

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493317050644

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

► Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2013

Open to Public Inspection

		2013 cal applicable	C Name of organization	ng 01-01-2013 , 2013, and ending 12	-31-2013	D Emplo	yer ide	entification number
		hange	PUBLIC SERVICE CREDIT UNION				02313	
┌ Na	me cha	ange	Doing Business As					•
┌ Init	ial retu	urn	Number and street (or P O box if	mail is not delivered to street address) Room/	suite	E Teleph	one nur	mher
Tei	mınate	ed	7055 EAST EVANS AVENUE				691-	
☐ Am	ended	return	City or town, state or province, con DENVER, CO 80224	untry, and ZIP or foreign postal code		(303)	991-	2345
Гар	olicatio	n pending	DENVER, CO 80224			G Gross	receipts	\$ 129,625,580
			F Name and address of pr	ıncıpal officer		Is this a group		
			David E Maus 7055 East Evans Avenue			subordinates?		┌ Yes 🗸 No
			Denver, CO 80224			Are all subord	ınates	┌ Yes 🗸 No
 т Та	x-exer	mpt status	<u> </u>	¶ (insert no)		included? If "No." attach	n a list	(see instructions)
			w pscu org	4 (macre no) 4347 (d)(1) 61 327	\dashv			
					H(c)	Group exempt		
		_	Corporation Trust Associati	on	L Yea	er of formation 19	938 N	M State of legal domicile CC
Pa	rt I		ımary					
		,		ion or most significant activities ovides the means for our members to a	achieve the	eir goals and s	tands	for this fundamental
			hat together we're better	ovides the means for our members to t	iomere en	en godio dila o	canas	Tor till 5 fall administrati
క								
ੁ								
≣								
Governance	2	Check tl	his box দ if the organization d	iscontinued its operations or disposed	d of more t	han 25% of its	net a	ssets
2 0	3	Number	of voting members of the gover	ning body (Part VI, line 1a)			з	
Activities &	I		_	of the governing body (Part VI, line 1			4	8
1	5	Total nu	mber of individuals employed in	calendar year 2013 (Part V, line 2a)			5	502
Ą	6	Total nu	mber of volunteers (estimate if	necessary)			6	12
				Part VIII, column (C), line 12			7a	772,837
	Ь	Net unre	elated business taxable income	from Form 990-T, line 34	<u> </u>		7b	-1,070,649
						Prior Year	_	Current Year
o.	8			•	. —		0.0.5	0
Ravenue						63,852,		61,375,091
Hey	I				. —	4,249, 781,		5,816,226 1,207,850
					ine -	701,	030	1,207,030
		12) .	<u> </u>	<u> </u>		68,883,	-	68,399,167
	13		·			153,	226	165,545
							_	0
\$	15			ree benefits (Part IX, column (A), lines	5	21,639,	204	24,613,004
Expenses	 Program service revenue (Part VIII, line 2g)				0			
ੜੇ	ь	Total fu	undraising expenses (Part IX, column (D), line 25) 🕒				
	17	Other	expenses (Part IX, column (A)	lines 11a-11d, 11f-24e)		33,827,	730	30,134,174
	18			ust equal Part IX, column (A), line 25)		55,620,		54,912,723
	19	Reven	nue less expenses Subtract line	e 18 from line 12	_	13,263,		13,486,444
8 G.					Beg	inning of Curre Year	nt	End of Year
Net Assets or Fund Balances	20	Total	assets (Part X, line 16)		. 💳	1,244,721,	522	1,325,660,039
4 B	21					1,117,398,		1,193,288,161
žĒ	22	Netas	ssets or fund balances Subtrac	t line 21 from line 20		127,322,	786	132,371,878
Pai	t II	Sign	nature Block					
Unde my k	r t III r pen nowle	Sign alties of dge and	nature Block perjury, I declare that I have ex	camined this return, including accomp mplete Declaration of preparer (other	anyıng sch	nedules and sta	atemei	nts, and to the best of
		****	***			2014-11-13		
Sigr	1		ature of officer			Date		
Her			een Knoll CFO					
		17	e or print name and title Print/Type preparer's name	Preparer's signature	Date	T., . —	PTIN	
Dair	4		Eric L Jones	riepaiei s signature	Date	Check If self-employed	P0063	34170
Paid Dro	a pare		Firm's name 🕩 Tinucci Jones & Com	pany PC		Firm's EIN 🕨		
Hee	•		Firm's address 🟲 31207 Keats Way Sui	te 201		Phone no (303	3) 480-9	9090

Evergreen, CO 80439

May the IRS discuss this return with the preparer shown above? (see instructions) $\,$.

✓ Yes No

4e Total program service expenses ►

Part IV Checklist of Required Schedules

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

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or 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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
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		No
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		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	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	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		N o
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

Par				_
	Check if Schedule O contains a response or note to any line in this Part V		 Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 22,926		163	140
	Enter the number of Forms W-2G included in line 1a Enter-0- if not applicable 1b 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1 c	Yes	
	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			1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
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 filing requirements for Form TD 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?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		NO
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
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			
	file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business heldings at any time during the year?		1	1
	business holdings at any time during the year?	8		Νo
	Sponsoring organizations maintaining donor advised funds.		1	1
а	Did the organization make any taxable distributions under section 4966?	9a		Νo
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νo
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	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)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Νo
b	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.	1		
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		No
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

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.

