For Paperwork Reduction Act Notice, see the separate instructions.

DLN: 93493317070690

Return of Organization Exempt From Income Tax

2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service 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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A Fo	or the	2019 c	alendar year, or tax year beg	ginning 01-01-2019 , and ending 1	L2-31-20	019		_	
B Che	ck if ap	oplicable:	C Name of organization BELLCO CREDIT UNION				D Employ	er identif	ication number
☐ Address change ☐ Name change ☐ Initial return			BELLCO CREDIT UNION				84-014	6595	
		-	Doing business as						
		urn ı/terminated	g			L			
		l return		f mail is not delivered to street address) Roo	m/suite		E Telephor	ne number	
□ Арј	plicatio	on pending	7600 E ORCHARD ROAD NO 4001	N			(303) 6	89-7800	
			City or town, state or province, c GREENWOOD VILLAGE, CO 801:	ountry, and ZIP or foreign postal code 11			G Gross re	ceints \$ 2	81,586,753
			F Name and address of princ	ipal officer:	н	(a) Is this			
			DOUGLAS A FERRARO		'''		a group re inates?	turri ior	□ _{Yes} ☑ _{No}
			7600 E ORCHARD ROAD STE GREENWOOD VILLAGE, CO 8		н	(b) Are all	subordinat	tes	☐ Yes ☐No
[Tax	k-exem	npt status:	·		527	include		list (see	instructions)
1 W	ehsita	e: > \\/\\	/W.BELLCO.ORG) ¶ (IIISelt III0.)		(c) Group		•	•
							•		
∢ Forn	n of or	ganization	Corporation Trust A	ssociation Other >	LY	ear of format	ion: 1936	M State	of legal domicile: CO
Pa	ırt I	Sum	mary						
	1 B	Briefly des	scribe the organization's mission	n or most significant activities:					
				VNED ORGANIZATION THAT PROVIDES INED GROWTH TO FUND THE FUTURE \					
စ				E A CHALLENGING AND REWARDING E					
2			AL AND ECONOMIC WELL BEING						
Ë	-								
ě e									
5	,	Check thi	is box • if the organization	discontinued its operations or disposed	of more	than 25% i	of its net a	ssets	
ಶ ∴೧				ning body (Part VI, line 1a)			01 105 1100 0	3	12
Activities & Governance	4	Number o	of independent voting members	of the governing body (Part VI, line 1b)			4	11
<u> </u>	5	Total nun	nber of individuals employed in	calendar year 2019 (Part V, line 2a) .				5	351
A	6	Total nun	nber of volunteers (estimate if i	necessary)				6	13
	7a -	Total unr	elated business revenue from P	art VIII, column (C), line 12				7a	562,367
	ь	Net unrel	ated business taxable income f	rom Form 990-T, line 39				7b	C
						Prio	r Year		Current Year
Gı.	8	Contribut	ions and grants (Part VIII, line 1	lh)				0	
Rəvenue	9	Program	service revenue (Part VIII, line 2			198,686,	069	230,233,29	
λċι	10	Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)			22,378,	096	21,335,41
ш	11	Other rev	enue (Part VIII, column (A), line	es 5, 6d, 8c, 9c, 10c, and 11e)			2,433,	980	3,169,06
	12	Total rev	enue—add lines 8 through 11 (r	must equal Part VIII, column (A), line 12	2)		223,498,	145	254,737,778
	13	Grants ar	nd similar amounts paid (Part IX	(, column (A), lines 1–3)				0	(
	14	Benefits	paid to or for members (Part IX,	column (A), line 4)				0	(
88	15	Salaries,	other compensation, employee	benefits (Part IX, column (A), lines 5-1	١٥)		33,562,	298	37,189,96
JS(16a	Professio	nal fundraising fees (Part IX, co	lumn (A), line 11e)				0	(
Expenses	b ·	Total fundr	raising expenses (Part IX, column (D	0), line 25) ▶ <u>0</u>	_ [
ш	17	Other exp	oenses (Part IX, column (A), line	es 11a-11d, 11f-24e)			144,760,	139	171,403,98
	18	Total exp	enses. Add lines 13–17 (must e	equal Part IX, column (A), line 25)			178,322,	437	208,593,949
	19	Revenue	less expenses. Subtract line 18	from line 12			45,175,	708	46,143,829
Net Assets or Fund Balances						Beginning o	of Current Y	'ear	End of Year
alan alan	20	Total acc	ets (Part X, line 16)		}	1	l,517,595,	715	5,171,032,51
AB	l		ilities (Part X, line 26)		ŀ		,046,911,	_	4,650,256,679
Z Š			s or fund balances. Subtract lin		.	7	470,684,		520,775,83
	rt II		ature Block	e 21 Hom line 20	ļ		770,004,	303	320,773,03-
				amined this return, including accompan	ying sch	edules and	statement	s, and to	the best of my
	_		f, it is true, correct, and comple	ete. Declaration of preparer (other than	officer)	is based on	all inform	ation of v	which preparer has
ally K	nowle	uge.							
		*****					-11-12		
Sign		Signati	ure of officer			Date			
Here	:		L KAMPEN EVP/CFO						
		17	r print name and title						
		Р	rint/Type preparer's name	Preparer's signature	Date	Chec		PTIN P0107639	4
Paic		\vdash				self-e	employed		·
-	oare	FI	irm's name ► DOEREN MAYHEW			Firm'	's EIN ► 38-	-2492570	
Jse	On	ly 🖡	irm's address ▶ 12060 S W 129TH C	OURT STE 201		Phon	e no. (305)	232-8272	
			MIAMI, FL 3318645	582					
		C discuss	·	nown above? (see instructions)					res 🗆 No
May +	heirr								

