For Paperwork Reduction Act Notice, see the separate instructions.

Form **990**

DLN: 93493179000348 OMB No 1545-0047

Form **990** (2017)

Cat No 11282Y

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

Information about Form 990 and its instructions is at www. IRS gov/form990

Open to Public

Interna	l Reve	f the Treasur nue Service	Note: Information about	t Form 990 and its instructions is	at <u>www</u>	IRS gov/			pen to Public Inspection
A F	or the	e 2017 ca	llendar year, or tax year begin	ning 01-01-2017 , and endin	g 12-31	2017			
☐ Ad		pplicable change ange	C Name of organization RED ROCKS CREDIT UNION				D Employ 84-0808		ication number
☐ Ini	tıal ret	turn	Doing business as						
☐ An	nended	n/terminated d return	Number and street (or P O box if ma 8195 SOUTH PARK LANE	all is not delivered to street address)	Room/suit	te	E Telephor	ie number	
□Ар	plication	on pending	City or town, state or province, coun	try, and ZIP or foreign postal code			(303) 4	71-7625	
			LITTLETON, CO 80120	try, and Ext or foreign postar code			G Gross re	ceipts \$ 1	4,787,087
			F Name and address of principal PATRICK T AHERN	officer		H(a) Is	this a group re	turn for	
			8195 SOUTHPARK LANE LITTLETON, CO 80120				ubordinates? re all subordinat	:es	□Yes ☑No □Yes ☑No
I Ta	x-exen	npt status	☐ 501(c)(3) ☑ 501(c)(14) ◄	(insert no)		ìín	cluded? "No," attach a l		
J W	ebsit	e: > www	v redrocks org				roup exemption	•	•
K Form	n of or	ganızatıon	Corporation Trust Association	ciation ☐ Other ►		L Year of f	ormation 1979	M State	of legal domicile CO
Pa	rt I	Sumr	nary						
	1 E		cribe the organization's mission or ze the economic benefit for the me						
)Ce	-	IO IIIaxiiiii	ze the economic benefit for the me	embersmp					
E E	-								
Activities & Governance			s box \blacktriangleright \square if the organization disc					ssets	•
ড ×্চ	l		f voting members of the governing					3	8
<u>. 6</u>	l		f independent voting members of iber of individuals employed in cal-					5	8
Ĭ	l		ber of volunteers (estimate if nec					6	10
AC	7a	Total unre	elated business revenue from Part	VIII, column (C), line 12				7a	16,216
	b	Net unrela	ated business taxable income from	Form 990-T, line 34				7b	-46,991
		6					Prior Year		Current Year
Ę	l		ons and grants (Part VIII, line 1h) service revenue (Part VIII, line 2g)				11,961,9	280	0 13,815,872
Rəvenue	ı	_	nt income (Part VIII, column (A), l				284,0		839,285
ď	11	Other rev	enue (Part VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)			15,3	340	16,216
	12	Total reve	nue—add lines 8 through 11 (mus	st equal Part VIII, column (A), lın	e 12)		12,261,4	106	14,671,373
	l		d similar amounts paid (Part IX, c	, ,,					0
	l		aid to or for members (Part IX, co				2 709 1	244	4 353 035
Expenses		-	other compensation, employee bei nal fundraising fees (Part IX, colur	, , , , , , , , , , , , , , , , , , , ,	5-10)		3,708,3	344	4,353,935 0
D G	l .		aising expenses (Part IX, column (D), lir	, ,,	•				
Ā	17	Other exp	enses (Part IX, column (A), lines	11a-11d, 11f-24e)			6,706,3	350	8,330,768
	18	Total expe	enses Add lines 13–17 (must equa	al Part IX, column (A), line 25)			10,414,6	594	12,684,703
. 40	19	Revenue I	ess expenses Subtract line 18 fro	m line 12	•		1,846,	_	1,986,670
Net Assets or Fund Balances						Begini	ning of Current Y	еаг	End of Year
Asse Bak	20	Total asse	ets (Part X, line 16)				273,413,	796	301,537,266
End /	l		lities (Part X, line 26)		•		247,914,3	_	274,002,871
	22	_	s or fund balances Subtract line 2 ature Block	1 from line 20			25,499,4	143	27,534,395
Unde know	r pena	alties of pe and belief	erjury, I declare that I have exami , it is true, correct, and complete						
		*****					2018-06-27		
Sign		,	re of officer				Date		
Here	5		Baldwin CFO print name and title						
			int/Type preparer's name	Preparer's signature	Da	ate		PTIN	
Paid	k		ric L Jones	Eric L Jones			self-employed	P00634170	,
	pare	*! <u> -</u> .	rm's name ► Jones Mertsching CPAs rm's address ► 32186 Castle Ct Suite 2				Firm's EIN ► 84- Phone no (303)		
Use	On	ly ' '	Evergreen, CO 80439				, none no (303)	,00-9090	
May t	he IR	S discuss	this return with the preparer show	n above? (see instructions)				▽ ∨	 ′es □ No

