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DLN: 93493318011291

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)

2010

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A F-		2010	denderman as terrores beginning 04 04 2040 and anding 42 24 2040				•
			nlendar year, or tax year beginning 01-01-2010 and ending 12-31-2010 C Name of organization		D Emp	loyer i	dentification number
_		pplicable	BELLCO CREDIT UNION		9.4	01465	-0.5
_	lress ch	-	Doing Business As		84-1	J1465	95
Nar	ne cha	nge			E Telep	hone	number
Inıt	ıal retu	rn	Number and street (or P O box if mail is not delivered to street address)	Room/suite	(303	3)689	9-7800
— Ter	mınate	d	PO BOX 6611		,		
– _{Am}	ended i	return	City or town, state or country, and ZIP + 4		G Gross	receip	ts \$ 211,501,532
_		n pending	GREENWOOD VILLAGE, CO 801556611				
App	olication	n penaing					
			F Name and address of principal officer DOUGLAS FERRARO	H(a) Is this	a group retur	for affili	ates ⁷ Yes No
			7600 F ORCHARD ROAD STE 400N				
			GREENWOOD VILLAGE, CO 80111	H(b) Are a			•
					-		(see instructions)
Ta:	x-exem	npt status	「 501(c)(3)	H(c) Gro	up exemp	tion nu	ımber ► 1948
w	ebsit e	e: ► WW	/W BELLCO ORG				
∢ Forr	n of org	ganızatıon	Corporation	L Year of fo	ormation 19	936	M State of legal domicile CO
	rt I		mary				
	1 1	Briefly di	escribe the organization's mission or most significant activities				
& Governance	(COMMU FINANC FUTURE CHALLE	NMENT FOR OUR EMPLOYEES AND CONTRIBUTE TO THE SOCIAL A NITY BELLCO IS A PROGRESSIVE, MEMBER-OWNED ORGANIZATIO IAL SERVICES TO MEET EVOLVING MEMBER NEEDS WE WILL SUST WHILE MAINTAINING MEMBER CONFIDENCE THROUGH FINANCIA NGING AND REWARDING ENVIRONMENT FOR OUR EMPLOYEES AND MIC WELL BEING OF OUR COMMUNITY	ON THAT P AIN PLAN L STABILI	ROVIDES NED GRO	S COM WTH ILL PI	IPETITIVE TO FUND THE ROVIDE A
Activities &	, c	Check th	nis box 📭 if the organization discontinued its operations or disposed of i	more than	25% of its	neta	ssets
≨			of voting members of the governing body (Part VI, line 1a)			3	9
돍			of independent voting members of the governing body (Part VI, line 1b)			4	
•	1		8				
			mber of individuals employed in calendar year 2010 (Part V, line 2a) .			5	509
		Lotal nu	mber of volunteers (estimate if necessary)			6	11
	1						+
	7a ⁻	Total un	related business revenue from Part VIII, column (C), line 12			7a	103,399
	7a ⁻	Total un		,			103,399
	7a ⁻	Total un	related business revenue from Part VIII, column (C), line 12	Pri	or Year	7a	103,399
a.	7a ⁻	Total un Net unre	related business revenue from Part VIII, column (C), line 12	Pri	or Year	7a	103,399 -218,481
enu	7a ⁻ b	Total uni Net unre Contri	related business revenue from Part VIII, column (C), line 12 lated business taxable income from Form 990-T, line 34	Prid	or Year 143,325,	7a 7b	103,399 -218,481 Current Year
enue.	7a - b 8	Total und Net unre Contri Progra	related business revenue from Part VIII, column (C), line 12 lated business taxable income from Form 990-T, line 34 butions and grants (Part VIII, line 1h)	Pri		7a 7b 097	103,399 -218,481 Current Year 0
Revenue	7a - b 8 9	Total und Net unre Contri Progra Invest	related business revenue from Part VIII, column (C), line 12 lated business taxable income from Form 990-T, line 34 butions and grants (Part VIII, line 1h)	Pri	143,325,	7a 7b 097	103,399 -218,481 Current Year 0 119,516,759
Revenue	7a - b 8 9 10	Total uni Net unre Contri Progra Invest Other Total i	related business revenue from Part VIII, column (C), line 12 lated business taxable income from Form 990-T, line 34	Pri	143,325, 2,276,	7a 7b 097 650	103,399 -218,481 Current Year 0 119,516,759 1,727,936 522,366
Revenue	7a - b 8 9 10 11 12	Contri Progra Invest Other Total r	butions and grants (Part VIII, line 1h)	Pri	143,325,	7a 7b 097 650	103,399 -218,481 Current Year 0 119,516,759 1,727,936
Revenue	7a - b 8 9 10 11 12 13	Contri Progra Invest Other Total r 12)	related business revenue from Part VIII, column (C), line 12 lated business taxable income from Form 990-T, line 34	Prid	143,325, 2,276,	7a 7b 097 650	103,399 -218,481 Current Year 0 119,516,759 1,727,936 522,366 121,767,061 0
Revenue	7a b 1 8 9 10 11 12 13 14	Contri Progra Invest Other Total r 12) . Grants	related business revenue from Part VIII, column (C), line 12 lated business taxable income from Form 990-T, line 34		143,325, 2,276,	7a 7b 097 650	103,399 -218,481 Current Year 0 119,516,759 1,727,936 522,366 121,767,061 0
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	7a - 6 8 9 10 11 12 13 14 15	Contri Progra Invest Other Total r 12) . Grants Benefi Salarie	related business revenue from Part VIII, column (C), line 12 lated business taxable income from Form 990-T, line 34		143,325, 2,276,	7a 7b 097 650	103,399 -218,481 Current Year 0 119,516,759 1,727,936 522,366 121,767,061 0 0 22,299,233
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	7a - b 8 9 10 11 12 13 14 15 16a b	Contri Progra Invest Other Total r 12) . Grants Benefi Salarie 10) Profes	related business revenue from Part VIII, column (C), line 12 lated business taxable income from Form 990-T, line 34 butions and grants (Part VIII, line 1h)		143,325, 2,276, 145,601, 22,015,	7a 7b 097 650 747 765	103,399 -218,481 Current Year 0 119,516,759 1,727,936 522,366 121,767,061 0 0 22,299,233 0
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May the IRS discuss this return with the preparer shown above? (see instructions)