56	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing			
	body, or if the governing body delegated broad authority to an executive committee			
	or similar committee, explain in Schedule O			
D	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any			
	other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
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 cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		 No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	_
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
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 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16a		Νo
	taxable entity during the year?	TOG		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
Se	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			

- Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶Public Service Credit Union 7055 East Evans Avenue Denver, CO 80224 (303)691-2345

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

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

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) A verage hours per	more	than	one	not box	chec c, unle	ess	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below	and	a dır	ecto	r/tr	ustee)	from the organization (W- 2/1099- MISC)	from related organizations (W- 2/1099- MISC)	other compensation from the organization and related
	dotted line)	Individual trustee or director	Institutional Trustee	61	Key employee	Highest compensated employee)er			organizations
(1) Tım Farrell	5 00	х						0	0	0
Chairman	0 00							· ·	0	
(2) Lynn Gangone	3 00	х						0	0	0
Vice Chair	0 00									
(3) Scott Aaronson Treasurer	3 00	х						0	0	0
(4) Phil Showalter	3 00	,,								
Secretary	0 00	×						0	0	0
(5) JoAnn Groff	3 00	Х						0	0	0
Director	0 00									
(6) Darrell Digs	3 00	×						0	0	0
Director (7) Tim Reed	0 00									
Director	0 00	х						0	0	0
(8) Josh Burchfield	3 00	х						0	0	0
Director	0 00	_ ^						o o	9	0
(9) Gary Jones	3 00	х						0	0	0
Director	0 00	_ ^						0	9	0
(10) David E Maus	40 00			х				1,568,463	0	35,880
President/CEO	0 00							1,508,405	0	33,000
(11) Cynthia G Koan	40 00			х				370,119	0	31,149
SVP/CSO	0 00							370,113	-	31,113
(12) David Pierce	40 00			x				260,500	0	35,210
SVP/CIO	0 00							200,300		
(13) Stephen Ferrero	40 00			х				177,342	0	18,007
VP	0 00							177,512		
(14) Carlos Vazquez	40 00			х				136,777	0	22,046
VP	0 00							,	_	
(15) Evonna L Thorburn	40 00			х				262,620	0	28,279
SVP/CXO	0 00									
(16) Herbert White	40 00			х				269,972	0	34,880
SVP/CLO	0 00									
(17) Colleen Knoll	40 00			х				238,606	0	23,250
SVP/CFO	0 00									Form 990 (2013)

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot	not box h ar or/tr	chelicie Highest compensated	ess er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		-	6			B E				
(18) Louis Lubick	22 00					<u> </u>				
VP	0 00			X				143,059	0	14,152
(19) Mary Kathryn Uhl	40 00			х				166,585	0	14,036
VP HR	0 00									
(20) Michelle Tygart	40 00			х				166,896	0	18,695
Genl Counsel/VP (21) Michael Kitch	0 00 40 00									
Investment Rep	0 00					х		216,147	0	26,124
(22) Pamela Tremblay	40 00									
AVP	0 00					X		126,406	0	17,371
(23) Chad Shane	40 00					х		120,541	0	15,540
AVP	0 00							120,311		13,310
(24) Angela Webb	40 00					×		113,298	0	11,683
AVP	0 00									
(25) Sarah Collins AVP	40 00 0 00					x		112,406	0	22,298
							\vdash			
1b Sub-Total		_	_		<u> </u>	<u> </u>				
c Total from continuation sheets to Part						⊢ ⊢				
d Total (add lines 1b and 1c)				٠.		▶		4,449,737		368,600
2 Total number of individuals (including b \$100,000 of reportable compensation	ut not limited to	those	liste		oove	e) who	rec	eived more than	<u> </u>	

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
VISA Inc PO Box 31279 Tampa FL 33631	Debit Card Process	1,420,148
AD Miller Services Inc 7006 S Alton Way Centennial CO 80112	Property Management	941,042
Diabold Inc PO Box 643543 Pittsburgh PA 15264	ATMs & Maint	804,030
CO-OP 9692 Haven Ave Rancho Cucamonga CA 91730	Electronic Trans	2,126,748
Info Image 141 Jefferson DriveMenlo ParkOC	Statement Mailing	783,163
	·	I

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►5

Program Service Revenue
Other Revenue
•

Form 99	0 (20	013)						Page 9
Part V	/##1		of Revenue ule O contains a respon	use or note to any lir	oe in this Dart VIII			
		Check if Schedi	ule O Contains a respon	ise of flote to any fi	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
evenue Contributions, Giffs, Grants and Other Similar Amounts	1a	Federated cam	paigns 1a					
ant	ь	Membership du	ıes 1b					
Other Revenue Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising eve	ents 1c					
	d	Related organiz	zations 1d					
	e	Government grant						
		_				ļ		
	f	similar amounts no	ons, gifts, grants, and 1f ot included above					
	g	Noncash contribution 1a-1f \$	ons included in lines					
	h	Total. Add lines	s 1 a - 1 f		o			
				Business Code				
пПе	2a	Fees Member Serv	/ice	522100	11,483,198	11,483,198		
e Se	ь	Interest Member L	oans	522100	37,143,380	37,143,380		
Н	С	Other Operating In	icome	522100	1,981,493	1,981,493		
ž	d	Plastics Income		522100	9,100,198	9,100,198		
ਔ E	е	Shared Branch Inco	ome	522100	1,666,822	1,666,822		
្នាធិ	f	All other progra	am service revenue					
Š	a	Total. Add lines	s 2a – 2f		61,375,091			
	3		ome (including dividence					
		and other simil	aramounts)	🟲 📗	4,965,165			4,965,165
	4		stment of tax-exempt bond p	proceeds	0			
	5	Royalties	(ı) Real	(II) Personal	J			
	6a	Gross rents	435,013	(II) I CISOIIdi				
	ь	Less rental						
	С	expenses Rental income	435,013					
	d	or (loss) Net rental inco	me or (loss)		435,013			435,013
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	135,000	61,942,474				
	ь	Less cost or other basis and	142,144	61 094 360				
		sales expenses	·	61,084,269				
	C	Gain or (loss)	-7,144	858,205	851,061			851,061
en	d 8a	Gross income f events (not inc			031,001			031,001
Other Revenue Program Service Revenue		\$of contributions See Part IV, lin	s reported on line 1c) ne 18					
	ь	Less direct ex	penses b					
Ö	С		- loss) from fundraising e() -	events 🕨	0			
	9a		from gaming activities ne 19 a					
	ь	Less direct ex	penses b					
	С	Net income or (ا loss) from gamıng actı) -	/ities▶	0			
	10a	Gross sales of returns and allo						
	ь	Less cost of a	oods sold b					
	_ c	_	(loss) from sales of inve	entory 🛌	0			
		Miscellaneous	s Revenue	Business Code				
	11a	Insurance Inco	ome	524298	77,157		77,157	
	b	Non-Member A	TM Fees	522100	695,680		695,680	
	С							
	d		ue [
	е		s 11a-11d		772,837			
	12	Total revenue.	See Instructions		68,399,167	61,375,091	772,837	6,251,239