Form	990 (2017)				F	Page 2
Par	t IIII Statemen	t of Program Service Acc	omplishments			
	Check If Sch	edule O contains a response or	note to any line in this Part III .			
1	Briefly describe the	organization's mission				
To m	axımıze the economic	benefit for the membership				
_	D. J. H					
2	_		gram services during the year which v	were not listed on	□Yes ☑No	_
		or 990-EZ?			□ fes ☑ No	0
3	•		o gnificant changes in how it conducts, a	any program		
3	services?	<u>-</u> .	grifficant changes in now it conducts, a	arry program	□ Yes 🗹	No
		ese changes on Schedule O			L les L	110
4	•	-	aplishments for each of its three large	st program services as measure	ad by expenses	
•	Section $501(c)(3)$ a	nd $501(c)(4)$ organizations are	required to report the amount of gra			
	expenses, and reve	nue, if any, for each program s	ervice reported			
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)	
- Ta	See Additional Data	/ (Expenses #	merading grants or \$	/ (Nevenue \$,	
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)	
	<u> </u>					
	-					
	/O. I.) (F				
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)	
4d		rices (Describe in Schedule O)		(D	`	
	(Expenses \$		grants of \$)	(Revenue \$)	
4e	Total program sei	rvice expenses 🟲				

or X as applicable

Checklist of Required Schedules

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

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

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏

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

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

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

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

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

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

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

ın Part X, line 16? *If "Yes," complete Schedule D, Part IX* 😼

b Was the organization included in consolidated, independent audited financial statements for the tax year?

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

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

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

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

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

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

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 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

to provide advice on the distribution or investment of amounts in such funds or accounts?

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

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

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

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

assessments, or similar amounts as defined in Revenue Procedure 98-19?

4

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11a

11b

11c

11d

11e

11f

12a

12b

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14a

14b

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Nο

Nο

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Nο

Nο

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No

Nο

Nο

Nο

Nο

Nο

Nο

No

Nο

Form **990** (2017)

Yes

Yes

Yes

Yes

Yes

29

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art LV	Checklist of	Required	Schedules	(continuea)

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

instructions for applicable filing thresholds, conditions, and exceptions)

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

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

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

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 and

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? . . .

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 II

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

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

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

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

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

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 year, and

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?

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

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, Part

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

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

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

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

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

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 and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

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

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

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

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

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

20a

20b

21

22

23

24a

24b

24c

24d

25a

25b

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27

28a

28b

28c

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33

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35a

35h

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37

Yes

Form 990 (2017)

Yes

Yes

Nο

Nο

Νo

Nο

Nο

Nο

Nο

Νo

Nο

Nο

Nο

Nο

Nο

Nο

Nο

No

Nο

Nο

Nο

Nο

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Par				
	Check if Schedule O contains a response or note to any line in this Part V			
	5		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 2,405			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		No
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	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	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?			No
		5b		10
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	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).			
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		
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		
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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
		8		No
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
	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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		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			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
				0 (2017)

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Par	TVI Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	o" respo	nse to li	nes
				✓
Sa	Check if Schedule O contains a response or note to any line in this Part VI		• •	
30	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 1a	в	103	
	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 1b	3		
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 supervisio 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		No
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9	Yes	
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	ie Code	2.)	
			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	Yes	
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? <i>If "Yes," describe in Schedule O how this was done</i>	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 taxable entity during the year?	16a		No
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		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	☐ 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 State the name, address, and telephone number of the person who possesses the organization's books and records			

VP, TECHNOLOGY

VP, BRANDING

(14) JENNIFER MRAVICH

(15) CATHERINE ALVAREZ

BUS DEVLPMNT MNGR

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

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII . Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax

- year • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount
- of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid • List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations • List all of the organization's former officers, key employees, 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 person										
Check this box if neither the organization no	r any related o	ganızat	tion c	omp	ens	ated a	ny c	urrent officer, dire	ctor, or trustee	
(A) Name and Title	(B) Average hours per week (list any hours	than c	ne b	ox, ι ın of	t ch unle: ficei	r and a	son	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	mer hest com plovee y employs		(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations		
(1) ROBERT EPPER	4 00								_	_
Chairperson	0 00	X						0	0	0
(2) ANDREA PRICE-VALENZUELA	2 00									
Director	0 00	х						0	0	0
(3) JASON KOLACZKOWSKI	2 00									
Director	0 00	Х						0	0	0
(4) TODD KEMP	2 00									
Vice Chair	0.00	X						0	0	0
	0 00 2 00									
(5) TOM HURLEY		Х						0	0	0
Secretary	0 00									
(6) CHRISTY PEARSON	2 00									
Director	0 00							0	0	0
(7) PATRICK SHANNON	2 00									
Director	0 00	X						0	0	0
(8) JEFFREY RUDOLPH	2 00									
		Х						О	0	0
Treasurer	0 00									
(9) PATRICK T AHERN	40 00							200 272		122.052
President/CEO	0 00			×				309,372	0	133,953
(10) JASON NELSON	40 00									
CAO	0 00			×				64,293	0	5,322
(11) RANDY BALDWIN	40 00									
				X				194,852	0	20,514
CFO	0 00						Ш			
(12) WENDY HALLER	40 00							463.350	_	45 366
схо	0 00			×				167,258	0	15,766
(13) MATTHEW CLEMENTS	40 00					l			_	.
		I	I	I	1	X	1 1	104,957	0	7,723

0 00 40 00

0 00 40 00

0 00

Х

103.847

157,221

9.442

11,520

0

Form 990 (2017)

Page 8

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

(A) (B) (C) (D) (E) (F)
Name and Title Average Position (do not check more Reportable Reportable Estimated

	(A) Name and Title	Average hours per week (list any hours	than o	one bo	ox, u in off tor/ti	t che unles ficer rust	randa :ee)	son	Reportable compensation from the organization (W-	Reportable compensation from related organizations (V	compensat W- from the		ited f other sation 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)		organizati relate organiza	ed
			<u> </u>										
-		<u> </u>	 										
											-		
		-											
сТ	Sub-Total	art VII, Section	nA.				•		1,101,800				204,240
2	Total (add lines 1b and 1c)	g but not limited	to thos			bove	► e) who	rece	' '	00,000			204,240
	of reportable compensation from the	organization 🕨 (<u> </u>									Yes	No No
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J</i>									employee on	3		No
4	For any individual listed on line 1a, is organization and related organization individual									the	4	Yes	
5	Did any person listed on line 1a receiv services rendered to the organization									vidual for	5		No
	ection B. Independent Contract				_	_							
1	Complete this table for your five higher from the organization. Report comper										npen	ısatıon	

(B)

Description of services

CONTRACTOR

FURN & BLDG IMPROV

(C)

Compensation

Form **990** (2017)

401,702

203,840

(A)

Name and business address

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

Vesta

405 Urban Street Suite 404 Lakewood, CO 80228 ELEMENTS

compensation from the organization ▶ 2

2501 BLAKE STREET DENVER, CO 80205

		(2017)												Page 9
Part \	VI I													
		Check if Schedul	e O contains a	a respo	onse or note	e to any		١)	Rel e: fu	(B) ated or xempt nction venue	Unre busi	C) Elated Iness enue	Rev exclude tax unde	(D) venue ded from er sections 2-514
တ္က	1 a	Federated campaign	ns	1a						-				
anta	ı	b Membership dues		1 b										
9 E	•	c Fundraising events		1c										
ffs. ⊏A	1	d Related organizatio	ns	1d										
 In 182	•	e Government grants (co	ontributions)	1e										
tributions, Gifts, Grants Other Similar Amounts	1	 All other contributions, and similar amounts nabove 		1f										
Contributions, Gifts, Grants and Other Similar Amounts		g Noncash contribution in lines 1a-1f \$												
<u>ة</u> ك	_h	Total.Add lines 1a-1	.f		•	<u> </u>		0						
ᆲ					E	Business	Code							
Ve n	2 a	Fees Member Service					522100	1,	171,976	1,171				
Program Service Revenue		Income Sale of Mortgag	es				522100		49,205		,205			
AC E		Interest Member Loans					522100 522100		434,587 463,851	11,434	3,851			
Se		Other Operating Income VISA Check Card Income					522100		696,253		5,253		_	
a							322100		050,233		,,233		_	
ogr	f	All other program se	rvice revenue			13.8	315,872							
\$	g	Total. Add lines 2a-2f	·	. 1	<u> </u>	15,0	,15,672							
		Investment income (ii			nterest, an]	313,69	9					313,699
		similar amounts) . Income from investme	· · · · · · ent of tax-exe		ond proceed	ds ►		· · ·	0					
						▶	-		0					
			(ı) Rea		(II) Pers	sonal								
	6a	Gross rents											•	
	b	Less rental expenses					_							
	c	Rental income or (loss)					-							
	d	Net rental income o	r (loss) . .			•	1		0				•	
			(ı) Securit	ies	(II) Ot	her								
	7a	Gross amount from sales of	6	41,300			1						•	
		assets other than inventory		41,300										
	b	Less cost or other basis and sales expenses	1	15,714										
	c	Gain or (loss)	5	25,586			1						•	
	d	Net gain or (loss) .			•			525,58	86	525,586				
an	8a	Gross income from for (not including \$ contributions reported)		ents of										
Other Revenue		See Part IV, line 18		a										
Re	b	Less direct expense	s	ь]							
ler		: Net income or (loss)			ents	>			0					
\$	9a	Gross income from g See Part IV, line 19		es									•	
		,		a	1								•	
	b	Less direct expense	s	ь]						•	
	C	: Net income or (loss)	from gaming	activiti	ies	•			0					
•	10a	Gross sales of invent returns and allowand		a										
	b	Less cost of goods s	sold	ь			1							
		: Net income or (loss)		ınvent	ory		_		0					
		Miscellaneous			Business	Code								
	11	^a Auto Warranty Inco	me			522100		8,70	00			8,700		
	b	Non-Member ATM Fe	ees		<u> </u>	522100)	7,51	.6			7,516		
	c	:												
		All other revenue .												
	е	Total. Add lines 11a	-11d			•		16,21	.6					
	12	Total revenue. See	Instructions			>		14,671,37	'3	14,341,458		16,216		313,699
								, - : -, -,	-	., , . 50		,	Form (990 (2017)