LOIIII	990 (2010)				Page ∠
Part		ent of Program Service A Schedule O contains a response			
1		the organization's mission	·		<u> </u>
– BELL EVOL CONF	CO IS A PROGR LVING MEMBER FIDENCE THROU	ESSIVE, MEMBER-OWNED ORG NEEDS WE WILL SUSTAIN PLA	GANIZATION THAT PROVIDES C INNED GROWTH TO FUND THE F E WILL PROVIDE A CHALLENGI ND	TUTURE WHILE MAINTAI	NING MEMBER
	the prior Form 9	90 or 990-EZ?			┌ Yes ┌ No
	If "Yes," describ	e these new services on Schedul	e O		
3	services?		significant changes in how it condu	ucts, any program • • • • • •	ΓYes ເ∨ົNo
4	Describe the exe Section 501(c)(empt purpose achievements for e 3) and 501(c)(4) organizations a	each of the organization's three lar nd section 4947(a)(1) trusts are venue, if any, for each program ser	required to report the amo	
4-	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4a	INCOME FROM CR	, , ,	NVESTMENT OF MEMBERS FUNDS PROVID	, ,	•
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
4d	Other program	services (Describe in Schedule	0)		
	(Expenses \$	ıncludıng	grants of \$) (Revenue \$)
4e	Total program s	service expenses ⊩ \$			

Part IV	Checklist	of Red	uired	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	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	Yes	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
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		N o
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		Νo
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Νο
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		N o
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		N o
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		Νο
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, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a		14a		N o
	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, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Parts II and IV.	15		N o
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 ? If "Yes," complete Schedule F, Parts III and IV.	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		N o
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		N o
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		N o
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νο
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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		Νο
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		N o
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 lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
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		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Νο
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
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		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		Νο
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		Νο
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)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		N o
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2010)

I G	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 136,661			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> Statements filed for the calendar year ending with or within the year covered by this			
Ь	return			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
Ь	If "Yes," enter the name of the foreign country •			
	See instructions for fining requirements for Form 10 F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7c		
d	file Form 8282?	76		
_	Del the construction of the desired distribution of the construction of the constructi			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds 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		
9	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		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
h	Enter the amount of reserves the organization is required to maintain by the states			
	ın which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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	ction A. Governing Body and Management				
				Yes	No
	1 1				
1a	Enter the number of voting members of the governing body at the end of the tax year	9			
b	Enter the number of voting members included in line 1a, above, who are independent	8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business other officer, director, trustee, or key employee?	relationship with any	2		Νο
3	Did the organization delegate control over management duties customarily performed by o supervision of officers, directors or trustees, or key employees to a management company		3		No
4	Did the organization make any significant changes to its governing documents since the p filed?	·	4		N o
5	Did the organization become aware during the year of a significant diversion of the organization	ation'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 o governing body?	r more members of the	7a	Yes	
ь	Are any decisions of the governing body subject to approval by members, stockholders, or	other persons?	7b		 N o
8	Did the organization contemporaneously document the meetings held or written actions un	•			
•	year by the following	idertaken during the			
а	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who ca organization's mailing address? If "Yes," provide the names and addresses in Schedule O	annot be reached at the	9		Νο
	ction B. Policies (This Section B requests information about policies not requivenue Code.)	red by the Internal			
				Yes	No
10a	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 affiliates, and branches to ensure their operations are consistent with those of the organization.		10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing bod	y before filing the form?			
			11a		Νο
b	Describe in Schedule O the process, if any, used by the organization to review this Form 9	90			
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 interest to conflicts?	sts that could give rise	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the 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 an independent persons, comparability data, and contemporaneous substantiation of the delib	d approval by			
а	The organization's CEO, Executive Director, or top management official		15a	Yes	
ь	Other officers or key employees of the organization		15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similaxable entity during the year?	-	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organizat participation in joint venture arrangements under applicable federal tax law, and taken step organization's exempt status with respect to such arrangements?	ps to safeguard the	16b		
Se	ction C. Disclosure		_05		
17	List the States with which a copy of this Form 990 is required to be filed.				
	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 a Own website. Another's website. Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing doc	ll that apply			

- 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 organization DAN KAMPEN

7600 E ORCHARD ROAD STE 400N GREENWOOD VILLAGE, CO 80111 (303) 689-7800

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

Check if Schedule O contains a response to any question 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, 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, 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

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

(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) S BRAYMAN BOD/SECRETARY	4 00	Х						0	0	0
(2) J PRANCAN BOD/CHAIR	5 00	Х						0	0	0
(3) D POWERS BOD/TREAS	5 00	Х						0	0	0
(4) G LANDIS BOD/V CHAIR	4 00	Х						0	0	0
(5) W FLEMING BOD/DIRECTOR	4 00	Х						0	0	0
(6) J DOWNS BOD/DIRECTOR	4 00	Х						974	0	0
(7) S KREIS BOD/DIRECTOR	4 00	Х						1,125	0	0
(8) A MURRAY BOD/DIRECTOR	4 00	х						0	0	0
(9) S ANGELIER SUP COMM/CHAIR	2 00	Х						0	0	0
(10) CD KIKUMOTO SUP COMM/MEMBER	2 00	Х						0	0	0
(11) T MCCONNELL SUP COMM/MEMBER	2 00	х						0	0	0
(12) D FERRARO PRES/CEO	40 00	Х		х				537,808	0	269,337
(13) S BLODGETT EVP/COO	40 00						х	202,153	0	10,945
(14) J RUBY SVP/CLO	40 00			х				179,398	0	34,721
(15) R BRUHN SVP/CFO	40 00						х	136,816	0	7,037
(16) T STONEBRAKER VP/BRANCH SS	40 00					х		153,654	0	26,144