Part IX Statement of Functional Expenses

	section 501(c)(3) and 501(c)(4) o	rganizations must complete all columns	All other organizations must complete column (A	()
--	-----------------------------------	--	---	----

	Check if Schedule O contains a response or note to any line in this	Part IX	<u></u>		г
	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 United States See Part IV, line 21	165,545			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States 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	4,036,523			
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	16,588,568			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	889,030			
9	Other employee benefits	1,662,366			
10	Payroll taxes	1,436,517			
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	179,495			
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	145,110			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,767,174			
12	Advertising and promotion	3,311,425			
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	3,374,608			
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	662,809			
20	Interest	11			
21	Payments to affiliates	0			
 22	Depreciation, depletion, and amortization	3,992,463			
23	Insurance	0			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Transaction Processing	5,698,651			
b	Dividends & Interest -Members	4,028,074			
c	Office O perations	3,423,677			
d	Loan Servicing Expense	2,327,459			
e	All other expenses	1,223,218			
25	Total functional expenses. Add lines 1 through 24e	54,912,723	0	0	(
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Par	't X	Balance Sheet Check if Schedule O contains a response or note to any line	ın thıs	Part X .				
						(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing				14,430,354	1	14,115,110
	2	Savings and temporary cash investments	376,779,830	2	211,939,877			
	3	Pledges and grants receivable, net					3	0
	4	Accounts receivable, net				2,478,622	4	2,713,756
	5	Loans and other receivables from current and former officers key employees, and highest compensated employees Compensated employees.	lete P	art II of	ees,	2,552,427	5	2,827,463
Assets	6	Loans and other receivables from other disqualified persons section 4958(f)(1)), persons described in section 4958(c)(employers and sponsoring organizations of section 501(c)(beneficiary organizations (see instructions) Complete Part I	3)(B), 9) volu	and contrib ntary empl	outing	2,332,421	6	2,027,400
% %	7	Notes and loans receivable, net				577,811,634	7	715,817,917
ď	8	Inventories for sale or use			•	3,1,3,1,33,1	8	0
	9	Prepaid expenses and deferred charges				1,191,701	9	917,684
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a		058,276	, ,		211,122
	ь	Less accumulated depreciation	10b	27,	318,211	26,118,224	10c	25,740,065
	11	Investments—publicly traded securities	-			192,407,469	11	296,683,537
	12	Investments—other securities See Part IV, line 11				14,681,501	12	14,848,130
	13	Investments—program-related See Part IV, line 11					13	0
	14	Intangible assets	13,713,047	14	12,597,589			
	15	Other assets See Part IV, line 11	22,556,713	15	27,458,911			
	16	Total assets. Add lines 1 through 15 (must equal line 34)				1,244,721,522	16	1,325,660,039
	17	Accounts payable and accrued expenses				12,677,294	17	11,746,352
	18	Grants payable					18	_
	19	Deferred revenue					19	
	20	Tax-exempt bond liabilities			20			
S	21	Escrow or custodial account liability Complete Part IV of S		420,550	21	562,333		
Liabilitie	22	Loans and other payables to current and former officers, directly employees, highest compensated employees, and disqu		trustees,				
<u>ge</u>		persons Complete Part II of Schedule L					22	
	23	Secured mortgages and notes payable to unrelated third par	ties				23	
	24	Unsecured notes and loans payable to unrelated third partie	s .				24	
	25	Other liabilities (including federal income tax, payables to reand other liabilities not included on lines 17-24) Complete D	Part X		,	1,104,300,892	25	1,180,979,476
	26	Total liabilities. Add lines 17 through 25		1,117,398,736	26	1,193,288,161		
		Organizations that follow SFAS 117 (ASC 958), check here i			te			
Fund Balance	27	lines 27 through 29, and lines 33 and 34. Unrestricted net assets					27	
<u>ଟ</u>	28	Temporarily restricted net assets	•				28	
<u> </u>	29	Permanently restricted net assets		29				
ŭ	29	Organizations that do not follow SFAS 117 (ASC 958), check	k boro	· · ·			29	
ш L		complete lines 30 through 34.	, neie	- _V aliu				
s or	30	Capital stock or trust principal, or current funds					30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fun	d .				31	
As	32	Retained earnings, endowment, accumulated income, or other	er fund	S		127,322,786	32	132,371,878
Šet	33	Total net assets or fund balances				127,322,786	33	132,371,878
Z	34	Total liabilities and net assets/fund balances				1,244,721,522	34	1,325,660,039
	•							Form 990 (2013)