orm 990 (2017)				Page 10
Part IX Statement of Functional Expenses ection 501(c)(3) and 501(c)(4) organizations must complete all col	lumns All other orga	ınızatıons must comp	olete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX			🗆
Do not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
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, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	911,330			
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	2,704,686			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	59,853			
9 Other employee benefits	408,298			
10 Payroll taxes	269,768			
11 Fees for services (non-employees)				
a Management	0			
b Legal	1,276			
c Accounting	0			
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)	368,210			
L2 Advertising and promotion	361,024			
L3 Office expenses	0			
L4 Information technology	1,622,262			
L5 Royalties	0			
L6 Occupancy	545,756			
17 Travel	0			
L8 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
L9 Conferences, conventions, and meetings	128,950			
20 Interest	6			
	0			
Payments to affiliates				
22 Depreciation, depletion, and amortization	675,937			
23 Insurance	0			
a Provision for Loan Losses	1,724,327			
b Dividends & Interest -Members	1,541,960			
c Office Operations Expense	563,793			
d Loan Servicing Expense	366,863			
e All other expenses	430,404			
25 Total functional expenses. Add lines 1 through 24e	12,684,703	0	0	1
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)				

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17

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34

Liabilities 22

Fund Balances

Assets or 30

Net

12,865,401

11.759.411

385,001

252.529.788

510.395

13,269,553

4,034,132

2.913.089

3.270.496

2,400,649

301,537,266

271.602.222

274,002,871

27,534,395

27,534,395

301.537.266

Form **990** (2017)

0

0

0

(B)

End of year

(A)

Beginning of year

16,847,969

13.921.850

3,024,286

210.903.347

16,433,283

3,163,730

421,179

13.149.633

8.016.756

3.944.510

3.184.266

2,131,413

273,413,796

245.782.940

247,914,353

25,499,443

25,499,443

273.413.796

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Page **11**

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

Cash-non-interest-bearing . Savings and temporary cash investments . . . Pledges and grants receivable, net . . . Accounts receivable, net .

trustees, key employees, and highest compensated employees Complete Part Loans and other receivables from other disqualified persons (as defined under voluntary employees' beneficiary organizations (see instructions) Complete

Loans and other receivables from current and former officers, directors, II of Schedule L section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) Part II of Schedule L Notes and loans receivable, net . .

Assets

Inventories for sale or use . Prepaid expenses and deferred charges .

10a basis Complete Part VI of Schedule D

10a Land, buildings, and equipment cost or other Less accumulated depreciation 10b

Investments—publicly traded securities . Investments—other securities See Part IV, line 11 .

12

11

Accounts payable and accrued expenses

Tax-exempt bond liabilities

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

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

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Grants payable . . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances .

Unrestricted net assets

13 Investments—program-related See Part IV, line 11 .

Intangible assets Other assets See Part IV, line 11 .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

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

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

14 15 16 Total assets.Add lines 1 through 15 (must equal line 34) . . .

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

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

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

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

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?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

1 Accounting method used to prepare the Form 990

separate basis, consolidated basis, or both

Schedule O

☐ Separate basis

consolidated basis, or both ✓ Separate basis

Audit Act and OMB Circular A-133?

