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DLN: 93493319079480

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2009

Open to Public

Department of the Treasury

Flees House carriers House carrie				іаг уеа	r, or tax year beginning C Name of organization	01-01-2009 and ending 12-31-	2009		D Employer	ident	ification number
Suppose Supp									84-0146	595	
Material	_		lab		Doing Business As						ber
Territorial Composition Product	_		typ	e. See	N. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			, .	(303) 68	9-78	00
Apparent profess	– Tem	nınated	Ins tio	truc-	PO BOX 6611		iddress) Roo	om/suite	G Gross recei	pts \$ 3	34,083,983
DOUGLAS FERRARD DOUGLAS FERRARD Tax-recompt status											
DOUGLAS FERRARD TO SOUR CARD NATE 400N STATE 400N				F Nan	ne and address of princip	pal officer	H(a) Is th	■ ıs a group ret	urn fo	or
Take-eventy status F SOU(0 M)						400N		affilia	ites?		⊤Yes 🔽 No
Microstree Wide Microstree Wide Microstree Mi							н(ь) Are a	II affiliates inc	luded	?
## Service WWW BELLCO ORG From or opanization Corporation Trust Association Other CREDIT UNION	T										
Print of organization Corporation Total Association Print Association Print Association Print Association Print Association Print	lax	-exem	pt status	501(c)) (14) ◀ (insert no) 4	·947(a)(1) or 527	Н(с) Grou	ıp exemption	numl	per ► 1948
Summary 1	We	bsit e	∷⊨ WWWB	ELLCO	ORG						
Briefly describe the organization's mission or most significant activities			janization 🖵	Corporat	tion Trust Association	Other - CREDIT UNION	LY	ear of fo	rmation 1936	M S	ate of legal domicile C
1	emance		BELLCO IS TO MEET E MEMBER C ENVIRONM	A PRO VOLV: ONFID IENT F	OGRESSIVE, MEMBER-(ING MEMBER NEEDS V ENCE THROUGH FINA	OWNED ORGANIZATION THAT WE WILL SUSTAIN PLANNED G NCIAL STABILITY WE WILL P	ROWTH T ROVIDE A	O FUNI	THE FUTUI LENGING AT	RE WI	HILE MAINTAININ EWARDING
3 Number of voting members of the governing body (Part VI, line 1a) 3 4 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 5 5 5 5 5 5 5 5		2	Check this	box ► [if the organization disc	continued its operations or dispo	sed of mo	re than	25% of its no	etass	sets
Formation Form	<u> </u>									3 _	
1		4	Number of ı	ndepen	ndent voting members of	the governing body (Part VI, lin	e 1 b) .			4 _	
1	1	5	Total numb	erofen	nployees (Part V , line 2 a	3)				5 _	46
Section Sect					·	• •				_	1
Second Prior Year Current Year										_	
Second S		ь	Net unrelat	ea busi	iness taxable income fro	m Form 990-1, line 34		Drie	r Voor	/B 	, , , , , , , , , , , , , , , , , , ,
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 129,880,220 143,325 143,325 15,675,081 2,276 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 135,555,301 145,601 145,601 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 1 - 3) 21,328,415 22,015 160 Professional fundraising fees (Part IX, column (A), line 11e) 21,328,415 22,015 160 Professional fundraising fees (Part IX, column (A), line 11e) 21,328,415 22,015 17 Other expenses (Part IX, column (A), lines 11a - 11d, 11f - 24f) 139,510,920 117,872 18 Total expenses Add lines 13 - 17 (must equal Part IX, column (A), line 25) 160,839,335 139,887 19 Revenue less expenses Subtract line 18 from line 12 -25,284,034 57,713 19 Total liabilities (Part X, line 16) 1,992,986,216 1,965,339 1,9		8	Contributi	ons and	d grants (Part VIII, line	1h)	. —	PIIC	i i cai		Current rear
Total revenue (Part VIII, Column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	≗						· . —		129,880,220		143,325,097
Total revenue (Part VIII, Column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	ja Se	10	_						5,675,081		2,276,650
12)	æ	11	Other reve	nue (P	art VIII, column (A), lın	es 5, 6d, 8c, 9c, 10c, and 11e)					(
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		12					, line		135 555 301		145,601,747
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5- 21,328,415 22,015 16 Professional fundraising fees (Part IX, column (A), line 11e)		13									(
10 21,328,415 22,015 22,015 24 25 25 25 25 25 25 2		14			•						(
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		15	Salaries, c	therco	ompensation, employee l	benefits (Part IX, column (A), lin	ies 5-				
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	8 8		-				<u> </u>		21,328,415	-	22,015,765
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<u>₹</u>										(
Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12	മ്				, , , , , , , , , , , , , , , , , , , ,	•	- -		130 510 020	,	117 972 067
Revenue less expenses Subtract line 18 from line 12			•			· · ·				+	139,887,829
Total lassets (Part X, line 16)							· -			+	5,713,918
Sign Here 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	26.00 20.00 20.00							_			· · ·
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled 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 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 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 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 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 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 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 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 and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and the best of my knowledge and belief, it is true, correct, and the	1988 1988 1988 1988	20	Total asse	ts (Par	rt X, line 16)			1,	992,986,216	5	1,965,339,287
Sign Here 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	절절	21	Total liabi	ities (F	Part X, line 26)			1,	818,792,017	7	1,785,431,324
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 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 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 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 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 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 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 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 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 and belief, it is true, correct, and constant and belief, it is true, correct, and constant and						e 21 from line 20			174,194,199)	179,907,963
Paid Preparer's signature of officer Date Douglas Orth Douglas Orth Douglas Orth Firm's name (or yours if self-employed), address, and ZIP + 4 Date 2010-11-15 Date 2010-11-15 Date 2010-11-15 Date 2010-11-15 Date 2010-11-15 EIN I	Par	t II	Under penalt	es of pe	erjury, I declare that I have ex						
Preparer's signature DOUGLAS ORTH Date 2010-11-15 Check if self-empolyed Firm's name (or yours if self-employed), address, and ZIP + 4 12060 SW 129 COURT SUITE 201	Sign Here		'						11-15		
Paid Preparer's Use Only Paid DOUGLAS ORTH 2010-11-15 self- empolyed Frim's name (or yours if self-employed), address, and ZIP + 4 ORTH CHAKLER MURNANE AND CO CPAS 12060 SW 129 COURT SUITE 201											
Use Only If self-employed), address, and ZIP + 4 I2060 SW 129 COURT SUITE 201	Paid		signature	DOUGI		2010-11-15	self-				g number
address, and ZIP + 4 12060 SW 129 COURT SUITE 201	7	rer s [ıf self-employed),						EIN Þ		
	•			ed),	-				EIN 🕨		
May the IRS discuss this return with the preparer shown above? (see instructions)	•			ed),	-				Phone no	(305)	232-8272