Pai	TEXT Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		68,	399,167
2	Total expenses (must equal Part IX, column (A), line 25)	2		54,9	912,723
3	Revenue less expenses Subtract line 2 from line 1	3			186,444
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			322,786
5	Net unrealized gains (losses) on investments	5			137,352
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		132,	371,878
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. \sqsubset
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revial separate basis, consolidated basis, or both	ewed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	☐ Separate basis ☐ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign audit, review, or compilation of its financial statements and selection of an independent accountant?	tht of t	he 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133?	he	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		

DLN: 93493317050644

OMB No 1545-0047

Open to Public

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Inspection Name of the organization **Employer identification number** PUBLIC SERVICE CREDIT UNION

			84-6	5023137
Pä	organizations Maintaining Donor Advorganization answered "Yes" to Form 990,		unds	or Accounts. Complete if the
		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor adviso funds are the organization's property, subject to the org	<u> </u>	nor advi	sed Yes No
6	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benefi conferring impermissible private benefit?			
Pa	rt II Conservation Easements. Complete if	the organization answered "Yes" i	to Forn	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the orga Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space	or education) Preservation of a		ically important land area d historic structure
	·			
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation contribution in	the forn	n of a conservation
				Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
C	Number of conservation easements on a certified histo	rıc structure ıncluded ın (a)	2c	
d	Number of conservation easements included in (c) acquirely historic structure listed in the National Register	uired after 8/17/06, and not on a	2d	
3	Number of conservation easements modified, transferre	ed, released, extinguished, or terminat	ed by th	ie organization during

_	· · · · · · · · · · · · · · · · · · ·				
c	Number of conservation easements on a certified historic structure included in (a)	2c			
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d			
3	Number of conservation easements modified, transferred, released, extinguished, or terminate	d by th	e organization c	lurıng	
	the tax year -				
4	Number of states where property subject to conservation easement is located 🛌				
5	Does the organization have a written policy regarding the periodic monitoring, inspection, have enforcement of the conservation easements it holds?	dling of	violations, and	┌ Yes	┌ N
5	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easer	nents d	uring the year		
	▶				
7	A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements	s during	the year		
	▶ \$				
3	Does each conservation easement reported on line 2(d) above satisfy the requirements of second section $170(h)(4)(B)(II)$?	tion 17	′0(h)(4)(B)(ı)	┌ Yes	ΓN
9	In Part XIII, describe how the organization reports conservation easements in its revenue and balance sheet, and include, if applicable, the text of the footnote to the organization's financial	•	•		

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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

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 (ASC 958) relating to these items

Assets included in Form 990, Part X

Cat No 52283D Schedule D (Form 990) 2013

Part	Organizations Maintaining Co	lections of Art,	, His	tori	<u>cal T</u>	reası	<u>ures, or Otl</u>	<u>ner S</u> i	<u>imilar As</u>	sets (d	continued)
3	Using the organization's acquisition, accessi collection items (check all that apply)	on, and other record	ds, cl	neck	any of	the fol	lowing that are	e a sigi	nıfıcant use	of its	
а	Public exhibition		d	Γ	Loan	orexo	hange progra	ms			
b	Scholarly research		е	Γ	Othe	r					
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIII	llections and explai	ın hov	w the	y furth	er the	organızatıon's	exem	ot purpose i	ın	
5	During the year, did the organization solicit o							ımılar			
Day	assets to be sold to raise funds rather than to tall Escrow and Custodial Arrange							"Voc"		Yes	No
Pal	Part IV, line 9, or reported an am						ii aliswereu	165	to rollii s	790,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						or other asset	s not		√ Yes	
b	If "Yes," explain the arrangement in Part XII $$	I and complete the	follov	wing t	able						
									Am	ount	
C	Beginning balance						10	:		1	,304,683
d	Additions during the year						10	Ц		2	,882,829
e	Distributions during the year						16	:		2	,657,363
f	Ending balance						1f	:		1	,530,149
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21?	•						✓ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expl	anatı	on has	been	provided in Pa	rt XIII			ᅜ
Pa	t V Endowment Funds. Complete										
1.	Reginning of year balance	(a)Current year	(b) Prior	year	b (c)	Two years back	(d) Three	e years back	(e)Four	years back
1a b	Beginning of year balance					1					
C	Net investment earnings, gains, and losses										
d	Grants or scholarships					<u> </u>					
е	Other expenditures for facilities and programs										
f	Administrative expenses					1					
g	End of year balance										
2	Provide the estimated percentage of the curr	ent vear end balanc	e (lır	ne 1 a	. colur	nn (a))	held as				
a	Board designated or quasi-endowment	,		5	,	(-,,					
ь	Permanent endowment ►										
c	Temporarily restricted endowment ►										
•	The percentages in lines 2a, 2b, and 2c shou	ld equal 100%									
За	Are there endowment funds not in the posses		ation	that	are hel	dand	admınıstered 1	or the			
	organization by									Yes	No
	(i) unrelated organizations		•			•			3a(
b	(ii) related organizations								3a(3l		+
4	Describe in Part XIII the intended uses of th	•				•					
Par	t VI Land, Buildings, and Equipme					n ans	wered 'Yes'	to For	m 990, Pa	rt IV, I	ine
	11a. See Form 990, Part X, line 1	0.		1 7-1	Ct		(1-) (1-)	(-)		1 (4) 5	
	Description of property				Cost o		(b)Cost or other)) Accumulated depreciation	(a) B	ook value
1a	and						8,579,8	53			8,579,853
b	Buildings						24,001,4	51	11,377,74	7	12,623,704
C	easehold improvements						3,180,4	66	2,626,51	2	553,954
d	Equipment						7,384,0	72	6,169,64	7	1,214,425
	Other						9,912,4		7,144,30		2,768,129
Tota	. Add lines 1a through 1e (Column (d) must ed	qual Form 990, Part λ	(, colu	ımn (B), line	10(c).	<i>)</i>	•	🟲		25,740,065
									Schedule D) (Form	990) 2013