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

27,534,395 Part XII **Financial Statements and Reporting** Check if Schedule O contains a response or note to any line in this Part XII Yes No

☐ Cash ☑ Accrual ☐ Other

Both consolidated and separate basis

☐ Both consolidated and separate basis

2a

2b

2c

3a

3b

Yes

Yes

Νo

No

Form **990** (2017)

Additional Data

Form 990, Part III, Line 4a:

Form 990 (2017)

Name: RED ROCKS CREDIT UNION

The Credit Union is owned by approximately 18,400 members. The Credit Union provides financial services to its members, such as consumer lending, shared branching.

services, deposit/transactional services, mortgage lending, commercial lending, home banking, bill payment and others financial services

EIN: 84-0808889

Software Version: 2017v2.2

Software ID: 17005038

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

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990,

OMB No 1545-0047

DLN: 93493179000348

(Form 990)

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Open to Public ▶ Attach to Form 990. Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Inspection Name of the organization **Employer identification number** RED ROCKS CREDIT UNION 84-0808889 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on 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) Revenue included on 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 Revenue included on Form 990, Part VIII, line 1

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 52283D Schedule D (Form 990) 2017

Assets included in Form 990, Part X

Par	t III	Organizations Maintaining Col	lections of Art,	, Histori	cal T	reası	ires, or	Other	Similar A	ssets	(continued)	
3		the organization's acquisition, accession (check all that apply)	n, and other record	ds, check	any of	the fo	llowing th	nat are a	significant	use of it	s collection	ı
а		Public exhibition		d		Loan	or excha	nge prog	rams			
b		Scholarly research		е		Othe	r					
c		Preservation for future generations										
4	Provi Part)	de a description of the organization's col XIII	lections and expla	ın how the	ey furtl	her the	e organiza	ation's ex	empt purpo	ose in		
5		ng the year, did the organization solicit o is to be sold to raise funds rather than to							ular	□ Y	es 🗆	No
Pa	rt IV	Escrow and Custodial Arrange Complete if the organization answ X, line 21.		orm 990	, Part	IV, lı	ne 9, or	reporte	ed an amo	unt on	Form 990	, Part
1a		e organization an agent, trustee, custodi ded on Form 990, Part X?	an or other interm	edıary for	contri	bution	s or othe	r assets	not	☑ γ	es 🗌	No
b	If "Y€	es," explain the arrangement in Part XIII	and complete the	following	table				p	Amount		_
С	Begir	nning balance						1c			1,8	55
d	Addıt	ions during the year					L	1d			3,3	74_
е	Dıstrı	butions during the year					L	1e			3,3	79 —
f	Endır	ng balance					L	1f			1,8	50_
2 a	Dıd tl	he organization include an amount on Fo	rm 990, Part X, lır	ne 21, for	escrov	v or cu	istodial ad	count lia	bility?	□ Y	es 🗹	No
b	If "Ye	es," explain the arrangement in Part XIII	Check here if the	explanat	on has	s been	provided	in Part :	KIII		\square	
Pa	rt V	Endowment Funds. Complete if					•					
		'	(a)Current year		rıor yea				(d)Three ye		(e)Four ye	ars back
1 a	Beginn	ing of year balance										
b	Contrib	outions										
c	Net inv	estment earnings, gains, and losses										
d	Grants	or scholarships										
е		expenditures for facilities ograms										
f	Admını	strative expenses										
g	End of	year balance										
2 a		de the estimated percentage of the curred designated or quasi-endowment	ent year end balan	ce (line 1	g, colu	mn (a)) held as	;				
b		anent endowment ▶										
c	Temp	porarily restricted endowment >										
٠		percentages on lines 2a, 2b, and 2c shou	ld equal 100%									
3а	Are tl	here endowment funds not in the posses	•	zation tha	t are h	eld an	d adminis	stered fo	r the		Yes	No
	(i) uı	nrelated organizations									Ba(i)	
	. ,	elated organizations								3	a(ii)	
b		es" on 3a(II), are the related organization	·			.7 .					3b	<u> </u>
4		ribe in Part XIII the intended uses of the		Jowment	runas							
Pa	rt VI	Land, Buildings, and Equipment Complete if the organization answ		orm 990	. Part	IV. lı	ne 11a.	See Foi	m 990. Pa	art X. lı	ne 10.	
	Descri	ption of property (a) Cost or oth (investme	ner basis (b) Co	ost or other					lepreciation		(d) Book va	ue
1a	Land				1,0	92,229						1,092,229
	Buildin				12,7	02,040			1,431,678		:	11,270,362
		nold improvements										
		nent			2,6	39,014			1,732,052			906,962
	Other				<u> </u>	-	<u> </u>		. ,			· ·
		lines 1a through 1e (Column (d) must e	ual Form 990, Pa	rt X, colui	mn (B)	, line :	10(c)) .		>		:	13,269,553