Cat. No. 11282Y

Form **990** (2019)

orm	990 (2	019)				Page 2
Pa	rt III	Statement of Program	Service Accomplis	hments		
		Check if Schedule O contains	a response or note to	any line in this Part III .		🗹
1	Briefly	describe the organization's m				
NE V	S. WE '	WILL SUSTAIN PLANNED GROV	WTH TO FUND THE FUT	URE WHILE MAINTAINI	TTIVE FINANCIAL SERVICES TO MEI NG MEMBER CONFIDENCE THROUG EES AND CONTRIBUTE TO THE SOC	H FINANCIAL STABILITY.
2	Did th	e organization undertake any :	significant program ser	vices during the year wl	hich were not listed on	
	the pr	ior Form 990 or 990-EZ?				☐ Yes ☑ No
	If "Yes	s," describe these new services	on Schedule O.			
3		e organization cease conductir		changes in how it condu	ucts, any program	
	servic	es?		=		☐ Yes 🗹 No
4	Descri Sectio	ibe the organization's program	service accomplishme anizations are required	I to report the amount o	largest program services, as measu of grants and allocations to others, t	
4a	(Code:) (Expenses	\$	including grants of \$) (Revenue \$)
-		Iditional Data	•		, (4	,
						_
4b	(Code:) (Expenses	\$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses	\$	including grants of \$) (Revenue \$)
4.4	O+h = ::	program comiles (Describe in	Schodulo (C.)			
4d	(Expe	program services (Describe in nses \$	including grants of	\$) (Revenue \$)
4 e	Total	program service expenses	•			

15

19

Nο

Nο

Nο

Nο

No

No

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Form **990** (2019)

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12a

12b

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14a

14b

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18

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20a

20b

21

Yes

Yes

Yes

Pa	TIV Checklist of Required Schedules			
	<u> </u>		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	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		
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 5	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? <i>If "Yes,"</i> 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		No
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
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its			

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

b Was the organization included in consolidated, 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

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)

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

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

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

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

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,"

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

Form	990 (2019)			Page 4
Pai	tiV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	

1a

1b

185,127

0

1c

Yes Form **990** (2019)

	is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🕏							
3		the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 1 Form 990 filers are required to complete Schedule O		nd 19				
Pa	irt V	Statements Regarding Other IRS Filings and Tax Compliance						
	al E V	Statements Regarding Other 110 Things and Tax Compilance						
	are v	Check if Schedule O contains a response or note to any line in this Part V						

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .

b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

Par	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			rage 3
	Enter the number of employees reported on Form W-3, Transmittal of Wage and			
	Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3а	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	
	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)? If "Yes," enter the name of the foreign country:	4a		No
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	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?	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		
	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?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter:			
а	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		
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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	Yes	
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

orm	990 (2019)			Page 6
Par	Governance, Management, and Disclosure For 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. Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to i	ines
Se	ction 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 12			
	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 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		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?	7 b	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		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 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		
So	ction C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed▶			
	<u>co</u>			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A 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.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: DAN KAMPEN 7600 E ORCHARD ROAD STE 400N GREENWOOD VILLAGE, CO 80111 (303) 689-7800			n (2019)

organization and any related organizations.

Part VII

SVP/CLO

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 $\mbox{\rm VII}\,$.

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 • 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
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (A) (B) (F) (C) (D) (E) Name and title Position (do not check more Reportable Reportable Estimated Average hours per than one box, unless compensation compensation amount of other week (list person is both an officer from related compensation from the any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099-Highest organization and Individual employ Former MÍSC) organizations MISC) related Institutional director below dotted organizations emplo line) è compensat trustee 99 Trustee 60 4 00 (1) JANE PRANCAN 24,000 0 **BOD MEMBER** 2.00 (2) JAMES WINFIELD Х 0 SUPERVISORY COMMITTEE MEMB 2.00 (3) SANDRA BLODGETT 0 SUPERVISORY COMMITTEE CHAIR 4.00 (4) LAURA SONDERUP Х 24,000 0 BOD/V. CHAIR 5.00 (5) STEVEN ANGELIER 0 30,000 BOD/CHAIRMAN 5.00 (6) WALKER FLEMING 24.000 Χ 0 BOD/SECRETARY TREASURER 40.00 (7) DOUG FERRARO Х 1,315,676 Х 0 BOD MEMBER/PRESIDENT/CEO 4.00 (8) ANDREW MURRAY 0 Х 24,000 BOD MEMBER 6.00 (9) SHERRY KREIS 19,500 0 BOD MEMBER/SUPERVISORY COMMITTEE MEMB 4.00 (10) JAMES DOWNS 24,000 0 BOD MEMBER 4.00 (11) MARK D GOODMAN Χ 24,000 0 BOD MEMBER 4.00 (12) DAVID POWERS 24,000 0 BOD MEMBER 6.00 (13) MARIA ALEJANDRA SPRAY

