	Prepaid expenses and deferred charges	1,141,031.	9	1,434,669.
	10a	Land, buildings, and equipment cost or other		_	
		basis Complete Part VI of Schedule D 10a 20,910,354.		.	
	b	Less accumulated depreciation 10b 10,635,104.	8,237,435.	10c	10,275,250.
	11	Investments - publicly traded securities	81,364,645.	11	47,616,630.
	12	Investments - other securities See Part IV, line 11	1,397,300.	12	2,420,800.
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	27,975,692.	15	34,029,405.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	748,953,281.	16_	861,701,864.
	17	Accounts payable and accrued expenses	11,121,457.	17	13,484,851.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors, trustees,		1	
≝		key employees, highest compensated employees, and disqualified persons	<u> </u>		· · · · · · · · · · · · · · · · · · ·
Liabilities		Complete Part II of Schedule L	15 000 000	22	38,050,000.
_	23	Secured mortgages and notes payable to unrelated third parties	15,000,000.	23	36,030,000.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third		ì	
		parties, and other liabilities not included on lines 17-24). Complete Part X of	654,138,833.	25	740,286,335.
		Schedule D	680,260,290.	25 26	791,821,186.
	26	Total liabilities. Add lines 17 through 25	000,200,290.	26	751,021,100
		Organizations that follow SFAS 117 (ASC 958), check here and			
es		complete lines 27 through 29, and lines 33 and 34.		27	
and	27	Unrestricted net assets	· · · · · · · · · · · · · · · · · · ·	28	
Bal	28	Temporarily restricted net assets	_	29	
Net Assets or Fund Balances	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here		125	= -
Ŧ					
s or	20	and complete lines 30 through 34. Capital stock or trust principal, or current funds	0.	30	0.
set	30		0.	31	0.
As	31	Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds	68,692,991.	32	69,880,678.
Zet	32	Total net assets or fund balances	68,692,991.	33	69,880,678.
-	33	Total fiet assets of fund balances	710,052,001	+~	05,000,0,00

748,953,281. 34 861,701,864. Form **990** (2017)

34 Total liabilities and net assets/fund balances

Form	990 (2017) SEATTLE CREDIT UNION	<u>91-</u>	<u>-0176</u>	<u> 215 </u>	Pag	e 12
Pa	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,858		
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u> 38</u>	, 229		
3	Revenue less expenses Subtract line 2 from line 1	3		628		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u>68</u>	,692		
5	Net unrealized gains (losses) on investments	5		558	, 85	<u> </u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	<u>69</u>	<u>,880</u>	, 67	78.
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					<u>البا</u>
					Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0				
2a	· · · · · · · · · · · · · · · · · · ·			2a		X
	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					ı
	Separate basis Consolidated basis Both consolidated and separate basis			<i>-</i>		
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				i
	consolidated basis, or both					
	X Separate basis Consolidated basis Both consolidated and separate basis			1 1		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,		-		
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	****
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche			1. 1		ļ
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Au	dit	-		<u></u>
	Act and OMB Circular A-133?			3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red auc	lit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	<u> </u>	
				Form 9	1 90 (2017)

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.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

SEATTLE CREDIT UNION

Employer identification number 91-0176215

Pa		d Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6 (a) Donor advised funds	(b) Funds and other accounts
	Total accept and of our	(a) Donor advised idinas	(b) I dilus 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	-	
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	- · · · · · · · · · · · · · · · · · · ·	•
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose co	
Pai	impermissible private benefit?		Yes No
			art IV, line /
1	Purpose(s) of conservation easements held by the organization	· · · · · · · · · · · · · · · · · · ·	
	Preservation of land for public use (e g , recreation or e		rically important land area
	Protection of natural habitat	Preservation of a certif	led historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of	
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stri	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structure	
	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the o	rganization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	riodic 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 conse	rvation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	on easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	e 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	on easements in its revenue and expense st	tatement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes th	e organization's accounting for
	conservation easements		
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue stateme	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furtherance	e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items	
ь	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement a	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		
	relating to these items	,	3, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,
	(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 trea	asures, or other similar assets for financial o	
2	the following amounts required to be reported under SFAS 1:		Janus Provido
_	Revenue included on Form 990, Part VIII, line 1	To y 100 000/ folding to these items	▶ ¢
a	Assets included in Form 990, Part X		\$
0	ASSES HIGHLEU III I OHII 330, FAILA		- ₩