(a) Description of security or coaspany (b) Spoks value (c) Memory of valuations (control of valuations (control of valuations (control of valuations) (d) Description princets (d) Other (e) Other	Part VII Investments—Other Securities. Complete if the	e organization answ	vered "Yes" on Form 9	990, Part IV, line 11b.
(3) Final devicatives (3) Colors 1,000 (2) Colors		(b) Book value		
(3) Other (2) Pick Brokes 1,200,0002 C	(1) Financial derivatives		Cost or end-	-or-year market value
AS Staticing Capital Milembership Shares	(2) Closely-held equity interests			
Compared		1,209,062		С
(b) (c) (c) (c) (d) (d) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	(B) FHLB Stock	275,700		С
(6) (7) (8) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	(C) VISA Stock	121,221		С
(6) (7) (8) (9) (9) (1) (1) (1) (1) (2) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (1) (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (1) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9				
Compare Comp				
Data				
Testal. (Columno (b) must equal forms 990, Part X, col. (8) ine 12)				
	(H)			
Complete of the organization answered "Yes" on Form 990, Part X, line 11. See Form 990, Part X, line 13.				
Cost or end-of-year market value	Complete if the organization answered 'Yes' on Fo			
(3) (4) (5) (6) (7) (8) (9) Total. (Column (9) must equal Form 990, Part X, col (8) line 13) Part IN Other Assets. Complete if the organization answered Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15 (a) Description (b) Book value (1) (2) (3) (4) (5) (5) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered Yes' on Form 990, Part IV, line 11e or 11f. (a) Description of liability (b) Book value (c) Federal income taxes (a) Description of hability (b) Book value (c) Federal income taxes (a) Description of hability (b) Book value (c) Federal income taxes (c) Part X (c) (6) line 25 (c) Part X (c) (6) line 25 (c) Part X (c) (6) line 25 (c) Part X (c) Part X (c) (6) line 25 (c) Part X (c)	(a) Description of investment	(b) Book value		
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Member Shares, Deposits and Certificates 271,602,222	() 5	(b) Bo	ook value	
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2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(9)			
	Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	•	271,602,222	
			=	

Part XI

2

Schedule D (Form 990) 2017

Page 4

d	Other (Describe in Part XIII)	2d						
e	Add lines 2a through 2d					2e		
3	Subtract line 2e from line 1					3		14,671,373
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 4a and 4b	٠.				4c		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)					5		14,671,373
Par	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Parl			cpen	ses per	Returi	n.	
1	Total expenses and losses per audited financial statements					1		12,684,703
2	Amounts included on line 1 but not on Form 990, Part IX, line 25							
-	Donated services and use of facilities	1 22	1					

2a

2b

2c

2b

2c

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	12,684,703
4	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 . . . 4b

Add lines **4a** and **4b**

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

Recoveries of prior year grants

Prior year adjustments . .

Other losses .

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

4c 5 12,684,703

Schedule D (Form 990) 2017

Part XIIII 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 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 Explanation See Additional Data Table

Page 5	Schedule D (Form 990) 2017			
	ormation (continued)	Part XIII Supplemental Info		
	Explanation	Return Reference		

Schedule D (Form 990) 2017

Additional Data

Software ID: 17005038 **Software Version:** 2017v2.2

EIN: 84-0808889

Name: RED ROCKS CREDIT UNION

Supplemental Information

Return Reference	Explanation
	In prior years, the Credit Union sold first mortgage loans to others with servicing retain ed The custodial escrow accounts related to these mortgage loans are not included in the
custodian or other intermediary	Credit Union's financial statements, but the Credit Union continues to service these loans

for contrib

Supple	emental Information	
	Return Reference	Explanation
Part X	FIN48 Footnote	m Income tax status The Credit Union is exempt from federal and state income tax. The Credit Union's accounting policy under FASB ACS 740-10 Accounting for Uncertainty in Income Taxes is to recognize in its financial statements only those tax benefits (reported or to be reported in its tax returns) when it is more likely than not that the tax position will be sustained on examination by the relevant taxing authority. Management currently believe sithat it is more likely than not that all of its significant tax positions, included positions related to the unrelated business income tax (UBIT) would be sustained on examination by relevant taxing authorities. Additionally, no interest and penalties have been recorded in the accompanying financial statements related to uncertain tax positions. Currently, the 2014, 2015 and 2016 federal income tax returns are open for examination by the IRS. Federal income tax returns related to UBIT were not filed prior to 2013. Accordingly, years