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

	(A) Name and Title	(B) A verage hours		(i ition that a			II		(D) Reportable compensation from the	(E) Reportable compensation from related	Est amoun	(F) mated t of other
		per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	fro organiz re	ensation m the ation and lated izations
(17) VP/C	S SAGEHORN-ELLIOTT 00	40 00				х			160,170	(33,478
(18) SVP/H	L DOWNEY HR	40 00					х		149,279	C)	33,785
(19) VP/CI	D O'GORMAN RM	40 00					х		106,098	()	5,308
	K MARCHESE CTOR LENDING	40 00					х		111,132	()	18,449
(21)	G GOODELL CTOR SYSTEM OPERATION	40 00					х		104,363	()	5,179
1b	Sub-Total				•			•				
_с	Total from continuation sheets	s to Part VII, Sec	tion A		•	•	<u> </u>					
d								P	1,842,970			444,383
2	Total number of individuals (inc \$100,000 in reportable compe	•				ted	above) who	received more tha	n		
											Yes	No
3	Did the organization list any fo on line 1a? <i>If</i> " <i>Yes,"</i> complete So	·				eye •	mploy •	ee, c	r highest compensa		3 Yes	3
4	For any individual listed on line organization and related organi									ch	4 Yes	
5	Did any person listed on line 1a services rendered to the organi									r individual for	5	No
- 54	ection B. Independent Co	ntractors										
1	Complete this table for your fiv	e highest comper		ndep	ende	ent c	ontra	ctors	that received more	than		
	\$100,000 of compensation fro	(A)								(B)		(C)
8700	ROCHDALE GROUP INDIAN CREEK PARKWAY SUITE 120	ame and business add	dress						Descri	ption of services	Com	716,931
OVER	LAND PARK, KS 66210											

(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	716,931
PROTIVITI 12269 COLLECTIONS CENTER DR CHICAGO, IL 60693	INTERNAL AUDIT	217,651
KEITH KERNS 6633 W GEDDES AVENUE LITTLETON, CO 80128	APPRAISER	119,180
ALM FIRST FINANCIAL ADVISORS 6688 N CENTRAL EXPRESSWAY SUITE 200 DALLAS, TX 75206	CONSULTANT	118,333
7 Total number of independent contractors (including but not limited to those listed above)) who received more than	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **>**4

Form 9						Pag	e 9
Part	V-11.	Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	
nts nts	1a	Federated campaigns 1a					
Contributions, gifts, grants and other similar amounts	ь	Membership dues 1b					
<u>ئ</u> ال	c	Fundraising events 1c					
≅ੌੜ	d	Related organizations 1d					
Si-	e	Government grants (contributions) 1e					
新	f	All other contributions, gifts, grants, and similar amounts not included above					İ
######################################	g	Noncash contributions included in lines 1a-1f \$					
S E	h	Total. Add lines 1a-1f					
			Business Code				
Program Service Revenue	2a	INCOME ON LOANS	522100	95,903,532	95,903,532		
<u>æ</u>			522100		23,509,828		
ИСе	c d	UNRELATED BUSINESS INCOME	524298	103,399		103,399	
33	e						
an E		All other program service revenue					
٥							
	 	Total. Add lines 2a-2f		119,516,759			
		and other similar amounts)	-	1,142,022	1,142,022		
	4	Income from investment of tax-exempt bond proceeds	-				
	5	Royalties					
		(ı) Real	(11) Personal				
		Gross Rents					
		Less rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)					
	_	(i) Securities	(II) O ther				
	7a	Gross amount from sales of	90,320,385				
		assets other than inventory					
	Ь	Less cost or other basis and	89,734,471				
	c	sales expenses Gain or (loss)	585,914				
		Net gain or (loss)		585,914	587,914		
Φ		Gross income from fundraising events					
ī.		(not including					
eve		of contributions reported on line 1c)					
Ξ.		See Part IV, line 18					
Other Revenue	ь	Less direct expenses b					
0		Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19 . a					
		Less direct expenses					
		Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances					
		а					
		Less cost of goods sold b					
	C	Net income or (loss) from sales of inventory	Buoiness Code				
	112	Miscellaneous Revenue GAIN ON STOCK INVESTMENT	Business Code 522210	522,366	522,366		
	ь				, = = 0		
	"						
	_	All other revenue					
		Total. Add lines 11a-11d					
		▶		522,366			
	12	Total revenue. See Instructions		121,767,061		103,399	
				, .,	121,665,662		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

A	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).								
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0		γ					
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	2,287,353	2,287,353						
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	15,045,140	15,045,140						
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	890,680	890,680						
9	Other employee benefits	2,827,030	2,827,030						
10	Payroll taxes	1,249,030	1,249,030						
а	Fees for services (non-employees) Management	2,514,406	2,514,406						
b	Legal	112,191	112,191						
c	Accounting	362,680	362,680						
d	Lobbying	0							
e	Professional fundraising services See Part IV, line 17								
f	Investment management fees	0							
g	Other	710,183	710,183						
12	Advertising and promotion	3,339,965	3,339,965						
13	Office expenses	3,003,343	3,003,343						
14	Information technology	4,044,232	4,044,232						
15	Royalties	0							
16	Occupancy	3,167,503	3,167,503						
17	Travel	115,621	115,621						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0							
19	Conferences, conventions, and meetings	60,363	60,363						
20	Interest	19,862,011	19,862,011						
21	Payments to affiliates	0							
22	Depreciation, depletion, and amortization	3,816,351	3,816,351						
23	Insurance	192,620	192,620						
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)								
а	SEE ATTACHED SCHEDULE	39,431,809	39,431,809						
b									
c									
d									
e									
f	All other expenses	0							
25	Total functional expenses. Add lines 1 through 24f	103,032,511	103,032,511						
26	Joint costs. Check here ► ☐ If following	,,	,,						
	SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation								
	, , , , , , , , , , , , , , , , , , , ,				rm 990 (2010)				

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			13,115,049	1	28,473,217
	2	Savings and temporary cash investments			325,147,206	2	274,016,745
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			3,737,223	4	3,931,441
	5	Receivables from current and former officers, directors, truster highest compensated employees Complete Part II of	y employees, and				
		Schedule L			1,753,577	5	1,118,780
	6	Receivables from other disqualified persons (as defined under persons described in section $4958(c)(3)(B)$, and contributing sponsoring organizations of section $501(c)(9)$ voluntary employeganizations (see instructions)	emplo	yers, and			
Assets		Schedule L				6	
	7	Notes and loans receivable, net			1,547,989,450	7	1,430,981,492
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			1,146,498	9	1,403,500
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	62,132,091			
	ь	Less accumulated depreciation	10b	35,502,511	22,208,246	10c	26,629,580
	11	Investments—publicly traded securities		6,596,790	11	120,104,527	
	12	Investments—other securities See Part IV, line 11	5,643,614	12	4,535,632		
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11	38,001,634	15	28,745,937		
	16	Total assets. Add lines 1 through 15 (must equal line 34) .	1,965,339,287	16	1,919,940,851		
	17	Accounts payable and accrued expenses .			11,986,881	17	20,594,081
	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 Sched	ule D			21	
bilities	22	Payables to current and former officers, directors, trustees, ke employees, highest compensated employees, and disqualified					
Lia		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third partie	s.		122,857,141	23	25,000,000
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			1,650,587,302	25	1,676,384,847
	26	Total liabilities. Add lines 17 through 25			1,785,431,324	26	1,721,978,928
es —		Organizations that follow SFAS 117, check here ▶ ☐ and conthrough 29, and lines 33 and 34.	plet e	lines 27			
3UC	27	Unrestricted net assets				27	
Fund Balance	28	Temporarily restricted net assets			28		
=	29	Permanently restricted net assets		29			
ä		Organizations that do not follow SFAS 117, check here ▶	nd co	mplet e			
<u> </u>		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	
Ą	32	Retained earnings, endowment, accumulated income, or other	funds		179,907,963	32	197,961,923
Net #	33	Total net assets or fund balances			179,907,963	33	197,961,923
Z	34	Total liabilities and net assets/fund balances			1,965,339,287	34	1,919,940,851
	L						<u> </u>