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

BELLCO IS A PROGRESSIVE, MEMBER-OWNED ORGANIZATION THAT PROVIDES COMPETITIVE FINANCIAL SERVICES TO MEET EVOLVING MEMBER NEEDS WE WILL SUSTAIN PLANNED GROWTH TO FUND THE FUTURE WHILE MAINTAINING MEMBER CONFIDENCE THROUGH FINANCIAL STABILITY WE WILL PROVIDE A CHALLENGING AND REWARDING ENVIRONMENT FOR OUR EMPLOYEES AND CONTRIBUTE TO THE SOCIAL AND ECONOMIC WELL BEING OF OUR COMMUNITY

2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?												
	If "Yes," describe these i	If "Yes," describe these new services on Schedule O											
3	Did the organization ceasservices?		significant changes in how i	t conducts, any program	┌ Yes ┌ No								
	If "Yes," describe these o	changes on Schedule O											
4	Section 501(c)(3) and 5	01(c)(4) organizations		nree largest program services sts are required to report the a ram service reported									
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)								
	INCOME FROM CREDIT UNIC FUNCTION AND PROVIDE SER			PROVIDE THE FOUNDATION FROM V	VHICH THE ORGANIZATION CAN								
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)								
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)								
	-												
4d	Other program services	(Describe in Schedule	0)										
	(Expenses \$	ıncludıng	grants of \$) (Revenue \$)								
4e	Total program service e	xpenses►\$											