prior to 2013 are open for examination by the IRS

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	19317	9000	348	
Sch	nedule J	Co	ompensati	ion Information	OM	1B No	1545-0	0047	
•	m 990)	► Complete if the org	Compensa ganization answ ► Attach	rustees, Key Employees, and Hig Ited Employees Iered "Yes" on Form 990, Part IV to Form 990. (Form 990) and its instructions	, line 23.	2017 Open to Public			
•	tment of the Treasurv al Revenue Service	P Information a		gov/form990.	is at		ectio		
	me of the organize ROCKS CREDIT UN				Employer identificat	ion nu	ımber		
KED	ROCKS CREDIT ON	ION			84-0808889				
Pa	rt I Questi	ons Regarding Compensa	tion						
1a				the following to or for a person liste y relevant information regarding the			Yes	No	
	☐ First-class	s or charter travel		Housing allowance or residence for	personal use				
		companions		Payments for business use of perso	•				
	☐ Tax idemi	nification and gross-up payment	:s \square	Health or social club dues or initiation	on fees				
	Discretion	nary spending account		Personal services (e g , maid, chauf	feur, chef)				
b		xes in line 1a are checked, did t all of the expenses described ab		ollow a written policy regarding payπ plete Part III to explain	nent or reimbursement	1 b			
2				or allowing expenses incurred by all		2			
	directors, truste	es, officers, including the CEO/	Executive Director	r, regarding the items checked in line	e 1a?				
3	organization's C	EO/Executive Director Check a	ll that apply Don	d to establish the compensation of the third that the compensation of the compensation					
	✓ Compens	ation committee	\checkmark	Written employment contract					
	☐ Independ	ent compensation consultant	☑	Compensation survey or study					
	☐ Form 990	of other organizations	\checkmark	Approval by the board or compensa	tion committee				
4	During the year related organiza		990, Part VII, Sed	ction A, line 1a, with respect to the f	iling organization or a				
а	Receive a sever	ance payment or change-of-con	trol payment?			4a	Yes		
b	Participate in, o	r receive payment from, a supp	lemental nonquali	ified retirement plan?		4b	Yes		
c	•	r receive payment from, an equ		_		4c		No	
	If "Yes" to any o	of lines 4a-c, list the persons an	d provide the app	licable amounts for each item in Par	t III				
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations	must complete lines 5-9					
5	For persons liste		on A, line 1a, did t	the organization pay or accrue any					
а	The organization	n?				5a			
b	Any related orga					5b			
	If "Yes," on line	5a or 5b, describe in Part III							
6		ed on Form 990, Part VII, Section ontingent on the net earnings o		the organization pay or accrue any					
а	The organization	n?				6 a			
b	Any related orga					6b			
	•	6a or 6b, describe in Part III							
7		ed on Form 990, Part VII, Section escribed in lines 5 and 67 If "Ye		the organization provide any nonfixe rt III	d	7			
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," do	escribe	8			
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also follo	w the rebuttable	presumption procedure described in	Regulations section	9			
For F	Paperwork Redu	iction Act Notice, see the Ins	tructions for Fo	orm 990. Cat No 5	50053T Schedule J	(Form	990)	2017	

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

For each individual whose compensation must be reported on Schedule 1, report compensation from the organization on row (1) and from related organizations, described in the

instructions, on row (ii)	Do no	ot list any individuals that	rted on Schedule J, report at are not listed on Form 99 ndividual must equal the to	990, Part VII	-	_		at individual
(A) Name and Title		1	n of W-2 and/or 1099-MISO (ii) Bonus & Incentive compensation		(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 CATHERINE ALVAREZ BUS DEVLPMNT MNGR	(i)		76,969		6,362	5,158	168,741	
	(ii)		<u> </u> '	<u> </u>	<u> </u> !	<u> </u>		
2 PATRICK T AHERN President/CEO	(i)		49,409		110,837	23,116	443,325	
3 RANDY BALDWIN	(ii)			<u> </u>		ļ		
CFO	(i) (ii)		26,400		7,834	12,680	215,366	
4 WENDY HALLER CXO	(i)		14,443		3,025	12,741	183,024	
	(ii)	,[-	[]		'		
	!	!						
1	+ -			,	<u>'</u>			

Schedule J (Form 990) 2017 Page 3 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