Pa	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI			. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		121,7	767,06
2	Total expenses (must equal Part IX, column (A), line 25)	2			032,51
3	Revenue less expenses Subtract line 2 from line 1	3			7 34,55
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			907,96
5	Other changes in net assets or fund balances (explain in Schedule O)	5		- (580,59
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		197,9	961,92
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	•
				Yes	No
1	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 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				
	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 on a separate basis, consolidated basis, or both	ıssued			
	Separate basis Consolidated basis Both consolidated and separated 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?	ne	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	required	3b		

DLN: 93493318011291

OMB No 1545-0047

Inspection

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities),

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	Employer identification number
BELLCO CREDIT UNION	
	94 0146505

art I-A	complete if the or	ganization is exem	pt under section	201(C)	or is a section 527	organization.

- Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures 50,000
- Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- Enter the amount of any excise tax incurred by the organization under section 4955
- Enter the amount of any excise tax incurred by organization managers under section 4955 2
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ┌ No
- ☐ No Was a correction made? **4**a
- If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527
- exempt funtion activities 50,000 3
- Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b 50,000 Did the filing organization file Form 1120-POL for this year? □ No
- Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the

amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-
(1) VOICES OF MAIN STREET	PO BOX 6127 DENVER,CO 80206	27-3480968	50,000	

Sc	hedule C (Form 990 or 990-EZ) 2010						Page 2
P	art II-A Complete if the organization under section 501(h)).	is ex	cempt under	section 501(c)(3) and fi	led Form 5768	
A B	Check If the filing organization belongs to a Check If the filing organization checked bo			" provisions apply	/		
	Limits on Lobbying E (The term "expenditures" means a)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
<u>1</u> a	Total lobbying expenditures to influence public o	pinion	(grass roots lob	oyıng)			
b	Total lobbying expenditures to influence a legisl	atıve b	ody (direct lobby	ıng)			
c	Total lobbying expenditures (add lines 1a and 1	b)					
d	Other exempt purpose expenditures						
е	Total exempt purpose expenditures (add lines 1	c and :	Ld)				
f	Lobbying nontaxable amount Enter the amount columns	from th	e following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The	lobbying nontaxa	ble amount is:			
	Not over \$500,000	20%	of the amount on lin	e 1e			
	Over \$500,000 but not over \$1,000,000	\$100	,000 plus 15% of the	excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175	,000 plus 10% of the	excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225	,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,00	00,000				
	Grassroots nontaxable amount (enter 25% of lir	ne 1 f)					
_	Subtract line 1g from line 1a If zero or less, ent	-					
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -					
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h d	or line 11, did the	organization file F	orm 4720 rep	orting	┌ Yes ┌ No
	4-Year Av (Some organizations that made a columns below. See t	secti	on 501(h) ele		havè to co		ne five
	Lobbying Exp	endit	ures During 4	l-Year Averag	jing Period		
	Calendar year (or fiscal year						

	Lobbying Expendit	ures During 4	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

	(election under section 501(n)).					
	<u> </u>	(;	a)		(b)	
		Yes	No	4	A moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities? If "Yes," describe in Part IV					
j	Total lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6).	01 (c)(5),	or s	ectio	n
	501(0)(0).				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		ſ	1	1.05	110
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		ŀ	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		ŀ	3		
	t III-B Complete if the organization is exempt under section 501(c)(4), section 5	01(c	1(5).	or s	ectio	n
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part II answered "Yes".					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
С	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				

Part IV Supplemental Information

5 Taxable amount of lobbying and political expenditures (see instructions)

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1, Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
I - A	1	IN SUPPORT OF THE CREDIT UNION ASSOCIATION OF
		COLORADO CAMPAIGN EFFORTS

DLN: 93493318011291

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Open to Public

ernal	Revenue Service	orm 990. ► See separate instructions.		Inspec	tion
	ne of the organization CO CREDIT UNION		Emp	loyer identification numbe	er
DLLI	CO CREDIT ONION		84-0	0146595	
Pa	t I Organizations Maintaining Donor A				te ıf the
	organization answered "Yes" to Form 9	<u> </u>			
		(a) Donor advised funds	((b) Funds and other accou	nts
	Total number at end of year				
	Aggregate contributions to (during year)				
	Aggregate grants from (during year)				
	Aggregate value at end of year				
	Did the organization inform all donors and donor adv funds are the organization's property, subject to the		or advı	rsed ┌ Yes	☐ No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the be conferring impermissible private benefit				∏ No
aı	t III Conservation Easements. Complete	ıf the organızatıon answered "Yes" to	o Forn	n 990, Part IV, line 7.	
	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreated Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualeasement on the last day of the tax year	tion or pleasure) Preservation of an Preservation of a c	ertifie	ically importantly land are d historic structure onservation	a
				Held at the End of the	Year
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easement	s	2b		
С	Number of conservation easements on a certified hi	storic structure included in (a)	2c		
d	Number of conservation easements included in (c) a	acquired after 8/17/06	2d		
	Number of conservation easements modified, transfithe taxable year - Number of states where property subject to conserv		d by th 	ne organization during	
	Does the organization have a written policy regarding enforcement of the conservation easements it holds		lling of	violations, and Yes	┌ No
	Staff and volunteer hours devoted to monitoring, ins				
	A mount of expenses incurred in monitoring, inspect			g the year 🕨 \$	
	Does each conservation easement reported on line $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?			☐ Yes	┌ No
	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financial		•	
ar	Organizations Maintaining Collection Complete if the organization answered		or Otl	her Similar Assets.	
а	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fi	d for public exhibition, education or researd	:h ın fu		e,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research in			
	(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, his following amounts required to be reported under SFA		r fınan	· •	
а	Revenues included in Form 990, Part VIII, line 1	- -		▶ \$	
				• т	