Part TV	Checklist	of Red	mired	Sched	ule
	CHCCKHSt	01 1/0/	4411 C 4	301104	uici

			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?	2		Νο
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		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, 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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		No
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
	◆ 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.			
	◆ 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.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A Yes			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		N o
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, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15		15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III</i>	16		Νο
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	17		Νο
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		Νο
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		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		Νο
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) and 501(c)(4) 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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νo
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
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	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "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		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

art V	Statements	Regarding	Other	TRS Filing	as and '	Tax Com	pliance
	ota to illoito	ive gar aring	•	-110 1 111111	goana	I GA COIII	Pilailee

			Yes	No
la	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 158,286			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
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 this return (see instructions)	2b	Yes	
Ba	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
la	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
Ь	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
а	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?	6a		Νo
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		Νo
	Organizations that may receive deductible contributions under section 170(c).			
	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		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	file Form 8282?	7c		
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
_	benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7g		
"	required?	7h		
3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
ı	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
.2a	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			

7600 E ORCHARD ROAD STE 400N GREENWOOD VILLAGE, CO 80111

(303) 689-7800

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.

Se	ection A. Governing Body and Management						
			Yes	No			
_							
1a							
ь	Enter the number of voting members that are independent 1b 8						
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		Νο			
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο			
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		N o			
6	Does the organization have members or stockholders?	6	Yes				
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes				
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	,,,					
а	The governing body?	8a	Yes				
ь	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	\vdash	103				
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo			
	ection B. Policies (This Section B requests information about policies not required by the Internal						
Re	evenue Code.)						
			Yes	No			
	Does the organization have local chapters, branches, or affiliates?	10a		N o			
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b					
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		Νο			
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990						
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes				
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise						
	to conflicts?	12b	Yes				
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes				
13	Does the organization have a written whistleblower policy?	13	Yes				
14	Does 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?						
а	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 a or b, 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	Yes				
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the						
	organization's exempt status with respect to such arrangements?	16b	Yes				
Se	ection C. Disclosure						
17	List the States with which a copy of this Form 990 is required to be filed						
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website.						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table						
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ıe orga	nızatıor	. ►			
	DAN KAMPEN						

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

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. Use Schedule J-2 if additional space is needed

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

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

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	Posi t	(C tion (hat a	ched	ckal)	I		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

1.966.774	379.233

Page 8

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►10

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> 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 for services rendered to the organization? If "Yes," complete Schedule I 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

(A) Name and business address	(B) Description of services	(C) Compensation
THE ROCHDALE GROUP 8700 INDIAN CREEK PARKWAY SUITE 120 OVERLAND PARK, KS 66210	CONSULTANT	419,690
PROTIVITI 12269 COLLECTIONS CENTER DR CHICAGO, IL 60693	INTERNAL AUDIT	216,760
STUART LEVINE ASSOCIATES LLC 100 JERICO QUADRANGLE SUITE 111 JERICO, NY 117538950	LEGAL	167,954
JOHN LOBUS PC 710 KIPLING ST STE 402 LAKEWOOD, CO 80215	LEGAL-COLLECTIONS	162,811
HOLLAND HART LLP PO BOXES 17283 DENVER, CO 802170283	LEGAL	113,600
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►6) who received more than	

