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efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493314017986 OMB No 1545-0047 **Return of Organization Exempt From Income Tax** Form **990** 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 Department of the ▶ Information about Form 990 and its instructions is at <a href="https://www.IRS.gov/form990">www.IRS.gov/form990</a> Treasury Internal Revenue Service , and ending 12-31-2015 A For the 2015 calendar year, or tax year beginning 01-01-2015 C Name of organization PUBLIC SERVICE CREDIT UNION D Employer identification number B Check if applicable 84-6023137

Number and street (or P O box if mail is not delivered to street address) Room/suite 9990 PARK MEADOWS DRIVE

City or town, state or province, country, and ZIP or foreign postal code LONE TREE, CO 80124

F Name and address of principal officer

Open to Public

(303) 691-2345

**H(a)** Is this a group return for

subordinates?

G Gross receipts \$ 192,224,937

Address change Name change Initial return Final return/terminated

Amended return

I J

Application pending

Doing business as

Darryl T Marksberry

Inspection E Telephone number

I Ta	x-exem	pt status	H(b) Are all subord included?  If "No " attack		Yes V No	
J W	ebsite	::▶ www pscu org	H(c) Group exemp		,	
<b>K</b> Form	n of org	janization	L Year of formation		M State of legal domicile CC	
Do	-A T	Cummon.				
Pa		Summary riefly describe the organization's mission or most significant activities				
		iblic Service Credit Union will strive to help individuals and families make bette	r decisions and grow	stronç	ger financially We will	
a)	<u>pr</u>	ovide simple and relevant products and services at a consistently honest value	We will help membe	rs affo	rd life	
anc E						
Ĕ						
Activities & Governance	<b>2</b> C	Theck this box ▶ ┌─ if the organization discontinued its operations or disposed o	fmore than 25% of i	ts net	assets	
<b>&gt;</b> 5	3 N	lumber of voting members of the governing body (Part VI, line 1a)		3	9	
te	<b>4</b> N	lumber of independent voting members of the governing body (Part VI, line 1b)		4	9	
3	<b>5</b> T	otal number of individuals employed in calendar year 2015 (Part V, line 2a) .		5	604	
AC	6 T	otal number of volunteers (estimate if necessary)		6	13	
	<b>7</b> a ⊺	otal unrelated business revenue from Part VIII, column (C), line 12		7a	817,487	
	b Ne	et unrelated business taxable income from Form 990-T, line 34	<u> </u>	7b	-351,944	
			Prior Year		Current Year	
_	8	Contributions and grants (Part VIII, line 1h)			0	
Ravenue	9	Program service revenue (Part VIII, line 2g)	67,282,538		81,944,780	
ŌΛċ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,101	. ,327	7,392,191	
<u>~</u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,589	,819	2,008,662	
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	74,973	,684	91,345,633	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3 )	84	,471	55,500	
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0	
8	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines $5-10$ )	26,412	375	28,603,448	
æ	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0	
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright^0$				
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	30,599	,271	40,015,862	
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	57,096	,117	68,674,810	
	19	Revenue less expenses Subtract line 18 from line 12	. 17,877	22,670,823		
Net Assets or Fund Balances			Beginning of Curren	t Year	End of Year	
SS e	20	Total assets (Part X, line 16)	1,451,751	.,516	1,630,945,103	
Pd A	21	Total liabilities (Part X, line 26)	. 1,296,420	,929	1,453,238,261	
<u> </u>	22	Net assets or fund balances Subtract line 21 from line 20	155,330	,587	177,706,842	
	t II	Signature Block				
	•	Ities of perjury, I declare that I have examined this return, including accompany lge and belief, it is true, correct, and complete Declaration of preparer (other th	-			

Preparer's signature Eric L Jones

Firm's address ► 32186 Castle Ct Suite 220

▶ Jones Mertsching CPAs PC

Evergreen, CO 80439

preparer has any knowledge

Sign Here

**Paid** 

Preparer

Use Only

Signature of officer

Fırm's name

Colleen Knoll CFO
Type or print name and title

Print/Type preparer's name Eric L Jones

Phone no (303) 480-9090

2016-11-08

Check I if

PTIN

P00634170

Date

Date

Form	990 (2015)			Page <b>3</b>
Par	t IV Checklist of Required Schedules			
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		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	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 💆	10		No

Yes

Yes

Yes

Yes

Nο

Nο

Νo

Νo

Νo

Nο

Νo

Nο

Νo

Νo

Nο

Νo

Νo

Form 990 (2015)

11a

11b

11c

**11**d

11e

**11**f

12a

12b

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14a

14b

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18

19

20a

20b

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII,

**b** Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of

ıts total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 💆 . . . . . . . . .

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that

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 🕏

**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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 💆 . . . . . . . . . .

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  $\,\cdot\,\,$  .  $\,\cdot\,\,$  .

IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . .

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

14a Did the organization maintain an office, employees, or agents outside of the United States? ..

for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .

**20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.

If "Yes," complete Schedule D, Parts XI and XII 💆 . . . . . . .

VIII, IX, or X as applicable

If "Yes," complete Schedule D, Part X 🕏

16

17

90	(2015)				
ΙV	Checklist	of	Required	Schedules	(contin

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

nued)

Part Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

instructions for applicable filing thresholds, conditions, and exceptions)

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

**b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

member of any of these persons? If "Yes," complete Schedule L, Part III . . . . . . . . . . . . . .