b Assets included in Form 990, Part X

Pari	TITL Organizations Maintaining Co	<u>llections of Ar</u>	t, His	tori	<u>cal Tre</u>	asures	, or Ot	the	<u>r Similar As</u>	sets	(cont	:inued)
3	Using the organization's accession and othe items (check all that apply)	r records, check ar	ny of th	ne foll	owing tha	at are a s	significai	nt u	se of its collect	ion		
а	Public exhibition		d	Γ	Loan or	exchang	je progra	ams				
b	Scholarly research		e	Γ	Other							
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	aın hov	w the y	/ further	the orgai	nızatıon':	s ex	empt purpose	n		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,						┌ Yes	Г	- No
Par	t IV Escrow and Custodial Arrang						swered	I "Y	es" to Form 9	90,		
	Part IV, line 9, or reported an ar		•									
	Is the organization an agent, trustee, custoo included on Form 990, Part X?					ons or ot	herasse	ets r		┌ Yes	Γ	- No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ing ta	able		_		_			
_							H	_	An	nount		
C _	Beginning balance							1c				
d	Additions during the year						H	1d				
e	Distributions during the year						<u> </u>	1e				
f	Ending balance						Ŀ	1f				
2a	Did the organization include an amount on Fo		ne 21?							Yes	V	No
	If "Yes," explain the arrangement in Part XI\											
Pa	rt V Endowment Funds. Complete	if the organizatio		Were Prior \		to Forr c)Two Yea			t IV, line 10. Three Years Back	(e) Fou	r Year	rs Back
1a	Beginning of year balance	(a) carrent rear	(2)	,	· cui		ars back	(4)	Three rears back	(0). 04	- rear	5 Back
b	Contributions											-
c	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the year	r end balance held	as									
а	Board designated or quasi-endowment 🕨											
Ь	Permanent endowment 🕨											
c	Term endowment ▶											
3a	Are there endowment funds not in the posse organization by	ssion of the organiz	ation	that a	re held a	ınd admı	nıstered	for	the	Υe		No
	(i) unrelated organizations								3a(3	10
	(ii) related organizations								3a(\top	
b	If "Yes" to 3a(II), are the related organization								31	<u> </u>	T	
4	Describe in Part XIV the intended uses of th	e organization's en	dowme	ent fu	nds							
Par	t VI Investments—Land, Building	s, and Equipme	ent. S	ee F	orm 990), <u>Part </u>	K, line 1	10.				
	Description of investment				Cost or oth		Cost or oth		(c) Accumulated depreciation	(d)	Book	value
1a	Land						11,322,6	660			11,3	322,660
b	Buildings		•				14,143,6	687	6,272,52	2	7,8	371,165
c	Leasehold improvements						5,809,9	914	4,526,96	6	1,2	282,948
d	Equipment						20,882,9	967	15,696,03	1	5,1	186,936
е	Other						9,972,	863	9,006,99	2	ç	965,871

26,629,580

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market va	lue
)Financial derivatives			
)Closely-held equity interests			
ther			
otal. (Column (b) should equal Form 990, Part X, col (B) line 12)	•		
art VIII Investments—Program Related. Se	e Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation	
— (a) Description of investment type	(b) Book value	Cost or end-of-year market va	lue
otal. (Column (b) should equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. See Form 990, Part X, II	ne 15.		
(a) Descri		(b) Book va	lue
otal. (Column (b) should equal Form 990, Part X, col.(B) line			
Part X Other Liabilities. See Form 990, Part X			
(a) Description of Liability	(b) A mount		
ederal Income Taxes			
HARES	240,383,525		
HARE DRAFTS	274,336,469		
ONEY MARKET	584,150,431		
ERTIFICATES	536,084,676		
RA SHARES	41,429,746		
otal. (Column (b) should equal Form 990, Part X, col (B) line 25) 🖡	1,676,384,847		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	121,767,061
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	103,032,511
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	18,734,550
4	Net unrealized gains (losses) on investments	4	-680,590
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-680,590
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	18,053,960
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	122,197,014
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	787,946
3	Subtract line 2e from line 1	3	121,409,068
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b 357,993		
c	Add lines 4a and 4b	4c	357,993
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	121,767,061
Part		per F	
1	Total expenses and losses per audited financial statements	1	103,462,464
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-357,993
3	Subtract line 2e from line 1	3	103,820,457
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	-787,946
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	103,032,511
	t XIV Supplemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
X	2	FIN 48 IS NOT APPLICABLE
XII	2D	AMORTIZATION ON MORTGAGE SERVICING RIGHTS 787,946
XII		LOSS ON SALE OF OREO 222,059 PLUS GAIN ON SALE OF EXPERION STOCK 522,366 PLUS AMORTIZATION ON GAIN OF ATM SALE/LEASEBACK 57,686 EQUALS 357,993
XIII		LOSS ON SALE OF OREO 222,059 PLUS GAIN ON SALE OF EXPERION STOCK 522,366 PLUS AMORTIZATION ON GAIN OF ATM SALE/LEASEBACK 57,686 EQUALS 357,993
XIII	4B	AMORTIZATION ON MORTGAGE SERVICING RIGHTS 787,946

DLN: 93493318011291

OMB No 1545-0047

(Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information Schedule J

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				
			Yes	Νo	
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items				
	First-class or charter travel				
	▼ Travel for companions				
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			ĺ	
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b	Yes		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all				
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	<u> </u>	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply				
	▼ Compensation committee				
	Independent compensation consultant				
	Form 990 of other organizations Approval by the board or compensation committee				
4	During the year, did any person listed in 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 from the organization or a related organization?	4a	Yes		
Ь	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?				
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III				
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.				
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of				
а	The organization?	5a		<u> </u>	
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, line $1a$, did the organization pay or accrue any compensation contingent on the net earnings of				
а	The organization?	6a			
Ь	Any related organization?	6b		<u> </u>	
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7			
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8			
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9			