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Sche		CREDIT UN						91-01	76215	Page 2
Pa	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)									
3	Using the organization's acquisition, accessi	on, and other record	ls, checl	k any of the f	following that	t are a si	gnificant i	use of its o	collection ite	ems
	(check all that apply)									
а	Public exhibition	C	, <u> </u>	Loan or exc	hange progr	ams				
b	Scholarly research	•	• 🗀	Other						
C	Preservation for future generations									
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII									
5										
	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No									
Pai	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, Par									
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for	contributions	s or other as:	sets not i	included		٦	
	on Form 990, Part X?			l. l .				L_	_ Yes	∟ No
D	If "Yes," explain the arrangement in Part XIII	and complete the to	llowing 1	able			Γ		A	
	Paginning halange						1		Amount	
c C	Beginning balance Additions during the year						1c 1d	-		
d	Distributions during the year						1e	 		
f	Ending balance						1f	-		
	Did the organization include an amount on Fe	orm 990 Part X line	21 for	escrow or cu	istodial acco	unt liabili		<u> </u>	Yes	No
	If "Yes," explain the arrangement in Part XIII.	· · · · · · · · · · · · · · · · · · ·					,	<u></u>		= ''
Par							10			
		(a) Current year		Prior year	(c) Two yea			vears back	(e) Four ye	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance								<u> </u>	
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1ç	g, column (a)) held as					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
c	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	it are held an	nd administer	red for th	e organız	ation	_	
	by								1	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza								36	
Bor	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment t	unds						
Pai			David IV	/ loo 110 C	** Farm 000	. Da.+ V	lma 10			
	Complete if the organization answered			T T					(-I) Dealer	-alice
	Description of property	(a) Cost or of basis (investr		, ,	or other (other)		ccumulat preciation		(d) Book v	alue
	Land	Dasis (investi		- Dasis	(54101)	<u> </u>	co.a.ioi	·		
	Land	<u> </u>		 						
	Buildings Leasehold improvements			7.23	0,477.	2.4	150,1	04.	4,780	373.
	Equipment				$\frac{6,381}{6}$		185,0		5,451	
	Other				3,496.	,,,				496.
	. Add lines 1a through 1e (Column (d) must e	qual Form 990 Part	X colun					▶ 1	0,275	
	- Condition (d) III Date									

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.

ASC 740-10-65, INCOME TAXES, PROVIDES GUIDANCE FOR HOW UNCERTAIN TAX POSITIONS SHOULD BE RECOGNIZED, MEASURED, DISCLOSED AND PRESENTED IN THE FINANCIAL STATEMENTS. THIS REQUIRES THE EVALUATION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE CREDIT UNION'S TAX RETURNS TO DETERMINE WHETHER THE TAX POSITIONS ARE "MORE LIKELY THAN NOT" TO BE SUSTAINED "WHEN CHALLENGED" OR "WHEN EXAMINED" BY THE APPLICABLE TAX AUTHORITY. TAX POSITIONS DEEMED TO NOT MEET THE MORE-LIKELY-THAN-NOT THRESHOLD WOULD BE RECORDED AS A TAX EXPENSE AND LIABILITY IN THE CURRENT YEAR. FOR THE YEARS ENDED DECEMBER 31, 2017 AND 2016, MANAGEMENT HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS, AND,

ACCORDINGLY, THE CREDIT UNION HAS NOT RECORDED A LIABILITY FOR THE PAYMENT 732054 10-09-17

Schedule D (Form 990) 2017 SEATTLE CREDIT UNION	91-0176215 Page 5
Schedule D (Form 990) 2017 SEATTLE CREDIT UNION Part XIII Supplemental Information (continued)	
OF INTEREST OR PENALTIES.	
	