Form 99	•	,						Page 9
Part V	<u>/+++1</u>	Statement of	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1a	Federated cam	paigns 1a					
gra	Ь		ies 1b					
Contributions, gifts, grants and other similar amounts	c		ents 1c					
<u>=</u>	d	Related organiz Government grant	zations 1d					
Sign Fig.	e	_	ons, gifts, grants, and 1f	·				
美声	'	sımılar amounts no	ot included above					
	g		ibutions included in					
S # 0	h		s 1a-1f	▶				
				Business Code				
Program Service Revenue	2a	INCOME ON LOANS	S	522,100	111,328,098	111,328,098		
₽e∡	ь	FEES/CHARGES/O	THER	522,100	31,739,541	31,739,541		
92	С	UNRELATED BUSIN	NESS INCOME	524,298	257,458		257,458	
7. 2.	d							
E	e							
Ď	f	All other progra	am service revenue					
	g	Total. Add lines	s 2a-2f		143,325,097			
	3		ome (including dividen	. F	1,072,342	1,072,342		
	4		ar amounts) stment of tax-exempt bond	<u>-</u>	1,072,342	1,072,342		
	5			proceeds				
		,	(ı) Real	(II) Personal				
	6a	Gross Rents						
	Ь	Less rental expenses						
	c	Rental income or (loss)						
	d		me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of		189,686,544				
		assets other than inventory						
	b	Less cost or other basis and		188,482,236				
	_c	sales expenses Gain or (loss)		1,204,308				
	d	Net gain or (los	ss)	_	1,204,308	1,204,308		
	8a	Gross income f	from fundraising					
Other Revenue		events (not inc \$	luding					
क ≳		of contributions	s reported on line 1c)					
æ		See Part IV, IIr	ne 18 a					
<u> </u>	ь	Less direct ex	penses b					
ŏ	С	Net income or	(loss) from fundraising	events 🟲				
	9a		from gaming activities					
		See rait IV, iii	a					
	ь		penses b					
	С		(loss) from gamıng actı	vities				
	10a	Gross sales of returns and allo						
	ь	Less cost of g	oods sold b					
	С		(loss) from sales of inve					
		Miscellaneou	s Revenue	Business Code				
	11a							
	b							
	d	Λ II Δ+b = = =						
	d e	All other reven	ue s 11a-11d					
		i otali Add IIIle:		· · · · • [
	12	Total revenue.	See Instructions .	▶↑	145,601,747	145,344,289	257,458	
					, -, · · ·	, -,	.,	

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) but are not required to complete columns (B), (C), and (D). Do not include amounts reported on lines 6b. (C) (D)											
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses						
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV $$ line 21 $$	0									
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0									
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0									
4	Benefits paid to or for members	0									
5	Compensation of current officers, directors, trustees, and key employees	2,346,007	2,346,007								
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0									
7	Other salaries and wages	14,618,480	14,618,480								
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,148,007	1,148,007								
9	Other employee benefits	2,657,336	2,657,336								
10	Payroll taxes	1,245,935	1,245,935								
11	Fees for services (non-employees)										
а	Management	0									
b	Legal	175,061	175,061								
С	Accounting	409,892	409,892								
d	Lobbying	0									
e	Professional fundraising See Part IV, line 17										
f	Investment management fees	0									
g	Other	3,849,646	3,849,646								
12	Advertising and promotion	2,706,145	2,706,145								
13	Office expenses	2,277,364	2,277,364								
14	Information technology	3,740,840	3,740,840								
15	Royalties	0									
16	Occupancy	3,400,114	3,400,114								
17	Travel	183,413	183,413								
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0									
19	Conferences, conventions, and meetings	136,504	136,504								
20	Interest	34,371,403	34,371,403								
21	Payments to affiliates	0									
22	Depreciation, depletion, and amortization	3,743,585	3,743,585								
23	Insurance	182,993	182,993								
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)										
а	SEE ATTACHED SCHEDULE	62,695,104	62,695,104								
b			,,,-								
c											
d											
e											
f	All other expenses	0									
25	Total functional expenses. Add lines 1 through 24f	139,887,829	139,887,829								
26	Joint costs. Check here ► ☐ If following SOP 98-2	133,007,029	133,007,029								
	Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation										