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

For each individual whose compensation must be reported 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
(1) D FERRARO	(ı) (ıı)	533,686		4,122	256,000	13,337	807,145	
(2) S BLO DGETT	(ı) (ıı)	193,110		9,043	8,329	2,616	213,098	
(3) J RUBY	(I) (II)	179,122		276	17,827	16,894	214,119	
(4) R BRUHN	(I) (II)	136,816	_	_	_	7,037	143,853	_
(5) T STONEBRAKER	(I) (II)	153,378		276	14,837	11,307	179,798	
(6) S SAGEHORN- ELLIOTT	(ı) (ıı)	159,550	500	120	16,108	17,370	193,648	
(7) L DO WNEY	(I) (II)	149,003		276	14,981	18,804	183,064	
(8)			_			_		
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
	<u> </u>						Sahadı	ulo 1 / Form 990\ 2010

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
I	4 a	R Bruhn- 75,000
I	4 b	R BRUHN- 59,302 S BLODGETT 100,541 BOTH INCLUDED IN AMOUNTS REPORTED IN SCHEDULE J

Schedule J (Form 990) 2010

DLN: 93493318011291

Transactions with Interested Persons

Schedule L (Form 990 or 990-EZ)

► 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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number** BELLCO CREDIT UNION

Complete if the organizat								•		orrected
1 (a) Name of disqualified pers		person	rson (b) Description		ription	oftransa	ction	Yes	No	
2 Enter the amount of tax impos	ed on th	e organ	ization managers or	disqualified ners	ne duri	na the v	ear undei		<u> </u>	
section 4958	• •	e organ	· · · · ·				ear under	· \$		
3 Enter the amount of tax, if any	, on line	2, abov	e, reimbursed by th	e organization .			•	· \$		
		_								
Part III Loans to and/or F) Dowt IV June 26	a	- 000 E	7 Dawt V	luna 20	_	
Complete if the organiz			Yes on Form 990), Part IV, line 26,	or Forr	N 990-E	(f)		<u>a</u>	
(-) N	1	an to m the	(-)0		(e)	In	Appro		(g)Writt	en
(a) Name of interested person and purpose	organiz		(c)O riginal principal amount	(d)Balance due	defau	ılt?	by board or		agreeme	nt?
parpose			-		V	l No	commit	1	Vac	LNa
(1) J RUBY	То	From			Yes	No	Yes	No	Yes	No
MORTGAGE LOAN		X	210,600	184,304		No	Yes		Yes	
(2) L DOWNEY										
MORTGAGE LOAN		Х	211,000	191,545		No		No	Yes	<u> </u>
(3) L DO WNEY MORTGAGE LOAN		×	190,000	173,373		No		l No	Yes	
(4) S SAGEHORN-ELLIOTT			130,000	173,373		110		110	163	1
MORTGAGE LOAN		×	350,000	328,382		No		No	Yes	
(5) S SAGEHORN-ELLIOTT										
AUTO LOAN		X	20,871	15,607		No		No	Yes	
(6) G GOODELL AUTO LOAN		×	17,029	8,950		No		No	Yes	
(7) G GOODELL		<u> </u>		,,,,,,		1		1	1	
MORTGAGE LOAN		Х	210,000	202,793		Νo		No	Yes	
(8) G GOODELL		,,	15.101	42025		1				
AUTO LOAN		X	15,181			No		No	Yes	
Total		nefitti		1,118,780	<u> </u>		1			
Complete if the orga					. line 2	27.				
			Relationship betwe	•					,	
(a) Name of interested person		and the or			(c)A mount of grant or type of assis				tance	

Part TV Bus	iness Transact	tions Involving T	nterested Persons

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

Complete if the organization	complete if the organization answered Tes on Form 550, Fare 14, line 200, 200, or 200.										
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?							
	organization			Yes	No						

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

xplanat ion
×

Schedule L (Form 990 or 990-EZ) 2010

Additional Data

Software ID: 10000149

Software Version: 2010.2.15

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)O riginal (d)Balance due principal amount \$		(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	То	From			Yes	No	Yes	No	Yes	No
J RUBY MORTGAGE LOAN		х	210,600	184,304		No	Yes		Yes	
L DOWNEY MORTGAGE LOAN		х	211,000	191,545		No		No	Yes	
L DOWNEY MORTGAGE LOAN		х	190,000	173,373		No		No	Yes	
S SAGEHORN-ELLIOTT MORTGAGE LOAN		х	350,000	328,382		No		No	Yes	
S SAGEHORN-ELLIOTT AUTO LOAN		х	20,871	15,607		No		No	Yes	
G GOODELL AUTO LOAN		х	17,029	8,950		No		No	Yes	
G GOODELL MORTGAGE LOAN		х	210,000	202,793		No		No	Yes	
G GOODELL AUTO LOAN		х	15,181	13,826		No		No	Yes	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493318011291

Employer identification number

84-0146595

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Name of the organization

Department of the Treasury
Internal Revenue Service

BELLCO CREDIT UNION

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

 Identifier
 Return Reference
 Explanation

 Form 990 Part VI
 6
 THE ORGANIZATION HAS MEMBERS

ldentifier	Return Reference	Explanation
Form 990 Part VI	11	THE DIRECTOR OF FINANCE IS RESPONSIBLE FOR THE PREPARATION OF THE RETURN UPON COMPLETION, THE RETURN IS REVIEWED BY EXECUTIVE MANAGEMENT AND THE PRESIDENT/CEO, ONCE ALL PARTIES HAVE COMPLETED THEIR REVIEWS AND ANY NECESSARY CORRECTIONS ARE MADE, THE RETURN IS FILED THE BOARD OF DIRECTORS WILL REVIEW THE FORM 990 SUBSEQUENT TO FILING

ldentifier	Return Reference	Explanation
Form 990 Part 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

Identifier	Return Reference	Explanation
Form 990 Part 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 STATEMENTS ARE AVAILABLE FOR PUBLIC VIEWING ON NCUA GOV VIA THE QUARTERLY 5300 FILING

ldentifier	Return Reference	Explanation
Form 990 Part VI	7A	CREDIT UNION MEMBERSHIP MAY PARTICIPATE IN THE ELECTION OF OFFICIALS

ldentifier	Return Reference	Explanation
Form 990 Part VI	15A	MARKET DATA IS PREPARED BY THE VP OF HUMAN RESOURCES FOR ALL EXECUTIVE POSITIONS SUBTANTIATION OF THE DECISION IS GIVEN IN WRITTEN PERFORMANCE EVALUATIONS FOR ALL EXECUTIVES

ldentifier	Return Reference	Explanation
Form 990 Part XI	5	UNREALIZED LOSS ON AVAILABLE-FOR-SALE SECURITIES