	
	- · · · · ·
	

SCHEDULE I (Form 990) .

Department of the Treasury Internal Revenue Service

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.	So to www ire gov/Eorm990 for the latest information
	MANATAN
	4

2017
Open to Public Inspection

Employer identification number 91-0176215 SERVICES, EDUCATION, AND SUPPORT TO ADDRESS THE (h) Purpose of grant or assistance REEDS OF EL CENTRO'S ABUSE AND NEGLECT OF O STOP THE CYCLE OF O PROVIDE PRODUCTS, X Yes 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 CHILDREN 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 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 。 o (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of 5,003, 45,000 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) 91-0402430 | 501(C)(3) 91-0899927 501(C)(3) Enter total number of other organizations listed in the line 1 table SEATTLE CREDIT UNION General Information on Grants and Assistance (P) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government 2524 16TH AVENUE SOUTH EL CENTRO DE LA RAZA Name of the organization SEATTLE, WA 98144 SEATTLE, WA 98122 316 BROADWAY CHILDHAVEN Part I Part II

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2017)

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	uired in Part I, line	e 2, Part III, column	(b), and any other ad	ditional information	
SEATTLE CREDIT UNION AWARDED SCHOLARSHIPS TO MEMBER-APPLICANTS SEEKING	ARSHIPS T	O MEMBER-A	PPLICANTS	SEEKING	
HIGHER EDUCATION. THE SCHOLARSHIP I	PROGRAM H	ONORS THE	PROGRAM HONORS THE CREDIT UNION'S	S' NO	
FOUNDER, TONY MARINO, AND HIS COMMITMENT TO	ITMENT TO	THE	CREDIT UNION AND	D COMMUNITY.	
ALL SMCU MEMBERS OR DEPENDENT CHILI	CHILDREN OF M	MEMBERS ARE	ELIGIBLE	FOR THE	
LARSHIP PROGRAM WITH THE	EXCEPTION OF B	OARD DIREC	BOARD DIRECTORS, CHILDREN OF	DREN OF	
BITHER BOARD DIRECTORS OR SCHOLARSHI	HIP COMMI	P COMMITTEE MEMBERS,	AND	PREVIOUS	
ARSHIPS	ARE AWARD	ED BASED C	E AWARDED BASED ON ACADEMIC	STANDING,	
FINANCIAL NEED AND EXTRACTIBETCHLAR		TES AND/OR	ACTIVITIES AND/OR EMPLOYMENT		

Schedule I (Form 990) (2017)

Schedule (Form 990) SEATTLE CREDIT UNION	91-0176215 Page 2
[Part V] Supplemental Information	
SEATTLE CREDIT UNION ALSO MAKES CONTRIBUTIONS TO MANY CHARIT	TIES WITHIN ITS
COMMUNITY.	
PART II, LINE 1, COLUMN (H):	
NAME OF ORGANIZATION OR GOVERNMENT: EL CENTRO DE LA RAZA	
(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE PRODUCTS, SER	RVICES,
EDUCATION, AND SUPPORT TO ADDRESS THE NEEDS OF EL CENTRO'S U	JNDERSERVED
COMMUNITY.	
	-
·	

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.

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Department of the Treasury Internal Revenue Service Name of the organization