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	12,165,935	1	13,115,049
	2	Savings and temporary cash investments	45,044,890	2	325,147,206
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	32,181,090	4	15,926,104
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of			
		Schedule L	2,117,766	5	1,753,577
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ Complete Part II of			
		Schedule L		6	
Assets	7	Notes and loans receivable, net	1,842,742,354	7	1,547,989,450
SS	8	Inventories for sale or use		8	
A	9	Prepaid expenses and deferred charges	1,165,546	9	1,146,498
	10a	Land, buildings, and equipment cost or other basis Complete 57,933,489 Part VI of Schedule D 10a			
	ь	Less accumulated depreciation 10b 35,725,243	21,107,486	10c	22,208,246
	11	Investments—publicly traded securities	14,142,992	11	6,596,790
	12	Investments—other securities See Part IV, line 11	5,514,090	12	5,643,614
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	16,804,067	15	25,812,753
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,992,986,216	16	1,965,339,287
	17	Accounts payable and accrued expenses .	14,035,788	17	11,986,881
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
Lia		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	276,428,571	23	122,857,141
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	1,528,327,658	25	1,650,587,302
	26	Total liabilities. Add lines 17 through 25	1,818,792,017	26	1,785,431,324
ses		Organizations that follow SFAS 117, check here ► ☐ and complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets		27	
Balance	28	Temporarily restricted net assets		28	_
	29	Permanently restricted net assets		29	_
ın.		Organizations that do not follow SFAS 117, check here ▶ ✓ and complete			
or Fund		lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds	174,194,199	32	179,907,963
Net	33	Total net assets or fund balances	174,194,199	33	179,907,963
~	34	Total liabilities and net assets/fund balances	1,992,986,216	34	1,965,339,287

Part XI Financial Statements and Reporting

			Yes	No
L	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	☐ Separate basis			
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		

Form **990** (2009)

Software ID: Software Version:

EIN: 84-0146595

Name: BELLCO CREDIT UNION

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

(A) Name and Title	(B) Average hours	Posi	((tion (hat a	c)	cka	II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
S BRAYMAN BOD/SECRETARY	4 00	X						0	0	0
J PRANCAN BOD/CHAIR	5 00	X						0	0	0
D POWERS BOD/TREAS	5 00	X						0	0	0
G LANDIS BOD/V CHAIR	4 00	Х						930	0	0
C A DEN BO D/DIRECTO R	4 00	Х						0	0	0
J DOWNS BOD/DIRECTOR	4 00	X						1,530	0	0
S KREIS BOD/DIRECTOR	4 00	X						0	0	0
A MURRAY BOD/DIRECTOR	4 00	X						0	0	0
A NICHOLS CHAIR/SUP	2 00	X						0	0	0
S CORDER SUP COMMITTEE	2 00	X						0	0	0
B EASTIN SUP COMMITTE	2 00	X						0	0	0
D FERRARO PRES/CEO	40 00	X		X				665,911	0	106,118
S BLODGETT EVP/COO	40 00				X			304,609	0	45,896
J RUBY SVP/CLO	40 00			X				181,356	0	42,676
R BRUHN SVP/CFO	40 00			X				165,205	0	38,902
T STONEBRAKER VP/BRANCH SS	40 00					X		153,003	0	31,232
S SAGEHORN-ELLIOTT VP/CRM	40 00					X		138,205	0	36,535
L DOWNEY VP/HR	40 00					X		129,303	0	37,127
S VANSICKLER DIR 1ST MTG	40 00					X		115,200	0	14,940
K MARCHESE DIR LENDING	40 00					Х		111,522	0	25,807

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As Filed Data

DLN: 93493319079480

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** BELLCO CREDIT UNION 84-0146595 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts

Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year

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

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space
- Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year
- Total number of conservation easements
- Total acreage restricted by conservation easements
- Number of conservation easements on a certified historic structure included in (a)
- Number of conservation easements included in (c) acquired after 8/17/06
- Held at the End of the Year 2a 2b 2c
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌
- Number of states where property subject to conservation easement is located 🛌
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

- Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨
- A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 🕨 🛊 🔛 Does each conservation easement reported on line 2(d) above satisfy the requirements of section
- 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, 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" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2009