DLN: 93493318011291

OMB No 1545-0047

Employer identification number

2010

Open to Public Inspection

SCHEDULE R (Form 990)

(Form 990)

Name of the organization

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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 Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) Part I (a)
Name, address, and EIN of disregarded entity (d) (b) (e) Legal domicile (state Total income End-of-year assets Direct controlling Primary activity or foreign country) entity (1) BELLCO FINANCIAL SERVICES LLC PO BOX 6611 FINANCIAL SERVICES CO 308,760 N/A GREENWOOD VILLAGE, CO 80155 82-0581022 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.) (b) (d) Section 512(b)(13) Public charity status Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Direct controlling controlled or foreign country) (if section 501(c)(3)) organization Yes No

(a) ame, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-yea assets		(h) Disproprtionate allocations?		ortionate Code V-		(j Gener mana partr	al or ging	(k) Percentage ownership
								Yes	No			Yes	No	
				ble as a Corpora zations treated as a						nswered "Y	es" on	Form	990,	Part IV,
Name, address, ar	(a) nd EIN of related organiz	zation	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct cor enti	ntrolling	(e) Type of e (C corp, S or trust	corp,	Share of	(f) f total income	Shai end-o	y) re of f-year sets		(h) Percentage ownership
					1	I								

(5)

(6)

Par	t V	Transactions With Related Organizations (Complete if the organization answered	l "Yes" on Form 990, Pa	rt IV, line 34, 35, 3	5A, or 36.)		
	Note. C	omplete line 1 if any entity is listed in Parts II, III or IV				Yes	No
1 Du	rıng the	tax year, did the orgranization engage in any of the following transactions with one or more related	organizations listed in Par	ts II-IV?			
а	Receip	t of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1 a		
b	Gıft, gr	ant, or capital contribution to other organization(s)			1b		
c	Gıft, gra	ant, or capital contribution from other organization(s)			1 c		
d	Loans	or loan guarantees to or for other organization(s)			1d		
e	Loans	or loan guarantees by other organization(s)			1e		
							<u> </u>
f :	Sale of	assets to other organization(s)			1f		
g	Purcha	se of assets from other organization(s)			1 g		
h	Exchar	ge of assets			1h		
i l	_ease o	f facilities, equipment, or other assets to other organization(s)			1i		
j l	Lease	of facilities, equipment, or other assets from other organization(s)			1 <u>j</u>		<u> </u>
k	Perforn	nance of services or membership or fundraising solicitations for other organization(s)			1k		<u> </u>
I F	Perform	ance of services or membership or fundraising solicitations by other organization(s)			11		<u> </u>
m :	Sharıng	of facilities, equipment, mailing lists, or other assets			1m		<u> </u>
n	Sharıng	g of paid employees			1n		<u> </u>
0	Reimbi	irsement paid to other organization for expenses			10		<u> </u>
p	Reımbu	irsement paid by other organization for expenses			1 p		<u> </u>
							<u> </u>
q	O ther t	ransfer of cash or property to other organization(s)			1q		<u> </u>
r	O ther t	ransfer of cash or property from other organization(s)			1r		
2	If the a	nswer to any of the above is "Yes," see the instructions for information on who must complete this li	ine, including covered relat	ionships and transact	ıon thresholds		
		(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determin involved		ount
(1)							
(2)							
(3)							
(4)							
(4)							
				1	1		

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)	parti sect 501(d organiz	(d) (e) (f) (g) Are all Share of Disproprtionate allocations? section assets 501(c)(3) ganizations?		Gene mana part	agın tner?			
			Yes	No		Yes	No		Yes	N
										+
										-
										t
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Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier I Return Reference I	er Return Reference Explanation
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Schedule R (Form 990) 2010

Depreciation and Amortization

(Including Information on Listed Property)

DLN: 93493318011291

OMB No 1545-0172

Form **4562**

Department of the Treasury nternal Revenue Service (99)	•	See separate instr	uct ions	. 🟲 Attach t	to your tax re	turn.		Attachment Sequence No 67
Name(s) shown on retur BELLCO CREDIT UNIC		Bu	sıness	or activity to w	hich this forn	n relates]	dent if ying number
		99					8	34-0146595
	n To Expense (•	•					
	f you have any li				ore you com	ipiete Part I.	_	1 + 500.000
1 Maximum amount S		•					1	\$ 500,000
2 Total cost of section		•		•			2	
3 Threshold cost of se	ection 179 property	y before reduction i	n limita	ation (see instr	uctions) .		3	\$ 2,000,000
4 Reduction in limitati	ion Subtract line 3	from line 2 If zero	or less	, enter - 0 -			4	
5 Dollar limitation for	tax year Subtract	line 4 from line 1 I	fzero o	or less, enter - 0)- If married	filing		
separately, see inst	ructions						5	
6 (:	a) Description of pr	roperty		(b) Cost (bu		(c) Elected c	ost	
								4
7 Listed property Ent	er the amount from	line 29			. 7			-
8 Total elected cost of			ın colu	mn (c). lines 6			8	-
9 Tentative deduction				(0),00			9	+
10 Carryover of disallo			00 For	m 4562			10	
11 Business income limitation		•			e instructions)			
							11	1
12 Section 179 expens					n line 11 ·		12	
13 Carryover of disallo					. 13			
Note: Do not use Pa								
							oper	ty) (See instructions)
14 Special depreciation tax year (see instru		lified property (othe	erthan	listed property) placed in se	rvice during the	14	
15 Property subject to	section 168(f)(1) e	election					15	9,117
16 Other depreciation	(including ACRS)						16	
Part IIII MACRS	Depreciation (I	Do not include li	sted p	roperty.) (Se	e instructio	ns.)		
			Se	ction A				_
17 MACRS deductions	for assets placed ı	n service in tax ye	ars beg	ınnıng before 2	010		17	
18 If you are electin		•	ervice	during the ta	ax year into	. —		
general asset acc	ssets Placed in		 a 201	 0 Tay Yaar		►l	roci	ation System
Section b-A	SSEIS PIACEU III	(c) Basis for		U lax feat			eci	ation system
(a) Classification of property	(b) Month and year placed in service	depreciation (business/investi use	ment	(d) Recovery period	(e) Convent	ıon (f) Metho	d	(g)Depreciation deduction
10= 2		only—see instruct	ions)					
19a 3-year property b 5-year property	+		-+					
c 7 - year property			+					
d 10-year property			+					
e 15-year property			$\overline{}$					
f 20-year property								
g 25-year property				25 yrs		S/L		
h Residential rental				27 5 yrs	мм	S/L		
property				27 5 yrs	мм	S/L		
i Nonresıdentıal real				39 yrs	ММ	S/L		
property					MM	S/L		
Sec	tion C—Assets Plac	ced in Service Durir	ng 2010	Tax Year Using	the Alterna	ive Depreciation	Syst	em
20a Class life						S/L		
b 12-year				12 yrs		S/L		
c 40-year		<u> </u>		40 yrs	MM	S/L		
	iary (see instruc					1		1
21 Listed property Ent							21	
22 Total. Add amounts and on the appropria							22	9,117
23 For assets shown all portion of the basis	•	_	current	year, enter the	23			