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

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, Pait I . . . . . . . . . . 🔧 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

b If Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🔧 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🛂 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . . 🖠

22

Νo

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," 

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

Yes

Nο Νo

Nο

Nο

Nο

Νo

Νo

Nο

Nο

Νo

Nο

Nο

Νo

Νo

24a 24b 24c 24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35b

36

37

Yes

Yes

Yes

Form 990 (2015)

Nο Νo Nο

Yes

Form	990 (2015)			Page
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
	Enterthe number was deal in Dec 2 of Entert 1000 Entert 0 of set bounded in Dec 2 of Enterthe		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable <b>1a</b> 15,199  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable <b>1b</b> 0			
	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, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		100	
	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" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country ►  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	30		
		5c		
	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
_	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).	_		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	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		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	<b>7</b> g		
	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
_	5 ,	8		No
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12   10a			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
U	facilities	l	l	l
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?	<b>12</b> a		No
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.			
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	<b>13</b> a		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	j	No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	· · · · · · · · · · · · · · · · · · ·			

year by the following The governing body? . .

Section C. Disclosure

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below,

describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI . . . . . . .

Section A. Governing Body and Management							
					Yes	ı	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	9				
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O						
b	Enter the number of voting members included in line 1a, above, who are						

independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any

2 3

Νo Νo Νo

1b

4 5

Νo

Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? . . . . . . . . . 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, 

7a Yes Did the organization contemporaneously document the meetings held or written actions undertaken during the

10b

12a

12h

**12**c

13

14

15a

15b

16a

16b

Yes

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

Νo

Νo

Νo

Form 990 (2015)

Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was 

**b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters,

**12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . . . . .

**b** Describe in Schedule O the process, if any, used by the organization to review this Form 990

Did the organization have a written document retention and destruction policy? . . . . .

a The organization's CEO, Executive Director, or top management official . . . . .

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

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

interest policy, and financial statements available to the public during the tax year

affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing

the form?

**b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe

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?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 

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 made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O)

State the name, address, and telephone number of the person who possesses the organization's books and records

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

▶Public Service Credit Union 9990 Park Meadows Drive Lone Tree, CO 80124 (303) 691-2345

**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? . . . . . . . . . . . . . . . . . .

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 . . . . . . . . .

**10a** Did the organization have local chapters, branches, or affiliates? .

# Part VII 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

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

	hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				unless officer		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	<b>(F)</b> Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
ee Additional Data Table										
Sub-Total			٠.			•				
Total from continuation sld Total (add lines 1b and 1c	•			•	•	. *		6,593,216		438,388

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule I for such individual			
	on time 1a* 11 Test, complete schedule 3101 Sach Individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such individual	4	Yes	
	L. Carrier and Car		1 03	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	_		Nο
		,		NO

# **Section B. Independent Contractors**

700 W Mineral Avenue Littleton, CO 80120

141 Jefferson Drive

Info Image

1 Complete this table for your five highest compensated independent contractors that re- compensation from the organization. Report compensation for the calendar year ending		s tax vear
(A) Name and business address	(B) Description of services	(C) Compensation
CO-OP	Elec svcs/call cntr	4,196,900
9692 Haven Avenue Ranco Cucmonga, CA 91730		
AD Miller Services Inc	Property Management	3,198,114
7006 S Alton Way Centennial, CO 80112		
Diebold Inc	ATMs & Maint	570,903
PO Box 643543 Pittsburgh, PA 15264		
CenturyLink Communications Inc		568,601

Statement Mailing

Menlo Park OC Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization  $\triangleright$  5 736,318

Form 99	•	<u> </u>						Page <b>S</b>
Part V	/++1	Statement o						_
		Check if Sched	ule O contains a resp	onse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated cam	paigns 1	a				
	ь	Membership du	ıes <b>1</b>	b				
Gr.	С	Fundraising ev	ents <b>1</b>	с				
ifts. ar A	d	Related organiz	zations 1	d				
 ⊒	е	Government grant	s (contributions) 1	e				
ons Sii	f	All other contribution	ons, gifts, grants, and <b>1</b>	f				
but the		similar amounts no	ot included above					
n di	g	1a-1f \$	ons included in lines					
Ğ a a	h	Total. Add lines	s 1a-1f		0			
<u>1</u>				Business Code				
۲÷۳	2a	Fees Member Serv		522100	11,300,697	11,300,697		
å <u>₹</u>	b	Interest Member L		522100	54,316,916	54,316,916		
₩	c d	Other Operating In Plastics Income	ncome	522100	2,640,058	2,640,058		
₹ -	e e	Shared Branch Income	ome	522100 522100	12,014,351 1,672,758	12,014,351 1,672,758		
Iran	f		am service revenue	322100	1,0,2,730	1,072,730		
Program Service Revenue	_				81 044 700			
			s 2a-2f		81,944,780			
		and other simil	aramounts)	•	4,661,438			4,661,438
	5		stment of tax-exempt bon	· · · · · · · · · · · · · · · · · · ·	0			
	5	Royalties .	(ı) Real	(II) Personal	,			
	6a	Gross rents	1,191,175	(1)				
	ь	Less rental						
	c	expenses Rental income	1,191,175					
	d	or (loss)	me or (loss)		1,191,175			1,191,175
		Wee remaining	(i) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory		103,610,057				
	b	Less cost or other basis and	36,991	100,842,313				
	c	sales expenses Gaın or (loss)	-36,991	2,767,744				
	d		ss)	1	2,730,753			2,730,753
Other Revenue	8a	Gross income fevents (not inc	from fundraising					
her Re		See Part IV, lir	ne 18	a				
ŏ	b c		penses l (loss) from fundraisin	g events >	О			
		Gross income f	from gaming activities ne 19	·				
			penses l (loss) from gaming ac	tivities	0			
	10a	Gross sales of returns and allo						
	b	_	oods sold b					
	С	Net income or i	(loss) from sales of in	ventory ►  Business Code	0			
	11a	Insurance Inco		524298	109,335		109,335	
	b	Non-Member A		522100	708,152		708,152	
	С		<u>-</u>					
	d	All other reven	ue					
	е	Total. Add lines	s 11a-11d	•	817,487			
_	12	Total revenue.	See Instructions .	•	91,345,633	81,944,780	817,487	8,583,366
-								Form 000 (201E