┌ No
┌ No
┌ No
┌ No
┌ No
□ No
Г No
✓ No
)* NO
ears Back
No
<u> </u>
ok value
8,533,160
8,448,781
1,599,203
3,200,586
426,516
2,208,246
3

Part VII Investments—Other Securities. See	Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b) Book value		d of valuation f-year market value
Financial derivatives			
Closely-held equity interests Other			
Part VIII Investments—Program Related. See		13	
(a) Description of investment type	(b) Book value	(c) Metho	d of valuation
(a) Description of investment type	(b) Book value	Cost or end-of	f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III		_	
(a) Descrip	ition		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1			
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	(b) A mount		
1 (a) Description of Liability Federal Income Taxes	(b) Amount		
SHARES	222,396,028		
SHARE DRAFTS	252,994,030		
MONEY MARKET	533,307,827		
CERTIFICATES IRA SHARES	608,771,760 33,117,657		
INA SHARES	33,117,657		

	Identifier Return Reference Exp	lanat ion	
Part	t V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also com itional information		
	TXIV Supplemental Information nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4 Part \/	lines 1h and 2h
5 Dog	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	. 5	
С	Add lines 4a and 4b	. 4c	
Ь	Other (Describe in Part XIV) 4b		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
3	Subtract line 2e from line 1	. 3	
e	Add lines 2a through 2d	. 2e	
d	Other (Describe in Part XIV) 2d		
c	Other losses		
b	Prior year adjustments		
а	Donated services and use of facilities		
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
1	Total expenses and losses per audited financial statements	1	
	Reconciliation of Expenses per Audited Financial Statements With Expe	nses per	Return
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)		
c	Add lines 4a and 4b	. 4c	
b	Other (Describe in Part XIV)		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
3	Subtract line 2e from line 1	. 3	
e	Add lines 2a through 2d	. 2e	
d	Other (Describe in Part XIV)		
c	Recoveries of prior year grants		
b	Donated services and use of facilities		
а	Net unrealized gains on investments		
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
1	Total revenue, gains, and other support per audited financial statements	1	
	t XII Reconciliation of Revenue per Audited Financial Statements With Rever		
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	5,713,76
9	Total adjustments (net) Add lines 4 - 8	9	-15
8	Other (Describe in Part XIV)	8	
7	Prior period adjustments	7	
6	Investment expenses	6	
5	Donated services and use of facilities	5	
4	Net unrealized gains (losses) on investments	4	-15
3	Total expenses (Form 990, Part IX, column (A), line 25) Excess or (deficit) for the year Subtract line 2 from line 1	3	5,713,91
2		2	139,887,82

FIN 48 IS NOT APPLICABLE

Compensation Information

DLN: 93493319079480

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization BELLCO CREDIT UNION

Employer identification number

84-0146595

Pa	rt I Questions Regarding Compensation	n				
					Yes	Νo
1a	Check the appropiate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part II					
	First-class or charter travel	厂	Housing allowance or residence for personal use			
	▼ Travel for companions		Payments for business use of personal residence			
	Tax idemnification and gross-up payments	<u> </u>	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the creimbursement orprovision of all the expenses des			1b	Yes	
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv			2	Yes	
3	Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all t					
	▼ Compensation committee	굣				
	Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	✓	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	, Part VII	I, Section A, line ${ t 1a}$ with respect to the filing organization			
а	Receive a severance payment or change-of-contro	l paymen	nt?	4a	Yes	
b	Participate in, or receive payment from, a suppleme	ental non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-l	based co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only m	nust comp	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a,	, did the organization pay or accrue any			
а	The organization?			5a		
b	Any related organization?			5b		
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a,	, did the organization pay or accrue any			
а	The organization?			6a		
b	Any related organization?			6b		
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section Apayments not described in lines 5 and 6? If "Yes,"			7		
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III			8		
9	If "Yes" to line 8, did the organization also follow th section 53 4958-6(c)?	he rebutta	able presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
D FERRARO	(ı) (ıı)	532,476	131,250	2,185	92,725	13,393	772,029	
S BLO DGETT	(ı) (ıı)	300,973		3,636	33,500	12,396	350,505	
J RUBY	(ı) (ıı)	181,080		276	23,438	19,238	224,032	
R BRUHN	(ı) (ıı)	165,041		164	20,071	18,831	204,107	
T STONEBRAKER	(I)	152,727		276	19,243	11,989	184,235	
S SAGEHORN- ELLIOTT	(I)	138,085		120	18,167	18,368	174,740	
L DO WNEY	(ı) (ıı)	129,027		276	16,835	20,292	166,430	