Part VII Investments—Other Securities. Com	plete if the organization a	answered 'Yes' to Form 990, Part IV, line 11b
See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests		
(3)Other		
(A) Section 457 Plan Annuity Contracts	5,516,504	С
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•	
Part VIII Investments—Program Related. Co	mplete if the organization	n answered 'Yes' to Form 990, Part IV, line 11
See Form 990, Part X, line 13. (a) Description of investment	(b) Book value	(c) Method of valuation
(a) Description of investment	(b) Book value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•	
	answered 'Yes' to Form 990,	J , Part IV, line 11d See Form 990, Part X, line 15
(a) Descrip		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15	<u> </u>	
Part X Other Liabilities. Complete if the organ	nızatıon answered 'Yes' to	Form 990, Part IV, line 11e or 11f. See
Form 990, Part X, line 25. (a) Description of liability	(b) Book value	
Tederal income taxes	(2) BOOK VAINC	
Member Shares	235,238,967	
Other Member Deposits	945,740,509	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	1,180,979,476	
2 Liability for uncertain tay needling In Part VIII provide		

Part X		evenue per Audited Financial Statements With Revenue prered 'Yes' to Form 990, Part IV, line 12a.	er R	eturn Complete ıf
1 T		r support per audited financial statements	1	
	· -	t not on Form 990, Part VIII, line 12		
		ments 2a		
	-	acilities 2b		
		2c		
			2e	
	J		3	
		0, Part VIII, line 12, but not on line 1		
		uded on Form 990, Part VIII, line 7b . 4a		
	•	4b		
			4c	
		4c. (This must equal Form 990, Part I, line 12)	5	
Part XI		kpenses per Audited Financial Statements With Expenses		Return, Complete
		swered 'Yes' to Form 990, Part IV, line 12a.	ρυ.	
1 T	otal expenses and losses per	audited financial statements	1	
2 A	mounts included on line 1 but	t not on Form 990, Part IX, line 25		
a D	onated services and use of fa	icilities		
b P	rıor year adjustments	2b		
c 0	ther losses	2c		
d 0	ther (Describe in Part XIII)			
e A	dd lines 2a through 2d		2e	
3 Si	ubtract line 2e from line 1 .		3	
4 A	mounts included on Form 990	D, Part IX, line 25, but not on line 1:		
a Ir	nvestment expenses not inclu	uded on Form 990, Part VIII, line 7b 4a		
b 0	ther (Describe in Part XIII)	4b	1	
			4c	
		id 4c. (This must equal Form 990, Part I, line 18)	5	
	Supplemental Info			
Provide Part V , I informat	ine 4, Part X, line 2, Part XI,	Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to	, provid	ie any additional
	Return Reference	Explanation		
an agent,	ine 1b Why is organization trustee, custodian or other ary for contrib	The Credit Union sells first mortgage loans to others with servicing retain accounts related to these mortgage loans are not included in the Credit U		
	ine 2b Explanation of count liability	The Credit Union services first mortgage loans held in its own portfolio Taccounts related to these mortgage loans are included in the Credit Union are reported as an escrow liability	n's fin	ancıal statements, and
Part X F	IN48 Footnote	ASC 740, Accounting for Uncertainty in Income Taxes, prescribes a minimand measurement methodology that a tax position taken or expected to be required to meet before being recognized in the financial statements. It all recognition, classification, interest and penalties, accounting in interimptransition. The Credit Union and its wholly-owned subsidiarly are under regauthorities. The Credit Union believes that it has appropriate support for tax returns and that its annual tax provision includes amounts sufficient the Further, management believes that the Credit Union's tax exempt status examination. Nonetheless, the amounts ultimately paid, if any, upon resol the taxing authorities may differ materially from the amounts accrued for and its subsidiary file income tax returns in the United States federal and jurisdictions. The Credit Union and its subsidiary are no longer subject to for the Colorado state income taxes before 2010 or for the United States 2010. The Credit Union classifies any interest on underpayments of income Expense", and classifies penalties in connection with underpayments of the context of the	e take so processo processo processo pay would ution each y Color incorfederane tax	en in a tax return is ovides guidance for de- , disclosure and udit by the tax sitions taken on its any assessments be upheld in an of the issues raised by year The Credit Union rado state the tax examinations al income taxes before tas "Interest"