## Part IX Statement of Functional Expenses

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

	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraısıng expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	55,500			
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals 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	6,155,339			
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	17,692,411			
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	913,083			
9	Other employee benefits	2,172,590			
10	Payroll taxes				
		1,670,025			
11	Fees for services (non-employees)	0			
a L	Management	H			
b	Legal	84,623			
c d	Accounting	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	125,285			
g	Other (If line 11g amount exceeds 10% of line 25, column (A)	123,203			
_	amount, list line 11g expenses on Schedule O)	2,014,558			
12	Advertising and promotion	3,045,321			
13	Office expenses	0			
14 15	Information technology	0			
16	,	4,193,027			
17	Occupancy	4,193,027			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	736,978			
20	Interest	29,151			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	4,262,791			
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	7,601,211			
b	Provision for Loan Losses	6,982,706			
С	Office Operations	4,058,538			
d	Dividends & Interest - Members	3,939,745			
е	All other expenses	2,941,928			
25	<b>Total functional expenses.</b> Add lines 1 through 24e	68,674,810	0	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)				

Form 990 (2015) Page **11** (B) End of year 16,328,623 1 2 118,924,735 3 4,479,756

10a

10b

Part X	Balance Sheet	
	Check if Schedule O contains a response or note to any line in this Part $X$ .	
		(A) Beginning of year
1	Cash-non-interest-bearing	16,803,873
2	Savings and temporary cash investments	125,614,015
3	Pledges and grants receivable, net	
4	Accounts receivable, net	2,270,971
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part	

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete

II of Schedule L

Part II of Schedule L

Notes and loans receivable, net .

Prepaid expenses and deferred charges .

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments—program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D

Other liabilities (including federal income tax, payables to related third

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow SFAS 117 (ASC 958), check here >

parties, and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 . . .

complete lines 27 through 29, and lines 33 and 34.

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Loans and other payables to current and former officers, directors, trustees,

Inventories for sale or use .

Complete Part VI of Schedule D

Intangible assets . .

Grants payable

Deferred revenue .

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets .

complete lines 30 through 34.

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

. . . . . . . . . .

Less accumulated depreciation .

Investments—publicly traded securities

Other assets See Part IV, line 11 . .

Accounts payable and accrued expenses

6

7

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10a

b

11

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14

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23 24

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29

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31

32

33

34

iabilities.

Fund Balances

ŏ

Assets

Net

Assets

6

7

8

9

10c

11

12

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14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

2,842,328

954,028,977

1,240,400

24,465,697

260,810,563

9,401,301

11,483,018

42,790,373

17,990,397

673,651

1,277,756,881

1,296,420,929

155,330,587

155,330,587

1,451,751,516

1,451,751,516

70,252,835

30,905,113

856,196

r

C

1,219,973,035

1,376,662

39.347,722

183,073,443

11,219,387 С

10,372,886

24,992,658

18,017,596

783,340

1,434,437,325

1,453,238,261

177,706,842

177,706,842

1,630,945,103 Form 990 (2015)

1,630,945,103

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2

1

6

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8

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10

Page **12** 

91,345,633

68,674,810

22,670,823

155,330,587

-250,765

-43,803

No

Νo

Νo

Form 990 (2015)

177,706,842

Yes

Yes

Yes

2a

2b

2c

3a

3b

Total expenses (must equal Part IX, column (A), line 25)	2	
Revenue less expenses Subtract line 2 from line 1	3	
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	
Net unrealized gains (losses) on investments	5	

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

If the organization changed its method of accounting from a prior year or checked "Other," explain in

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

**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

If the organization changed either its oversight process or selection process during the tax year, explain in

Both consolidated and separate basis

1 Accounting method used to prepare the Form 990 ☐ Cash 🔽 Accrual ☐ Other \_

Donated services and use of facilities . Investment expenses Prior period adjustments

Other changes in net assets or fund balances (explain in Schedule O)

Total revenue (must equal Part VIII, column (A), line 12) . . . .

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

column (B))

Part XII Financial Statements and Reporting

2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both

Schedule O

Schedule O

Separate basis Consolidated basis

**b** Were the organization's financial statements audited by an independent accountant? basis, consolidated basis, or both

Separate basis ✓ Consolidated basis

Single Audit Act and OMB Circular A-133?