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

]	Ident if ier	Ret urn Ref erence	Explanation
]	Ident if ier	Reference	Explanation

Schedule J (Form 990) 2009

DLN: 93493319079480

OMB No 1545-0047

Inspection

Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Department of the Treasury Internal Revenue Service

Name of the organization BELLCO CREDIT UNION

Employer identification number

84-0146595

Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) 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

(a) Name of disqualified person 1

(b) Description of transaction

(c) Corrected?

2	Enter the amount of tax imposed on the organization managers or disqualified persons during the year u	nder	
	section 4958		\$
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization	•	\$

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(f) (b) Loan to (e) In Approved (g)Written or from the (a) Name of interested person and (c)O riginal default? by board or agreement? (d)Balance due organization? purpose principal amount committee? No Yes Yes No Τо From Yes

See Additional Data Table

1,753,577

Part III Grants or Assistance Benefitting 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)A mount of grant or type of assistance

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) A mount of transaction

(d) Description of transaction

(e) Sharing of organization's revenues?

Yes No Software ID: Software Version:

EIN: 84-0146595

Name: BELLCO CREDIT UNION

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

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount \$	(d) Balance due \$	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	То	From]		Yes	No	Yes	No	Yes	No
JOHN RUBY MORTGAGE LOAN		x	210,600	188,752		No		No	Yes	
JOHN RUBY AUTO LOAN		х	21,406	569		No		No	Yes	
JOHN RUBY AUTO LOAN		х	5,774	3,207		No		No	Yes	
LEEANN DOWNEY MORTGAGE LOAN		х	211,000	205,752		No		No	Yes	
LEEANN DOWNEY AUTO LOAN		x	28,310	918		No		No	Yes	
SANDRA SAGEHORN-ELLIOTT MORTGAGE LOAN		x	350,000	333,762		No		No	Yes	
SANDRA SAGEHORN-ELLIOTT AUTO LOAN		x	19,737	8,977		No		No	Yes	
SANDRA SAGEHORN-ELLIOTT AUTO LOAN		x	20,871	18,406		No		No	Yes	
KARRIE MARCHESE MORTGAGE LOAN		x	576,200	562,878		No		No	Yes	
SHANNON VANSICKLER MORTGAGE LOAN		х	417,000	404,533		No		No	Yes	
SHANNON VANSICKLER AUTO LOAN		х	19,967	11,673		No		No	Yes	
SHANNON VANSICKLER AUTO LOAN		х	18,000	14,150		Νο		No	Yes	

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990.