Schedule 1 (Form 990) 2017

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493179000348 OMB No 1545-0047 Supplemental Information to Form 990 or 990-EZ SCHEDULE O (Form 990 or 990-Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. EZ) ▶ Attach to Form 990 or 990-EZ. Open to Public ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at Department of the Treasury Inspection www.irs.gov/form990. Name of the organization **Employer identification number** RED ROCKS CREDIT UNION 84-0808889 990 Schedule O, Supplemental Information Return Explanation Reference 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 insur ance coverage made available to member-borrowers by Community First Credit Union of Applet on, Wisconsin were "substantially related" to Community First's tax exempt purpose. The co urt granted a tax refund to Community First based on the jury's verdict, confirming that c redit 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. Di strict Court in Colorado ruled that commissions received by Bellco Credit Union of Greenwo od Village, Colorado from the sale of financial products to Bellco members, were not subje ct to UBIT. The court ruled that the sale of those financial products to Bellco members wa s "substantially related" to Bellco's tax-exempt purpose of promoting thrift among its mem bers, and the resulting income was exempt from UBIT in April 2010, the court in Colorado i ssued its second and final decision in the Bellco Credit Union case, holding that (i) cred it life and disability insurance was "substantially related" to Bellco's tax-exempt purpos e of promoting thrift among its members, and (ii) Bellco income from AD&D insurance sold t o members by an independent marketing company, where Bellco was essentially limited to all owing use of its name and brand, providing member contact information, and reviewing and a pproving (but not creating) the marketing materials, represented passive "royalty" income exempt from UBIT On October 19, 2010 the US Department of Justice abandoned its plan to appeal the federal judge's favorable credit union rulings in the Bellco case The decision s in these court cases are now definitive statements of the law, are not subject to furthe r review, and provide "substantial authority" that income from the sale of credit life and disability insurance, GAP coverage, financial products sold to credit union members, and AD&D insurance sold via direct mail is exempt from UBIT. As such, for 2017, Red Rocks Cred it Union is not reporting income from the sale of credit life and disability insurance and GAP coverage as subject to UBIT, but is filing a 2017 Form 990-T to report non-member ATM fees and auto warranty income as subject to UBIT

Return Reference	Explanation
Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	Red Rocks Federal Credit Union was established in 1979 to serve the employees of Lockheed Martin Red Rocks' field of membership was expanded in 1994 to serve those that live, work, worship or attend school in Douglas County, Colorado As a result of a conversion to a state-chartered credit union in August 2006, the credit union's name changed slightly to Red Rocks Credit Union In 2013, Arapahoe and Jefferson Counties, Colorado were added to the field of membership

990 Schedule O, Supplemental Information

Return
Reference

Explanation

Reference	
Form 990,	The Credit Union members elect on an annual basis the members of the Board of Directors
Part VI, Line	
7a How	
Members or	
Shareholders	
Elect	
Governing	
Body	

Return Explanation
Reference

Form 990. Any proposed merger must be approved by the majority of the membership Part VI, Line 7b Describe Decisions of Governing Body Approval by Members or Shareholders

Return Reference	Explanation
Form 990, Part VI, Line 9 Officer, Director, Trustee, Key Employee Mailing Address	Robert Epper - 9288 Cactus Bluff Way, Highlands Ranch, CO 80126Todd Kemp - 877 Brixham Pla ce, Castle Rock, CO 80108Tom Hurley - 2231 Indian Paintbrush Drive, Highlands Ranch, CO 80 129Christy Pearson - 3422 W 39th Avenue, Denver, CO 80211Patrick Shannon - 502 N Jackson , Golden, CO 80403Jeffrey Rudolph - 1303 Meyerwood Circle, Highlands Ranch, CO 80129Jason Kolaczkowski - 26493 E Caley Drive, Aurora, CO 80016Andrea Price-Valenzuela - 6909 Pondero sa Drive, Parker, CO 80138

Return Explanation
Reference

Form 990,
Part VI, Line
11b Form
990 Review
Process

Management provides the required information to the Credit Union's independent CPA Firm fo
r completion of the Form 990 in then reviewed and approved by the CEO and CF
O before it is filed. An electronic copy of the completed Form 990 is uploaded into the Re
d Rocks Board Portal for their review at any time

Return Reference Explanation

Form 990, A Conflict of Interest Disclosure Statement is signed, received and filed from each Board member annually

FUIIII 990,	A Conflict of interest disclosure statement is signed, received and flied from each board member annually
Part VI, Line	
12c	
Explanation	
of Monitoring	
and	
Enforcement	
of Conflicts	

Return Reference	Explanation
Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management	The CEO's compensation is determined by the Executive Committee of the Board and agreed to by the CEO. All compensation is based upon industry comparison data received and is reviewed each year.

Return Reference	Explanation
Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	The CEO sets other officer compensation All compensation is based upon industry comparison data received and reviewed each year

Return Reference	Explanation
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	CPA Certified Financial Statements are available electronically via the Credit Union's Web site. Other documents would require a written request and determination regarding the rele ase of data.

Return Explanation
Reference

FORM 990, NUMBER OF EMPLOYEES IS REPORTED AS ZERO AS THE CREDIT UNION DOES NOT FILE FORM W-3 ADP TO PART 1,LINE TAL SOURCE, AS COMMON PAYMASTER, FILES FORM W-3 UNDER THEIR OWN FEIN TO REPORT THE COMPENS ATION OF ALL CREDIT UNION EMPLOYEES