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

Schedule I (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

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

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

Attach to Form 990 ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

DLN: 93493317050644

Inspection

Employer identification number

OBLIC SERVICE CREDIT ON	10 N					84-6023137	
Part I General Inform	nation on Grants	and Assistance				•	
 Does the organization ma the selection criteria used Describe in Part IV the oil 	d to award the grants	orassistance?					ע Yes □
		Governments and recipient that receive					"Yes" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Colorado Human Resource Assoc 10900 W 120th Ave Unit B- 7 Broomfield, CO 80021	84-6119426	501(c)(6)	5,545	0			Sponsor events, defray costs
(2) University of Denver 2201 E Asbury Ave Denver, CO 20208	84-0404231		125,000	0			Supports DU Athletic & Campus Event
(3) Womens Vision Foundation 360 S Monroe Suite 175 Denver, CO 80219	84-1155755		25,000	0			Networking and Seminar Events

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

Enter total number of other organizations listed in the line 1 table

(a)Type of grant or assistance

(f)Description of non-cash assistance

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

(d)A mount of

non-cash assistance

(e)Method of valuation

(book, FMV, appraisal, other)

(c)A mount of

cash grant

(b) Number of

recipients

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.									
Return Reference	Explanation								
Grantmaker's Description of How The Credit Union monitoris the use of grant funds by attending the sponsorship event and/or observing the results in the community Grants are Used									

Schedule I (Form 990) 2013

DLN: 93493317050644

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**

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization PUBLIC SERVICE CREDIT UNION **Employer identification number**

84-6023137

Pa	rt I Questions Regarding Compensatio	n	1			
					Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II					
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	▼ Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	굣	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 o reimbursement or provision of all of the expenses d			1b	Yes	
2	Did the organization require substantiation prior to directors, trustees, officers, including the CEO/Exe			2	Yes	
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all tused by a related organization to establish compen	hat apply				
	▼ Compensation committee	굣	Written employment contract			
	☐ 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	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	l paymen	t?	4a		No
b	Participate in, or receive payment from, a suppleme	ental non	qualified retirement plan?	4b	Yes	
С	Participate in, or receive payment from, an equity-b	pased cor	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only m	ust comp	olete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A compensation contingent on the revenues of					
а	The organization?			5a		
ь	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 A payments not described in lines 5 and 6? If "Yes,"	•	, , , , , , , , , , , , , , , , , , , ,	7		
8	Were any amounts reported in Form 990, Part VII,	paid or a	ccured pursuant to a contract that was			
	subject to the initial contract exception described i					
	ın Part III			8		
9	If "Yes" to line 8, did the organization also follow th section 53 $4958-6(c)$?	ne rebutta	able presumption procedure described in Regulations	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)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2013

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
Part I, Line 1a Relevant information	Cherry Creek Country Club dues and first class travel upgrades are provided to the Credit Union's CEO Spouse travel was provided to Board members
ın regards to selections on 1a	The spouse travel benefits were treated as taxable compensation if exceeded \$600, and all benefits are approved through the annual budgeting process

Schedule J (Form 990) 2013

Additional Data

Software ID: 13000170

Software Version: 2013v3.1

EIN: 84-6023137

Name: PUBLIC SERVICE CREDIT UNION

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

(A) Name	(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Deferred	(D) Nontaxable			
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
Carlos Vazquez VP (1)		12,652	1,687	13,917	8,129	158,823		
Colleen Knoll SVP/CFO (1)		39,553	8,360	12,622	10,628	261,856		
Cynthia G Koan (i) SVP/CSO (ii)	267,986	80,786	21,347	23,848	7,301	401,268		
David E Maus (1) President/CEO (11)		1,047,476	42,864	25,500	10,380	1,604,343	1,047,476	
David Pierce SVP/CIO (i)		43,544	10,608	24,500	10,710	295,710		
Evonna L Thorburn (1) SVP/CXO (11)		42,254	17,968	22,862	5,417	290,899		
Herbert White (1) SVP/CLO (11)		42,404	20,573	24,500	10,380	304,852		
Louis Lubick VP (i)	123,230	18,002	1,827	13,802	350	157,211		
Mary Kathryn Uhl VP (1)		22,150	881	6,177	7,859	180,621		
Michael Kitch (i) Investment Rep (ii)		214,159		21,774	4,350	242,271		
Michelle Tygart Genl (i) Counsel/VP (ii)		22,507	1,283	16,473	2,222	185,591		
Stephen Ferrero VP (1)	145,339	19,971	12,032	17,551	456	195,349		

DLN: 93493317050644

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public

Inspection

Name of the org PUBLIC SERVICE C							E	mploy	er iden	tificatio	on numbe	er
									23137			
			•		3) and section		_			,	. 40h	
	e of disquali				0, Part IV, line n disqualified		cription					rected?
1 (a) Nam	e oi uisquaii	neu person		on and organ		(C) Des	scription	ortia	iisactio	''' ⊦	Yes	No
											103	110
												=
												-
												_
												-
												-
												_
2 Enterthe a	mount of ta	x incurred by	v organization	managers or	disqualified pe	rsons durina	the vear	r unde	rsectio	n		=
4958 .			, 5.9424					• •	> \$			
3 Enter the a	amount of ta	x, ıf any, on	line 2, above,	reımbursed b	y the organizat	ion			► \$;		
			m Intereste									
					990-EZ, Part V		r Form 9	90, Pa	art IV , I	line 26,	or if the	
(a) Name of	(b)	(c)			line 5, 6, or 22 (e)Original	(f) Balance	(g) In		(h)		(i)\A/r	ıtten
interested	Relations		1 ` '		principal	due	defaul		Appro	ved	agree	
person	with	loar		ion?	amount				by			
	organızatı	on							board			
									comm	ittee?		
			То	From			Yes	No	Yes	No	Yes	No
See Additional											•	•
Data Table											_	
							_				_	
									<u> </u>		_	
Total			\$			2,747,4	63					
					ed Persons.	aut IV lina	27					
				-	Form 990, P					-) D		+_
(a) Name of ir perso			nship betweer person and th		ınt of assıstanc	e (a) iyp	e of ass	istanc	:e (6	e) Purpo	se or as	sistance
p 3. 3 3.			nızatıon	·								
						•						
						_						
						<u></u>						
<u> </u>					<u> </u>	_						