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

SEATTLE CREDIT UNION

Employer identification number 91-0176215

OMB No 1545-0047

10	art questions regarding compensation		—,		
		Б	,	Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		7		ĺ '
	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 us	se		,	
	X Travel for companions Payments for business use of personal residen	ice			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees				
	Discretionary spending account Personal services (such as, maid, chauffeur, ch	nef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	Į			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	L	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,				<u>. </u>
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	L	2	X_	
		[-
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	ļ			
	Compensation committee Written employment contract	-			
	Independent compensation consultant X Compensation survey or study	ł			
	Form 990 of other organizations X Approval by the board or compensation comm	ıittee			
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	,			
а	Receive a severance payment or change-of-control payment?	ľ	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	Х	
c	Participate in, or receive payment from, an equity-based compensation arrangement?		4c		X
Ū	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	<u> </u>	,,,, <u>,</u>		
	The foot to diff of mot the personal and provide a specific and approved a specific and approved approved and approved and approved and approved and approved and approved and approved and approved and approved and approved and approved and approved and approved and approved and approved approved and approved approved and approved approved and approved approved approved and approved approved approved and approved approv				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				1
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	ŀ			ĺ
а	The organization?	`	5a		
h	Any related organization?	Ī	5b		
	If "Yes" on line 5a or 5b, describe in Part III	Ţ		,	-
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
U	contingent on the net earnings of				1
•	The organization?	ľ	6a		
	Any related organization?	Ì	6b		
J	If "Yes" on line 6a or 6b, describe in Part III	Ì		_	-
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
′	not described on lines 5 and 6? If "Yes," describe in Part III	[7		
0	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ŀ			
8	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	-	8		-
^		ŀ			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	ŀ	9		
	Regulations section 53 4958-6(c)?	Schedule J		~ 000	7 3U4.
LH/	A For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ochequie J	(LOLL	טפפ וו	12011

Do not list any individuals that aren't listed on Form 990, Part VII

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)

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

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(ı) Base compensation	(ii) Bonus & incentive	(iii) Other reportable	compensation			reported as deferred on prior Form 990
			compensation	compensation				
(1) RICHARD ROMERO	Θ	372,244.	64,806.	0	132,738.	23,472.	593,260.	0
PRESIDENT/CEO	Ξ	0	0.	0	0	0	0	• 0
(2) JASON ELLIOTT	Ξ	187,10	19,106.	0	5,039.	.850,8	217,303.	• 0
SVP/CHIEF FINANCIAL OFFICER (JAN-JUL		0	0	0	0	• 0	• 0	• 0
(3) TONITA WEBB	⊜	238,724.	29,929.	0.	90,748.	16,160.	375,561.	0
EVP/COO	: (≘		0	0	0	• 0	0	.0
(4) JILL VICENTE	Ξ	203,451.	21,104.	0	76,205.	9,693.	310,453.	0.
SVP/CHIEF MARKETING OFFICER	: <u>:</u>	0	0	0	0	0	0	
(5) LEE PIERCE	Ξ	139,269.	11,817.	0	51,330.	9,160.	211,576.	0.
VP LENDING	: 🗉	0	0	0	• 0	• 0		
(6) DONNA RANSIER	Ξ	163,368.	14,146.	0	60,537.	10,007	248,058.	0.
VP INFORMATION TECHNOLOGY	Ξ	0.	0	0	• 0	• 0	0	• 0
(7) BRENT RICHINS	Ξ	155,886.	16,815.	0	59,332.	23,472.	255,505.	0
SVP/SERVICE OPERATIONS	Ξ		0	0	0	• 0	• 0	0
(8) JOHN NORAWONG	Ξ	168,618.	20,349.	0	6,981.	19,015.	214,963.	0.
SVP OF COMMERCIAL LENDING (JAN-OCT)	(ii)	0	0.	0		• 0		0.
(9) HEATHER SANNEMAN	(1)	135,662.	0	• 0	1,376.	16,060.	153,098.	0.
EQUITY LOAN OFFICER	Ξ	• 0	• 0	• 0	0.	0		0.
(10) WALLACE HO	(i)	126,993.	13,551.	• 0	8,020.	16,374.	164,938.	0.
VP COMMERCIAL LENDING	Ξ		• 0	• 0	.0	• 0		0.
(11) KEITH HILE	Ξ	351,099.	250.	• 0	9,002.	• 69 ' 6	370,044.	0.
COMMISSIONED MLO	Œ	0	0	0	0.	.0	0.	0.
	€							
	Ξ							
	Ξ							
	Œ							
	(i)							
	(ii)							
	Ξ							
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	Ξ							
							Sched	Schedule J (Form 990) 2017

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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

PART I, LINE 1A:

TRAVEL OF COMPANIONS IS PROVIDED TO BOARD MEMBERS AND OTHER VOLUNTEERS WHEN

ATTENDING APPROVED EDUCATIONAL FORUMS AND CONFERENCES. AMOUNTS REIMBURSED

FOR COMPANION TRAVEL ARE TREATED AS TAXABLE.