2009

Open to Public Inspection

Name of the organization BELLCO CREDIT UNION Employer identification number

84-0146595

Identifier	Return Reference	Explanation
Form 990 VI	11	THE DIRECTOR OF FINANCE IS RESPONSIBLE FOR THE PREPARATION OF THE RETURN UPON COMPLETION, THE RETURN IS REVIEWED BY THE SVP/CFO AND THE PRESIDENT/CEO, ONCE ALL PARTIES HAVE COMPLETED THEIR REVIEWS AND ANY NECESSARY CORRECTIONS ARE MADE, THE RETURN IS FILED THE SUPERVISORY COMMITTEE AND THE BOARD OF DIRECTORS WILL REVIEW THE FORM 990 SUBSEQUENT TO FILING
Form 990 VI	6	THE ORGANIZATION HAS MEMBERS
Form 990 VI	12C	HUMAN RESOURCES IS NOTIFIED BY RISK MANAGEMENT AND OTHERS ABOUT POTENTIAL CODE OF ETHICS VIOLATIONS WHICH THEY FULLY INVESTIGATE A DECISION IS THEN MADE CONCERNING THE ACTIONS THAT SHOULD BE TAKEN FOR THE VIOLATION
Form 990 VI	19	THE CREDIT UNIONS GOVERNING DOCUMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC THE CREDIT UNIONS CONFLICT OF INTEREST POLICY IS NOT MADE AVAILABLE TO THE PUBLIC THE CREDIT UNIONS FINANCIAL STATMENTS ARE AVAILABLE FOR PUBLIC VIEWING ON NCUA GOV VIA THE QUARTERLY 5300 FILING
Form 990 VI	7a	CREDIT UNION MEMBERSHIP MAY PARTICIPATE IN THE ELECTION OF OFFICIALS
Form 990 VI	15A	MARKET DATA IS PREPARED BY THE VP OF HUMAN RESOURCES FOR ALL EXECUTIVE POSITIONS SUBSTANTIATION OF THE DECISION IS GIVEN IN WRITTEN PERFORMANCE EVALUATIONS FOR ALL EXECUTIVES

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493319079480

2009

Inspection

OMB No 1545-0047

SCHEDULE R (Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships

Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service

82-0581022

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

BELLCO CREDIT UNION 84-0146595 Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) (a)
Name, address, and EIN of disregarded entity (b) (d) (e) Legal domicile (state Total income End-of-year assets Direct controlling Primary activity or foreign country) entity BELLCO FINANCIAL SERVICES LLC PO BOX 6611 FINANCIAL SERVICES CO 11,397 330,242 N/A GREENWOOD VILLAGE, CO 80155

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

Legal domicile (state or foreign country)

(d) Exempt Code section

(e) Public charity status (if section 501(c)(3))

(f) Direct controlling

(j)

General or

managing

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)

al (d)
cile Direct controlling
or entity
gn

(e)
Predominant income
(related, unrelated,
excluded from tax
under sections 512514)

(f) Share of total income (g) Share of end-of-year assets (h)
Disproprtionate
allocations? ai

(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)

hedule K-1 partner? form 1065)

Yes No

Yes

No

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

(a)
Name, address, and EIN of related organization

(b) Primary activity (c) Legal domicile (state or foreign country) (d) Direct controlling entity (e)
Type of entity
(C corp, S corp,
or trust)

(f) Share of total income

(g) Share of end-of-year assets (h) Percentage ownership

(6)

Pa	Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36	5.)				
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No		
1 D	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?					
а	a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity					
b	b Gift, grant, or capital contribution to other organization(s)					
c	c Gift, grant, or capital contribution from other organization(s)	1 c				
d	d Loans or loan guarantees to or for other organization(s)	1d				
e	e Loans or loan guarantees by other organization(s)	1 e				
f	f Sale of assets to other organization(s)	1 f				
g	g Purchase of assets from other organization(s)	1 g				
h	h Exchange of assets	1h				
i	i Lease of facilities, equipment, or other assets to other organization(s)	1 i				
j	j Lease of facilities, equipment, or other assets from other organization(s)	1 j				
k	k Performance of services or membership or fundraising solicitations for other organization(s)	1k				
ı	l Performance of services or membership or fundraising solicitations by other organization(s)	11				
m	m Sharing of facilities, equipment, mailing lists, or other assets	1m	ì			
n	n Sharing of paid employees	1n				
0	• Reimbursement paid to other organization for expenses	10				
р	p Reimbursement paid by other organization for expenses	1р				
q	q Other transfer of cash or property to other organization(s)	1 q				
r	r Other transfer of cash or property from other organization(s)	1r				
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 t	thresholds				
	(b) Transaction		(c)			
	Transaction Name of other organization type(a-r)	Amou	nt involv	ed		
1)						
2)						
- \						
3)						
4.						
-)						
5)						
-,						

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)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No