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh of organiz reven	f zatıon's
				Yes	No
(1) CUILA LLC	See Schedule O	1,149,808	Indirect Lending Fees		No
(2) CU Service Network LLC	See Schedule O	766,649	Shared Branch Expense		No
(3) Centennial Lending LLC	See Schedule O	52,101	Loan Orig & Serv		No
(4) Business Partners LLC	See Schedule O	89,147	Loan Orig & Serv		No

Part V Supplemental Information

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

Return Reference	Explanation
------------------	-------------

Schedule L (Form 990 or 990-EZ) 2013

Additional Data

(a) Name of

Software ID: 13000170

Software Version: 2013v3.1

(b) Relationship (c) Purpose of (d) Loan to (e) Original (f) Balance due (g) In

EIN: 84-6023137

Name: PUBLIC SERVICE CREDIT UNION

(i)Written

(h)

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

ınterested person	with organization	loan		m the zation?	principal amount		defa	ault?	A ppr by boo		agreer	nent?
			То	From			Yes	No	Yes	No	Yes	No
(1) Stephen J Ferrero	O fficer	Home		Х	207,500	113,841		Νo		No	Yes	
(2) Evonna L Foster	O fficer	Home		Х	205,350	72,046		No		No	Yes	
(3) Cynthia G Koan	O fficer	Home		Х	243,750	208,523		Νo		No	Yes	
(4) David E Maus	O fficer	Home		Х	457,000	19,125		Νo	Yes		Yes	
(5) Herbert White	O fficer	Home		Х	331,500	320,025		Νo		Νo	Yes	
(6) Louis Lubick	O fficer	Home		Х	400,000	347,522		Νo		Νo	Yes	
(7) David Pierce	O fficer	Home		Х	416,000	375,513		Νo		Νo	Yes	
(8) Cynthia G Koan	O fficer	Rental		Х	400,000	378,843		Νo		No	Yes	
(9) Katy Uhl	O fficer	Home		Х	300,000	282,675		Νo		Νo	Yes	
(10) Colleen Knoll	O fficer	Home		Х	417,000	410,190		Νo		Νo	Yes	
(11) Carlos Vasquez	O fficer	Home		Х	318,000	219,160		Νo		No	Yes	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493317050644

OMB No 1545-0047

2013

Open to Public Inspection

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number Name of the organization PUBLIC SERVICE CREDIT UNION 84-6023137

Return Reference	Explanation
Client Note 1	Client Note 1 - UBIT REPORTING in May 2009, a federal court jury in Wisconsin ruled in the Community First Credit Union case that credit life and disability insurance and GAP insurance coverage made available to member-borrowers by Community First Credit Union of Appleton, Wisconsin were "substantially related" to Community First's tax exempt purpose. The court granted a tax refund to Community First based on the jury's verdict, confirming that credit insurance and GAP were not subject to the unrelated business income tax (UBIT). The IRS did not appeal the case in November 2009, in the Bellco Credit Union case, the U.S. District Court in Colorado ruled that commissions received by Bellco Credit Union of Greenwood Village, Colorado from the sale of financial products to Bellco members, were not subject to UBIT. The court ruled that the sale of those financial products to Bellco members was "substantially related" to Bellco's tax-exempt purpose of promoting thrift among its members, and the resulting income was exempt from UBIT in April 2010, the court in Colorado issued its second and final decision in the Bellco Credit Union case, holding that (i) credit life and disability insurance was "substantially related" to Bellco's tax-exempt purpose of promoting thrift among its members, and (ii) Bellco income from AD&D insurance sold to members by an independent marketing company, where Bellco was essentially limited to allowing use of its name and brand, providing member contact information, and review ing and approving (but not creating) the marketing materials, represented passive "royalty" income exempt from UBIT. On October 19, 2010 the U.S. Department of Justice abandoned its plan to appeal the federal judge's favorable credit union rulings in the Bellco case. The decisions in these court cases are now definitive statements of the law, are not subject to further review, and provide "substantial authority" that income from the sale of credit life and disability insurance, GAP coverage, financial products sold to

Return Reference	Explanation
Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	The field of membership of this Credit Union shall be A member of the immediate family of any person who, under the provisions of this Article, is eligible for membership in the Credit Union may also be admitted to membership therein "Immediate family" means persons related by blood, by marriage or by adoption A member of a household who resides with a person who, under the provisions of this section, is eligible for membership in the credit union may also be admitted to membership therein "Household" is defined as persons living in the same residence and who maintain a single economic unit. This includes any person who is a permanent member of and participates in the maintenance of the household, including family members, domestic partners, foster children, and legal guardian relationships. Membership includes employees and retirees (including the definitions above) of Excel Energy, and past and present faculty, staff, student, alumni, and retirees of the University of Colorado Health Sciences Center, and employees or members of other business (SEGs) or Associations generally in the Denver, Colorado metropolitan area. Membership also includes all persons living or working in certain communities of Colorado Springs, Arvada, Littleton, Aurora, Thornton, boundaries of Denver International Airport, Southwest Plaza Mall, Stapleton Redevelopment Area, Larimer County, and other census tracts generally in the Denver, Colorado metropolitan area.