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate Both consolidated and separate basis

**Software ID:** 15000324 **Software Version:** 2015v2.0

**EIN:** 84-6023137

Name: PUBLIC SERVICE CREDIT UNION

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

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	m unles	ore t	han erso cer	not one n is and rust	ee)		(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	
Tim Farrell	5 00	×						0	0	0	
Tom Lash Director	3 00	×						0	0	0	
Scott Aaronson Treasurer	3 00	×						0	0	0	
Phil Showalter Director	3 00	x						0	0	0	
Rosalynn Feagins Director	3 00	×						0	0	0	
Darrell Digs Asst Treasurer	3 00	х						0	0	0	
Tim Reed Vice Chair	3 00	х						0	0	0	
Josh Burchfield Asst Secretary	3 00	х						0	0	0	
Gary Jones Secretary	3 00	x						0	0	0	
David E Maus Former CEO	40 00			х				1,274,906	0	41,522	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (A) (B) (D) (E) (C)

(A) Name and Title	(B) A verage hours per week (list any hours for related	unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
Cynthia G Koan	40 00			,,				4 604 340		25.22
Former SVP/CSO	0 00			×				1,601,319	0	25,33!
David Pierce SVP/CIO	40 00			х				326,457	0	36,13
Stephen Ferrero VP	40 00			х				216,539	0	20,76
Carlos Vazquez	40 00			х				173,734	0	25,71
Evonna L Thorburn	0 00 40 00									

0 00 40 00

0 00 40 00

0 00 22 00

0 00 40 00

0 00 40 00

0 00

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Former SVP/CXO

Former SVP/CLO

Herbert White

Colleen Knoll

SVP/CFO

CEO

Louis Lubick

Darryl Marksberry

Mary Kathryn Uhl

Former VP HR

19,19

8,52

41,43

16,26

6,81

12,62

0

0

0

0

261,947

81,177

324,302

140,700

317,065

151,981

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee individual trustee or director		employee Key employee Officer		Former	MISC)	MISC)	organization and related organizations
Chad Shane	40 00								_	
Chief Lending	0 00			×				198,873	0	23,32
Michelle Tygart Genl Counsel/VP	40 00			х				181,819	0	30,02
Carole Sumption SVP of HR	40 00			х				20,838	0	
Tern Stonebraker VP of Mortgages	40 00			×				239,167	0	19,49
Sarah Collins VP of Bus Svcs	40 00			x				144,637	0	26,310
Justin Kautz VP of Finance	40 00			х				132,246	0	14,160

40 00

0 00 40 00

0 00 40 00

0 00 40 00

0 00

Michael Kitch

Scott Kline

Angela Webb

Rhianon Collins

Investment Rep

17,80

5,14

12,02

18,16

0

0

0

161,978

166,991

124,565

179,266

Χ

Χ

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

(F)

17,62

172,709

(A)	(B)		(C	:)			(D)	(E)	(F)
Name and Title	A verage	Positi	on (do	not	chec	k	Reportable	Reportable	Estimated
	hours per	more	e than	one	box,		compensation	compensation	amount of
	week (list	unless	perso	n ıs	both	an	from the	from related	other
	any hours	c	officer	and	a		organization	organizations	compensation
	for related	dire	ector/	trus	tee)		(W- 2/1099-	(W- 2/1099-	from the
	organizations	0 = 1	To	*	ФΤ	71	MISC)	MISC)	organization
	below	[기봉] 등	₹   ¥	<u>6</u>	eng Higt	₫,			and related
	dotted line)	diwidu Salar	<u> </u>	₽	30	mėi			organizations
		siliano directo directo	-	emplo	[a ≈ ]	T.			
		[학교] [	}	[품	ê con				
		\(\frac{1}{2}\)	<u>-</u>	99					
		SE   2	7	TD.	pens				
		16   2	i I	1	⊒			Į .	

40 00

0 00

Colby Stephens

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**SCHEDULE D** 

(Form 990)

Department of the

DLN: 93493314017986 OMB No 1545-0047

# **Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

	sury nal Revenue Service	Information about Schedule D (	(Form 990) and its instruc	tions is at <u>www.ir</u> :	s.gov/f	orm990.	Inspect	tion
Na	me of the organi BLIC SERVICE CREDI				Empl	oyer identific	ation numbe	er
	0	lastiana Malatalalaa Banan	Ad	Other Circles E		023137		
Рe		izations Maintaining Donor ete if the organization answere			unas c	or Accounts	5.	
		<u></u>	(a) Donor advised funds	•	(b)	Funds and oth	ner accounts	;
1	Total numbe	r at end of year						
2	Aggregate v year)	alue of contributions to (during						
3	Aggregate v	alue of grants from (during year)						
4	Aggregate v	alue at end of year						
5	•	ation inform all donors and donor a rganization's property, subject to t	_		nor advis	sed	Yes	┌ No
6	used only for cl	ation inform all grantees, donors, a naritable purposes and not for the rmissible private benefit?				· purpose	☐ Yes	┌ No
Pa	rt III Consei	rvation Easements. Comple	te if the organization	answered "Yes" o	n Forn	n 990, Part I	V, line 7.	
1	Purpose(s) of c	onservation easements held by th	e organization (check all	that apply)				
	Preservation)	on of land for public use (e g , recre	eation or	Preservation of a	n histor	ically importa	nt land area	
	<u> </u>	of natural habitat	<u> </u>	Preservation of a		, ,		
	<u>.                                    </u>	on of open space	ı					
2	Complete lines	2a through 2d if the organization le last day of the tax year	neld a qualified conservat	ion contribution in t	the form	of a conserva	ation	
						Held at th	e End of the	e Year
а		f conservation easements			2a			
b	_	estricted by conservation easeme			2b			
С		servation easements on a certified		, ,	<b>2</b> c			
d	historic structu	servation easements included in (c ire listed in the National Register			2d			
3		servation easements modified, trar	nsferred, released, exting	uished, or terminate	ed by the	e organization	during the	
	tax year ▶							
4	Number of state	es where property subject to conse	ervation easement is loca	ted <b>►</b>				
5	J	ization have a written policy regar enforcement of the conservation e	· '	ng, inspection, han	dling of	Γ,	∕es	o
6	Staff and volung	teer hours devoted to monitoring, i	nspecting, handling of vio	olations, and enforc	ing cons	ervation ease	ements durii	ng the
7	A mount of expe	enses incurred in monitoring, inspe	ecting, handling of violatio	ons, and enforcing c	onserva	tion easemen	ts during th	e year
8	Does each con	servation easement reported on lir on 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the	requirements of sec	ction 17	0(h)(4)	∕es □N	o
9	balance sheet,	escribe how the organization report and include, if applicable, the text n's accounting for conservation ea	of the footnote to the org					
Pa i	rt IIII Örgani	izations Maintaining Collect ete if the organization answere	tions of Art, Histori		or Oth	er Similar	Assets.	
1a	If the organizat works of art, his	tion elected, as permitted under SF storical treasures, or other similar e, in Part XIII, the text of the footr	AS 116 (ASC 958), not assets held for public ex	to report in its reve hibition, education,	or resea	arch in further		
b	works of art, his	ion elected, as permitted under SF storical treasures, or other similar e the following amounts relating to	assets held for public ex	•				lıc
(	(i) <sub>Revenue inclu</sub>	ded on Form 990, Part VIII, line 1			<b>&gt;</b> \$			
(	ii) Assets include	ed in Form 990, Part X						
2	If the organizat	ion received or held works of art, hots required to be reported under S	nistorical treasures, or otl FAS 116 (ASC 958) rela	ner sımılar assets fo				