PART I, LINE 4B:

EFFECTIVE SEPTEMBER 2016, THE CREDIT UNION ENTERED INTO A DEFERRED

COMPENSATION AGREEMENT WITH CERTAIN EXECUTIVES THAT PROVIDES BENEFITS

THESE EMPLOYEES IF THEY REMAIN EMPLOYED BY THE CREDIT UNION PAYABLE TO

OR BASED ON A CLIFF VESTING SCHEDULE. IF THESE EMPLOYEES BECOME DISABLED, AT THE TIME OF DEATH OR CHANGE IN CONTROL OF EMPLOYER, ACCRUED BENEFITS ARE

IMMEDIATELY PAYABLE; HOWEVER, THE BENEFITS ARE SUBJECT TO FORFEITURE IF

EMPLOYMENT IS TERMINATED FOR CAUSE. THE ACCRUED LIABILITY RELATED TO THIS

AGREEMENT WAS \$618,208 AS OF DECEMBER 31, 2017.

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ)

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047
2017

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990 or Form 990-EZ.

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

Open To Public Inspection

Name of	the	organiza	ation
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SEATTLE CREDIT UNION

Employer identification number 91-0176215

Part I Excess Benefit Trai	nsactions (section 501(c)(3), section 501(c)	(4), and 501(c)(29) organizations only)		
Complete if the organization	on answered "Yes" on Form 990, Part IV, line	25a or 25b, or Form 990-EZ, Part V, line 40b		
1	(b) Relationship between disqualified	(-1 Day-makes - (Amares - 1)	(d) Corr	rected?
(a) Name of disqualified person	person and organization	(c) Description of transaction	Yes	No
<u> </u>				
				
	 	 	_	
2 Enter the amount of tax incurred to section 4958	by the organization managers or disqualified p	ersons during the year under		
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 amo	ount on Form 990	, Part X, line 5, 6	, or 22	2								
(a) Name of interested person	(b) Relationship with organization		from	an to or the zation?	(e) Original principal amount	(f) Balance due	(g) defa	In ult?	(h) Ap by bo comm	proved ard or nttee?	(i) W agreer	ritten nent?
			То	From			Yes	No	Yes	No	Yes	No
RICHARD ROMERO	PRESIDEN	EXECUTIV		X	2,400,000.	2,341,392.		X	X		X	
TONITA WEBB	EVP/COO	EXECUTIV			1,600,000.			Х	X		X	
JILL VICENTE	SVP/CHIE	EXECUTIV		Х	1,300,000.	1,300,000.		Х	Х		Х	
Total		-		•	\$	5.241.392.			T	•		

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				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2017

SEE PART V FOR CONTINUATIONS

732131 10-18-17

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.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