Return Reference	Explanation
Form 990, Part VI, Line 7a How Members or Shareholders Elect Governing Body	The members elect the governing body by vote at the annual meeting

Return Reference	Explanation			
Form 990, Part VI, Line 7b Describe Decisions of Governing Body Approval by Members or Shareholders	Merger - Requires two thirds majority vote of voting members Charter conversion - Requires two thirds majority vote of voting members Dissolution and liquidation - Requires majorty vote of entire membership			

Return Reference	Explanation
Form 990, Part VI, Line 11b Form 990 Review Process	Management provides the required infomation to the Credit Union's independent CPA Firm for completion of the Form 990

Return Reference	Explanation
Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	The Directors complete the conflict of interest disclosure following each Annual Meeting. On an annual basis, the Board receives a presentation on Fiduciary Responsibilities/Ethics

Return Reference	Explanation
Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	The current CUES Compensation Survey and salary com are utilized to determine compensation for the CEO, Executive Vice President, Senior Vice Presidents and Vice Presidents. The last year this process was done was 2008.

Return Reference	Explanation							
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	Other than the Form 990, no documents are made available to the public							

Return Reference	Explanation
Form 990 - Sch L - Part II	The Credit Union offers a 1% loan discount rate on consumer loans to all employees, and offers a 2% discount rate on first mortgage loans to select employees only

Return Reference	Explanation
Form 990 - Sch L - Part IV	The Credit Union's CEO is on the Board of Directors of CUILA, LLC, CU Service Network, LLC, and Business Partners, LLC The Credit Union's Executive VP is on the Board of Directors of Centennial Lending, LLC and Business Partners, LLC The Credit Union participates in an indirect lending program that allows a member to obtain financing of a purchased automobile at the point of purchase at the dealership CUILA, LLC (dba CU Direct Connect) is the entity that facilitates the indirect program for participating credit unions. The fees paid to CUILA, LLC are the same fees that are paid by all participants in the program The Credit Union participates with other credit unions in a shared branching network which is facilitated by CU Service, Network, LLC Centennial Lending, LLC and Business Partners, LLC are credit union service organizations that originate and service real estate and business loans for participating credit unions

Related Organizations and Unrelated Partnerships

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

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

2013

DLN: 93493317050644 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of

(Form 990)

Name of the organization PUBLIC SERVICE CREDIT UNION	Employer	ident if ica	ation number					
				84-60231	L37			
Part I Identification of Disregarded Entities Complete	e if the organization	answered "Yes" or	n Form 990, Pa	rt IV, line 33.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	Dı	(f) rect controlling entity		
Part II Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the	ations Complete ıf e tax year.	the organization a	nswered "Yes" (on Form 990, P	art IV, l	line 34 because it	: had or	ne
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code secti	on Public charity (if section 501		(f) Direct controlling entity	Section (13) co	g) n 512(b) ontrolled tity? No
							103	110

Part III Identification of Related Org because it had one or more related to the part III identification of Related Org								atıon aı	swered "Y	es" on	Form	990, Part	IV, lı	ne 3	4	
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	Legal Dir Iomicile contr state or ent foreign		d) (e) rect rolling income(re unrelate excluded tax und sections 514)		(f) Share o total inco		Dispro		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging ener?	Perce	k) entage ership
										Yes	No		Yes	No		
											_					
Part IV Identification of Related Org										swere	d "Yes	" on Form	990,	Part	IV,	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicil (state or fo country	e ireign		Direct c	(d) controlling ntity	Type (C corp	(e) of entity o, S corp, trust)	(f) Share of tota Income		(g) of end- year assets	of-Percen owner	tage		(i) Section (b)(1 contro entity	512 .3) lled
															Yes	No
(1) Members Insurance Inc 7055 EAST EVANS AVENUE Denver, CO 80224 84-1004011	Insurance Agency	СО	СО		N/A		C Corp		93	5	393,8	68 100 00	00 %			No

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule											
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	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a		No							
b	Gift, grant, or capital contribution to related organization(s)	1b		No							
C	Gift, grant, or capital contribution from related organization(s)	1 c		No							
d	Loans or loan guarantees to or for related organization(s)	1d		No							
e Loans or loan guarantees by related organization(s)											
f	Dividends from related organization(s)	1f		No							
g Sale of assets to related organization(s)											
	Purchase of assets from related organization(s)	1h		No							
i Exchange of assets with related organization(s)											
j	Lease of facilities, equipment, or other assets to related organization(s)	1 j		No							
k Lease of facilities, equipment, or other assets from related organization(s)											
I Performance of services or membership or fundraising solicitations for related organization(s)											
m Performance of services or membership or fundraising solicitations by related organization(s)											
n	sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes								
o	Sharing of paid employees with related organization(s)	10	Yes								
р	Reimbursement paid to related organization(s) for expenses	1р		No							
q	Reimbursement paid by related organization(s) for expenses	1q		No							
r	· Other transfer of cash or property to related organization(s)	1r		No							
	Other transfer of cash or property from related organization(s)	1s		No							
3	Other transfer of cash of property from related organization(s)										
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 trans	ısactıon thresholds									
	(a)(b)(c)Name of related organizationTransactionAmount involvedMetype (a-s)	(d) ethod of determining amount	involve	đ							

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

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

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) all partners section 501(c)(3) anizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations ⁷	_	(i) Code V ² UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	_	(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1	
													_
			<u> </u>				l					<u> </u>	

Schedule R (Form 990) 2013

Part VII Supplemental Information

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

Return Reference Explanation

Schedule R (Form 990) 2013