Part V
Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

(a) Type of property (list vehicles first) Date placed in service use percentage 25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 26 Property used more than 50% in a qualified business use (see instructions) 27 Property used more than 50% in a qualified business use	g) hod/ ention 25 r," or rela mpleting th	evidence (h) Deprecia deduce	written?) ation/ tion	Yes so	(i) Elected ection 179 cost
(a) (b) Business/ Cost or other basis (e) Business/ Investment service use percentage (b) Business/ Investment service use percentage (c) Business/ Investment use only) Date placed in unvestment use only) Basis for depreciation (business/investment use only) Period Corv Percentage (c) Business for depreciation (business/investment use only) Met Date placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 26 Property used more than 50% in a qualified business use 27 Property used more than 50% in a qualified business use 27 Property used 50% or less in a qualified business use 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 29 Add amounts in column (i), lines 26 Enter here and on line 7, page 1 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner or vehicles used by a sole proprietor, partner, or other "more than 5% owner or vehicle sole of your employees, first answer the questions in Section C to self you meet an exception to complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner or related personal (noncommuting) miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven during the year (do not include commuting miles) 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle used primarily by a more than 5% owner or related person? 35 Was the vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use Answer these questions to determine if you meet an exception to completing Section B for vehicles wendly of the provide of the provide vehicles, including employees? 38 Do you maintain a written policy statement that prohibits all personal use of vehicles, including employees? See the instructions for vehicles used by	g) hod/ ention 25 25 r," or rela mpleting th	(h) Deprecia deduc	ation/ tion son for those	e vehicle	(i) Elected ection 179 cost
(a) Date placed in meestment use percentage of the percentage of t	z5 z," or rela	Deprecial deduction deduct	s on for those	e vehicle	Elected ection 179 cost
26 Property used more than 50% in a qualified business use	r," or rela	ated pers his section (d)	for those	:)	(f)
26 Property used more than 50% in a qualified business use	r," or rela	ated pers his section (d)	for those	:)	(f)
27 Property used 50% or less in a qualified business use %	mpleting th	ated pers his section (d)	for those	:)	(f)
27 Property used 50% or less in a qualified business use % % S/L - % % S/L - 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B—Information on Use of Vehicles	mpleting th	ated pers his section (d)	for those	:)	(f)
27 Property used 50% or less in a qualified business use	mpleting th	ated pers his section (d)	for those	:)	(f)
% S/L	mpleting th	ated pers his section (d)	for those	:)	(f)
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1	mpleting th	ated pers his section (d)	for those	:)	(f)
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1	mpleting th	ated pers his section (d)	for those	:)	(f)
Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner from you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to complete this section in the provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to complete this section in the provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to complete this section C to see if you meet an exception to complete this section C to see if you meet an exception to complete this section C to see if you meet an exception to complete this section C to see if you meet an exception to complete an exception to complete an exception to complete an exception to complete this section C to see if you meet an exception to complete an exception B for vehicles of the provide of the provided and the pr	mpleting th	ated pers his section (d)	for those	:)	(f)
Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owne if you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to co 30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal(noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32	mpleting th	ated pers his section (d)	for those	:)	(f)
Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner from you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to complete this section C to see if you meet an exception to complete the year (do not include commuting miles) 31 Total commuting miles driven during the year . 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32	mpleting th	his section (d)	for those	:)	(f)
1	mpleting th	his section (d)	for those	:)	(f)
30 Total business/investment miles driven during the year (do not include commuting miles)		(d)	(e	:)	(f)
year (do not include commuting miles)	Vet	hicle 4	Vehic	le 5	
31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32					
32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32					
33 Total miles driven during the year Add lines 30 through 32					
through 32					
during off-duty hours?					
35 Was the vehicle used primarily by a more than 5% owner or related person?	Yes	No	Yes	No	Yes N
owner or related person?					
Section C—Questions for Employers Who Provide Vehicles for Us Answer these questions to determine if you meet an exception to completing Section B for vehicles 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including employees?					
Answer these questions to determine if you meet an exception to completing Section B for vehicles owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except comemployees? See the instructions for vehicles used by corporate officers, directors, or 1% or more than the prohibits personal use? 39 Do you treat all use of vehicles by employees as personal use?					
 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except comemployees? See the instructions for vehicles used by corporate officers, directors, or 1% or more than 10 you treat all use of vehicles by employees as personal use? 39 Do you treat all use of vehicles by employees as personal use? 					ot more t
employees?	commut	ına by v	our	Τ.,	- N
employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more as a possible of vehicles by employees as personal use?			•	Ye	es No
employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more as a possible of vehicles by employees as personal use?				<u> </u>	
40 Do you provide more than five vehicles to your employees, obtain information from your employ					
vehicles, and retain the information received?	ees abou	it the us	e of the	,	
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instru	ctions)				
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the cover	ed vehicle	es			
Part VI Amortization					
(b) (c) (d) (a)				(f)	
(a) Date Amortizable Code An	(e)	n	A mor	rtizatioi	n for
. I amount I section I :	nortizatioi		th	nıs year	r
42 A mortization of costs that begins during your 2010 tax year (see instructions)	ortization eriod or	1			
	nortizatioi				
	ortization eriod or				
43 A mortization of costs that began before your 2010 tax year	ortization eriod or				

44 Total. Add amounts in column (f) See the instructions for where to report

44