Revenue included on Form 990, Part VIII, line 1

hedule D (Form 990) 2015										Рa
Organizations Maintaining (continued)	Collections of A	Art, His	torica	al Trea	sures,	or C	ther Simi	lar As	sets	
Using the organization's acquisition, acce collection items (check all that apply)	ssion, and other red	cords,ch	eck an	y of the fo	ollowing	that a	are a signific	ant use	of its	
Public exhibition		d		Loan or e	xchange	prog	rams			
Scholarly research		e	Γ	Other						
Preservation for future generations										
Provide a description of the organization's Part XIII	collections and ex	plaın hov	v they f	urther the	e organız	ation	's exempt p	urpose ı	n	
During the year, did the organization solic assets to be sold to raise funds rather tha								┌ Yes	┌ No	0
Complete if the organization ai Part X, line 21.		n Form 9	990, P	art IV, I	ıne 9, o	r rep	orted an a	mount	on Forr	m 9
Is the organization an agent, trustee, cust included on Form 990, Part X?	odian or other inter	rmediary	for cor	ntribution	s or othe	rass	ets not	<b>√</b> Yes	┌ No	<b>.</b>
If "Yes," explain the arrangement in Pa	rt VIII and comple	to the fall	lauuna	table				A mo	unt	
	it XIII and complet	te the lon	lowing	сарте	1	1c		Aillo		59,
Beginning balance						1d				
Additions during the year						1e			3,8	
Distributions during the year						16 1f			3,2	
Ending balance  Did the organization include an amount on									2,3	21
If "Yes," explain the arrangement in Part :	XIII Check here ıf	the expla	anation	has beer	n provide	ed in F	Part XIII .		_	[
rt V Endowment Funds. Complet										
B	(a)Current year	<b>(b)</b> Pri	or year	b (c)⊺	wo years	back	<b>(d)</b> Three year	's back	(e)Four ye	ars
Beginning of year balance										—
Contributions										
Net investment earnings, gains, and losses										
Grants or scholarships										
O ther expenditures for facilities and programs										
Administrative expenses										_
End of year balance										
Provide the estimated percentage of the c	urrent year end bal	ance (lin	e 1g, c	olumn (a	)) held as	<u>-</u>				
Board designated or quasi-endowment	,	•								
Permanent endowment ▶										
Temporarily restricted endowment ▶										
The percentages on lines 2a, 2b, and 2c s	should equal 100%									
Are there endowment funds not in the pos	session of the orga	nızatıon t	hat are	e held and	d adminis	stere	d for the			
organization by	_								Yes	N
(i) unrelated organizations			•		•			3a(		
(ii) related organizations		٠. ٠			•			3a(i		<u> </u>
If "Yes" on 3a(II), are the related organiza Describe in Part XIII the intended uses of								. 3b	<u> </u>	<u></u>
rt VI Land, Buildings, and Equipm Complete if the organization as	ment.				ne 11a.9	See I	orm 990,	Part X.	line 10	

Description of property	Cost or other basis (investment)	Cost or other basis (other)	(c)depreciation	(d)Book van
<b>1a</b> Land		15,087,145		15,087
				(

87,145 **b** Buildings 32,595,472 12,209,720 20,385,752

3,602,262  ${f c}$  Leasehold improvements . 3,103,335 **d** Equipment . 7,739,998 7,201,051

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

8,391,007

11,227,958

498,927

538,947

2,836,951

39,347,722

	(Form 990) 2015  Investments—Other Securities. C	omplete if the orga	ınızatıon answered '	res' on Form 990, Part IV,	Page li <b>ne 11</b> b
	See Form 990, Part X, line 12.  (a) Description of security or category (including name of security)		(b)Book value	(c)Method of valuation	on
(1)Financia	Il derivatives			Cost of end-of-year mark	et value
	-held equity interests				
<b>(3)</b> 0 ther					
	nn (b) must equal Form 990, Part X, col (B) line 12)	•			
Part VIII	<b>Investments—Program Related.</b> Complete if the organization answere	ed 'Yes' on Form 99	00, Part IV, line 11c.	See Form 990 Part X line	13
	(a) Description of investment		(b) Book value	(c) Method of valuati	on
				Cost or end-of-year mark	et value
	nn (b) must equal Form 990, Part X, col (B) line 13)	<u> </u>			
Partix	Other Assets. Complete if the organizate (a) Des		i Form 990, Part IV, IIn	(b) Book value	
Total. (Colu	mn (b) must equal Form 990, Part X, col (B) line	e 15 )		•	
Part X		ganızatıon answere	ed 'Yes' on Form 990	, Part IV, line 11e or 11f.	
1.	See Form 990, Part X, line 25.  (a) Description of liability	(b) Book valu	e		
<del></del>	,				
Federal inc	ome taxes				
CDs		212,532	,598		
Member Sh	ares	305,388	,030		
Other Mem	ber Deposits	916,516	,097		
-					

1,434,437,325

Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )

2

Schedule D (Form 990) 2015

Page 4

b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
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 XIII ) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	Return.