SEATTLE CREDIT UNION

Employer identification number 91-0176215

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
THROUGH "BALANCE," A FINANCIAL FITNESS PROGRAM THAT FOCUSES ON MONEY
MANAGEMENT IN ADDITION TO IDENTITY THEFT PREVENTION AND ASSISTANCE.
FORM 990, PART VI, SECTION A, LINE 6:
MEMBERSHIP IS OPEN TO ANYONE WHO LIVES OR WORKS IN THE STATE OF WASHINGTON
INCLUDING: CITY OF SEATTLE EMPLOYEES, EMPLOYEES OF PARTNER SELECT EMPLOYER
GROUPS AND ANY PERSON RELATED TO A CURRENT MEMBER BY BLOOD, MARRIAGE
(INCLUDING DOMESTIC PARTNERS), OR ADOPTION, REGARDLESS OF WHERE THAT PERSON
LIVES.
FORM 990, PART VI, SECTION A, LINE 7A:
THE GOVERNING BOARD OF SEATTLE METROPOLITAN CREDIT UNION IS COMPRISED OF
VOLUNTEER MEMBERS WHO ARE DIRECTLY ELECTED BY ITS MEMBERS. EACH MEMBER OF
THE GOVERNING BOARD SERVES FOR A PERIOD AS PRESCRIBED BY OUR BY-LAWS.
FORM 990, PART VI, SECTION A, LINE 7B:
AT THE END OF EACH TERM OF THE BOARD MEMBERS, ELECTIONS ARE HELD AND BOARD
MEMBERS ARE VOTED BY THE MEMBERS OF THE CREDIT UNION PURSUANT TO ITS
BY-LAWS. MEMBER VOTES ARE ALSO REQUIRED TO RATIFY DECISIONS DEALING WITH
REORGANIZATIONS AS IN THE CASE OF MERGER OR DISSOLUTION.
FORM 990, PART VI, SECTION B, LINE 11B:
MANAGEMENT WILL REVIEW THE 990 BASED ON THE INFORMATION PROVIDED TO OUR
CPA, A COPY OF THE 990 WILL BE PRESENTED TO THE BOARD OF DIRECTORS FOR
THEIR FINAL APPROVAL.
LUA For Denominal Participa Act Nation and the Instructions for Form 900 or 900 E7

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

FORM 990, PART VI, SECTION B, LINE 12C:

EMPLOYEES SIGN ANNUALLY THAT THEY HAVE REVIEWED THE CONFLICT OF INTEREST

POLICY. THE INTERNAL AUDIT DEPARTMENT AND MANAGERS MONITOR TO ENSURE ANY

CONFLICTS OF INTEREST ARE IDENTIFIED. DIRECTORS AND MEMBERS OF COMMITTEES

ARE REQUIRED TO DISCLOSE CONFLICTS OF INTEREST AND POTENTIAL CONFLICTS OF

INTEREST, INCLUDING THOSE IN SITUATIONS IN WHICH THEY MAY BE INADVERTENTLY

PLACED, AS A RESULT OF BUSINESS OR PERSONAL RELATIONSHIPS WITH MEMBERS,

SUPPLIERS, BUSINESS ASSOCIATES, OR COMPETITORS OF THE CREDIT UNION.

DIRECTORS AND MEMBERS OF COMMITTEES WILL AVOID ANY INTEREST OR ACTIVITY

THAT IS IN CONFLICT WITH THE CONDUCT OF THEIR OFFICIAL DUTIES. DIRECTORS

AND MEMBERS OF COMMITTEES WILL RECUSE THEMSELVES FROM CONSIDERATION OF ANY

CONTRACT, TRANSACTION OR RELATIONSHIP IN WHICH THEY OR THEIR FAMILY MEMBERS

HAVE AN INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

THE HUMAN RESOURCES DEPARTMENT PERFORMS AN ANNUAL SALARY MARKET ANALYSIS

AND THE BOARD CONDUCTS A REVIEW OF THE CEO'S SALARY AND ADJUSTS THEIR

SALARY BASED UPON PERFORMANCE. THIS REVIEW PROCESS WAS LAST UNDERTAKEN IN

2017.

FORM 990, PART VI, SECTION C, LINE 19:

THE UNAUDITED INTERNAL FINANCIAL STATEMENTS ARE POSTED AT EVERY BRANCH

MONTHLY, AND THE AUDITED FINANCIAL STATEMENTS ARE PROVIDED TO THE MEMBERS

AT THE ANNUAL MEETING AND ARE POSTED ON OUR WEBSITE. THE GOVERNING

DOCUMENTS AND THE CONFLICTS OF INTEREST POLICIES ARE GENERALLY NOT PROVIDED

TO THE GENERAL PUBLIC, UNLESS A SPECIFIC INQUIRY IS MADE.