2a

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

Total revenue, gains, and other support per audited financial statements .

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments . . . .

Complete if the organization answered 'Yes' on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements . . . 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities . 2a 2b Prior year adjustments . .

2c Other losses . d Other (Describe in Part XIII) . 2d Add lines 2a through 2d . 2e

3 3 Subtract line 2e from line 1 . Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b.

Other (Describe in Part XIII ) . . . . . Add lines 4a and 4b . . . 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . .

Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Part XIII

Explanation

The Credit Union sells first mortgage loans to others with servicing retained. The custodial escrow

accounts related to these mortgage loans are included in the Credit Union's financial statements

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional

information Return Reference

Part IV, Line 1b Why is organization

an agent, trustee, custodian or other

intermediary for contrib

efile GRAPHIC print - DO NOT PROCESS As Filed Data DLN: 93493314017986 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 2015 Governments and Individuals in the United States Complete if the organization answered "Yes." on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number PUBLIC SERVICE CREDIT UNION 84-6023137 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and √ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (c) IRC section (f) Method of (a) Name and address of (b) EIN (d) A mount of cash (e) A mount of non-(a) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance or government assistance (book, FMV, appraisal, other) See Additional Data Table Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2015

Grants are Used

## **Additional Data**

Denver, CO 80204

15418 W 95th Avenue Arvada, CO 80007

Regents of University of CO

1800 Grant Street Suite 800 Denver, CO 80203

Miss Colorado

**Software ID:** 15000324

25,000

5,500

Sponsorship

Sponsorship

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> A mount of cash grant	1 ' '	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance				
Denver Better Business	84-0415110	501(c)(6)	25,000	0			Event Sponsorships				

or government				assistance	other)	
Denver Better Business Bureau 1020 Cherokee St	84-0415110	501(c)(6)	25,000	0		

Name: PUBLIC SERVICE CREDIT UNION

**EIN:** 84-6023137

Software Version: 2015v2.0

45-2180325

84-6000555

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493314017986 Compensation Information OMB No 1545-0047 Schedule J (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 2015 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ➤ Attach to Form 990. Open to Public Department of the ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Treasury Inspection **Employer identification number** Name of the organization PUBLIC SERVICE CREDIT UNION 84-6023137 Questions Regarding Compensation Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ✓ Compensation committee ✓ Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Yes 4b Yes Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4c Νo Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5a Any related organization? 5b If "Yes," on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Any related organization? 6b If "Yes," on line 6a or 6b, describe in Part III For persons listed on 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 Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

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

Schedule J (Form 990) 2015

Cat No 50053T

Page 2

Form 990

Schedule J (Form 990) 2015

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	( <b>F</b> ) Compensation in
		(ii)	(iii)	1 other deferred	benefits	(B)(ı)-(D)	column(B) reported

(A) Name and Title	(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	( <b>D</b> ) Nontaxable	1, ,	<b>(F)</b> Compensation in
	Page	(ii)	(iii)	other deferred	benefits	(B)(ı)-(D)	column(B) reported
	Base (1) compensation	Bonus & incentive	Other reportable	compensation			as deferred on prior
	(1) compensation	compensation	compensation			1	Form 990

Schedule J (Form 990) 2015

See Additional Data Table

,	· -9				
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 Delevant information	Charry Creek Country Club dues were provided to the Credit Ilpion's former CEO. Spouse travel was provided to Board members. The spouse travel				

benefits were treated as taxable compensation if exceeded \$600, and all benefits are approved through the annual budgeting process

Page 3

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

in regards to selections on 1a

**Software ID:** 15000324 **Software Version:** 2015v2.0 **EIN:** 84-6023137

Name: PUBLIC SERVICE CREDIT UNION

Form 990, Schedule J, P	art	II - Officers, Direc	ctors, Trustees, Ke	ey Employees, an	d Highest Compen	sated Employees	5	
(A) Name and Title			W-2 and/or 1099-MIS (ii) Bonus & Incentive	C compensation (iii) Other reportable	(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1Carlos VazquezVP	(1)	145,669	compensation 28,065	compensation	17,628	8,086	199,448	
	(11)					-	-	
1Chad ShaneChief Lending	(1)		37,099		18,382	4,947 	222,202	
2Colby Stephens	(1)		149,852		17,620		190,329	
3Colleen KnollSVP/CFO	(1)		78,717		30,166	11,271	365,739	
<b>4</b> Cynthia G Koan Former SVP/CSO	(1)			1,387,540	19,244	6,091	1,626,654	
<b>5</b> Darryl MarksberryCEO	(11)		100,000			6,816	323,881	
<b>6</b> David E MausFormer CEO	(1)			307,752	30,513	11,009	1,316,428	307,752
7David PierceSVP/CIO	(11)		70,192		26,460	9,672	362,589	
<b>8</b> Evonna L Thorburn Former SVP/CXO	(1)			60,107	17,473	1,718	281,138	
<b>9</b> Louis LubickVP	(1)				13,663	2,597 	156,960	
<b>10</b> Mary Kathryn Uhl Former VP HR	(1)			83,847	6,527	6,094	164,602	
11Michael Kitch Investment Rep	(1)		608		17,806		179,784	
12Michelle Tygart Genl Counsel/VP	(1)		30,149		18,890	11,137	211,846	
13Rhianon Collins	(11)	22,988	156,278		18,164		197,430	
14Sarah Collins VP of Bus Svcs	(11)		23,470		15,121	11,189	170,947	
15Scott Kline	(1)		99,428		5,144		172,135	
<b>16</b> Stephen FerreroVP	(1)		36,973		19,649	1,113	237,301	
17Tern Stonebraker VP of Mortgages	(1)		34,441		11,362	8,132	258,661	

Schedule L

(Form 990 or 990-EZ)

**Transactions with Interested Persons** 

▶ Complete if the organization answered

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

Attach to Form 990 or Form 990-EZ.

DLN: 93493314017986 OMB No 1545-0047

2015

Department of the Treasury nternal Revenue Se		ili Olillation a	about sche		ov /form990.	.) and its institu	CCTOTIS	is at			n to Pi specti	
Name of the ore PUBLIC SERVICE C										fication	number	
								-602				
	ess Benefit Tr										101	
	olete if the organiz ne of disqualified r					<u>25a or 25b, or</u> Ified person and					(d) Corr	a a t a d
<b>1 (a)</b> Nam	ie oi disqualilled p	Derson	(b) Re	•	rtween disquar organization	med person and	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Yes	No		
					, rgamzacion		+	cram			res	NO
							1					
2 Enter the a	amount of tax incu	ırred by orga	nızatıon ma	anagers or d	squalified per	sons during the	year	under	section			
								•	▶ \$			
<b>3</b> Enter the a	amount of tax, If a	ny, on line 2	, above, rei	mbursed by	the organization	on		•	<b>&gt;</b> \$			
Part II Lo	ans to and/o	r From In	terested	Persons.								
	mplete if the orga					, line 38a, or Fo	rm 99	0, Pai	t IV, lır	ne 26, o	rıfthe	
org	janization reporte	d an amount	on Form 99	90, Part X, lı	ne 5, 6, or 22							
(=) Name of	(h) Delationship	(-)	(d)   0.2.2	+-	(2)0 riginal	(f)Dalance	(-)	Tn	/6		(i)Wri	
(a) Name of interested	(b) Relationship with	(c) Purpose of	(d) Loan or from th		(e)O riginal principal	<b>(f)</b> Balance due	(9) defa	In ult?	(h Appro		agreem	
person	organization	loan	organizatio		amount	auc	40.4		by boa		149.00	
									commi	ttee?		
			То	From			Yes	No	Yes	No	Yes	No
Stephen J 1) Ferrero	O fficer	Home		X	207,500	82,688		No		No	Yes	
(2) Carlos Vazquez	O fficer	A uto		×	50, 353	40, 328		No		No	Yes	
[3] David Pierce	O fficer	A uto		×	21, 263	18,050		No		No	Yes	
4)	Officer	Home		Х	417,000	380,064		No		Νo	Yes	

ourios razquez			<b>I</b>				<b>I</b>	. ,	i
(3) David Pierce	Officer	A uto	х	21, 263	18,050	No	No	Yes	
(4) Colleen Knoll	Officer	Home	Х	417,000	380,064	No	No	Yes	
(5) Colleen Knoll	Officer	A uto	X	44, 858	19,621	No	No	Yes	
(6) Carlos Vasquez	Officer	Home	Х	318,000	275, 202	No	No	Yes	
(7) Angela Webb	High Comp	Home	Х	322,500	31,538	No	No	Yes	
(8) Michelle Tygart	Officer	A uto	X	10,000	8, 703	No	No	Yes	
Total		<b>▶</b> \$			856,194				
		sistance Benefi e organization an	_	<b>sted Persons.</b> " on Form 990, Pa	art IV, line 27				
(a) Name of perso		<b>(b)</b> Relationship to interested person organizatio	and the	A mount of assistanc	ce (d) Type	of assistance	(e) Purpos	e of assis	stance

Cat No 50056A

organization's

revenues?

Page 2

No

Νo

Nο

Νo

(1) CUILA LLC	
(2) Centennial Lending LLC	
(3) Extenisa LLC	

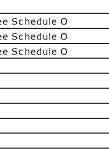
Return Reference

**Supplemental Information** 

Part V

(a) Name of interested person

Se
Se
Se



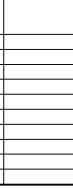
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(b) Relationship

between interested

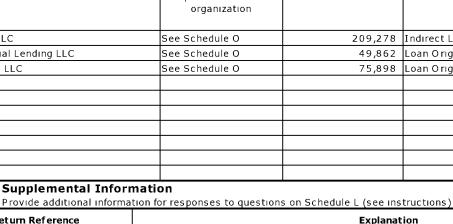
person and the

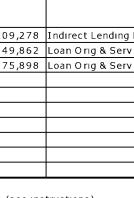
organization



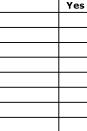
(c) A mount of

transaction

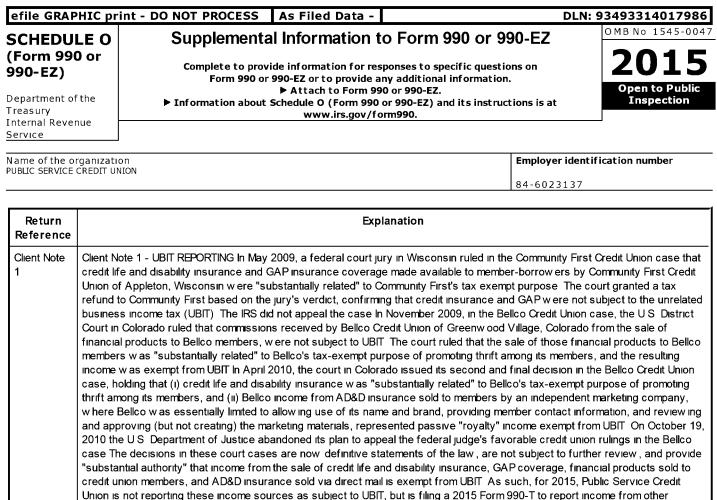








Schedule L (Form 990 or 990-EZ) 2015



insurance products and non-member ATM fees

Reference	
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.

Explanation

Return

metropolitan area

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

Return Reference	Explanation
Form 990, Part VI, Line 7b Describe Decisions of Governing Body Approval by Members or	Merger - Requires two thirds majority vote of voting members Charter conversion - Requires two thirds majority vote of voting members Dissolution and liquidation - Requires majority vote
Shareholders	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	The Directors complete the conflict of interest disclosure following each Annual Meeting. On an
Monitoring and Enforcement of Conflicts	annual basis, the Board receives a presentation on Fiduciary Responsibilities/Ethics

Return Reference	Explanation
Form 990, Part VI, Line 15b	Compensation for senior management was reviewed in Q1 2016 An independent executive consultant from
Compensation Review and	the Harlon Group was retained to evaluate all AVP, VP, and SVP positions. Job descriptions were updated
Approval Process for Officers	and market priced based on industry, geographic location and asset size comparable data. A compensation
and Key Employees	philosophy was developed to guide pay practices and determine how each position would be paid based on

market median data, time with Public Service and career experience in the position

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

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	Return of Corporate Credit Union Capital = -\$43803

Return Reference	Explanation
	The Credit Union offers a 1% loan discount rate on consumer loans and first mortgages 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 and Extenisa, LLC. The Credit Union's Chief Lending Officer is on the Board of Directors of Extenisa, LLC. The Credit Union's CFO is on the Board of Directors of Centennial Lending. 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 Centennial Lending, LLC and Extenisa, LLC are credit union service organizations that originate and service real estate.

and business loans for participating credit unions

efile GRAPHIC print - DO NOT PROCESS As Filed Data DLN: 93493314017986 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** (Form 990) 2015 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Attach to Form 990. Department of the Treasury Inspection Internal Revenue Service **Employer identification number** Name of the organization PUBLIC SERVICE CREDIT UNION 84-6023137 Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33. Part I (c) (f) (e) End-of-year assets Direct controlling Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income or foreign country) entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one Part II or more related tax-exempt organizations during the tax year. (a) (c) (d) (e) (f) (g) Direct controlling Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y Schedule R (Form 990) 2015

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

<b>(a)</b> Name, address, and EIN of related organization	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	unrelated, excluded from tax under sections 512-	(f) Share of total income	(g) Share of end-of-year assets	<b>(h</b> Disprop alloca	) rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	agıng	(k) Percentage ownership
			514)			V	N-	1	V	l NI =	
						Yes	No		Yes	No	
	 	_		•				_			

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

(a)  Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)		(g) Share of end-of- year assets	<b>(h)</b> Percentage ownership	Section (b)(i contro entil	n 512 13) olled ty?
(1)Members Insurance Inc 9990 Park Meadows Drive Lone Tree, CO 80124 84-1004011	Insurance Agency	со	N/A	C Corp	740	341,268	100 000 %	Yes	No No

Schedule R (Form 990) 2015					Page	3			
Part V Transactions With Related Organizations Complete if the organization answer	ed "Yes" on Form	990, Part IV, line	34, 35b, or 36.						
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				١	es N	No			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more rel	ated organizations li	sted in Parts II-IV?							
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	N	No			
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b					
<b>c</b> Gıft, grant, or capital contribution from related organization(s)				<b>1</b> c	N	No			
f d Loans or loan guarantees to or for related organization(s)				1d	N	No.			
e Loans or loan guarantees by related organization(s)				1e	N	No			
f Dividends from related organization(s)				1f	N	No			
g Sale of assets to related organization(s)				<b>1</b> g	N	NO.			
h Purchase of assets from related organization(s)									
i Exchange of assets with related organization(s)									
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j	N	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)				11	N	No.			
m Performance of services or membership or fundraising solicitations by related organization(s).				1m	N	No			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n \	es	_			
o Sharing of paid employees with related organization(s)			F	10 \	res es	_			
p Reimbursement paid to related organization(s) for expenses				1p	N	No.			
<b>q</b> Reimbursement paid by related organization(s) for expenses				<b>1</b> q	N	No.			
r Other transfer of cash or property to related organization(s)				1r	- N	No.			
s Other transfer of cash or 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 co	overed relationships	and transaction thresholds						
(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	<b>(d)</b> Method of determining amou	ınt ınv	olved				

### 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 i			ertain invest	ment	partnerships		1			,			
<b>(a)</b> 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)	org	(e) all partners section 501(c)(3) janizations?	(f) Share of total income	(g) Share of end-of-year assets	<b>(h)</b> Disproprtiona allocations <sup>7</sup>	ı	(1) Code V-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	
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											lula D (Fa	Щ	