2,467,683 24,000 0 Χ BOD MEMBER/SUPERVISORY COMMITTEE MEMB 4.00 (14) C DAVID KIKUMOTO 10,500 0 BOD MEMBER 40.00 (15) JOHN M RUBY Х 395,038 0 264.614 40.00 (16) DANIEL KAMPEN 388,418 0 441,792 Χ EVP/CFO 40.00 (17) JOHN RIVERA 390,110 97,249 SVP/CHIEF RETAIL OFFICER Form **990** (2019)

Form 990 (2019) Page 8											
Part VII Section A. Officers, Directors (A) Name and title	(B) Average hours per week (list any hours for related	Position than o	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (M)				ore son a	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimate amount of compensa from th organization	other tion e
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	related organizati	i
(18) LEEANN DOWNEY SVP/CHIEF ADM. OFFICER	40.00				х	[407,441	0	2	13,556
(19) JOHN PARGEON VP CONTROLLER	40.00	1				Х		262,324	0		5,411
	40.00					Х		683,522	0		25,807
	40.00					Х		546,758	0		24,945
	40.00					Х		244,178	0		24,393
(23) TIMOTHY BILLINGS VP TREASURY & ANALYTICS	40.00					Х		251,575	0		14,038
						<u> </u>					
				H	\vdash		H				
1b Sub-Total	/II, Section A .			•	<u> </u>	<u>. </u>	<u> </u>				
d Total (add lines 1b and 1c)	t not limited to t				ve) w		ceiv	5,137,040 red more than \$100,	,000	3,5	79,488
	Possible and									Yes	No
Did the organization list any former office line 1a? If "Yes," complete Schedule J for	such individual	/ . .	•	•	•		٠.		3		No
For any individual listed on line 1a, is the organization and related organizations greindividual									he 4	Yes	
5 Did any person listed on line 1a receive or services rendered to the organization?If "											 No
Section B. Independent Contractors 1 Complete this table for your five highest of											
from the organization. Report compensati										(C)	
	business address							Descript ATM EQUIPMEN	tion of services	Compensal	tion 31,751
PO BOX 643543 PITTSBURGH, PA 15264								1	••	-r·	11,702
EMICO MEDIA 1 N BROADWAY B200								MARKETING		1,88	37,135
DENVER, CO 80203 UNICO LAIRD NORTON JV TWO LLC								BUILDING MAN	IAGEMENT	1,74	12,859
1215 FOURTH AVE STE 600 SEATTLE, WA 98161 VISA USA								CREDIT CARD F	PROCESSING	1,53	80,000
900 METRO CENTER BLVD FOSTER CITY, CA 94404 FIS CARD SERVICES								FINANCIAL SER	RVICES	1,41	.6,877
PO BOX 4535 CAROL STREAM, IL 601974535					<u></u>						
2 Total number of independent contractors (in compensation from the organization ▶ 84	ıcluding but not	: limited	l to tr	nose	liste	ed abo	ove)	who received more	: than \$100,000 of		

Part		Statement	of F	Revenue						Page 9
rait	V 111				respo	nse or note to any	y line in this Part VIII			🗆
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
10	1	a Federated campa	igns	s	1a					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues	5.	. [1 b					
Gra mo		c Fundraising even	ts .	[1c					
ts A		d Related organizat	tions	, [1d					
ija ija		e Government grants	(con	tributions)	1e					
ns, Sim		f All other contributio and similar amounts	ns, g	ifts, grants,						
er i		and similar amounts above	s not	included	1f					
년 된		g Noncash contributio lines 1a - 1f:\$	ns in	cluded in	_					
Cont and				Ĺ	1 g					
ع د		h Total. Add lines :	1a-1	· · ·		•				
						Business Code	188,193,512	188,193,512		
an a	28	INCOME ON LOANS				522100	100,193,312	100,193,312		
nu:	Ŀ	FEES/CHARGES/OTHE	≣R			522100	41,477,419	41,477,419		_
-3e V.€						322100	F10.200		F10.200	
es	C	NON-MEMBER FINANG	CIAL	MGMT. SERVIC		525990	510,368		510,368	
ěrvi	c	INSURANCE SALES				524298	29,885		29,885	
Program Service Revenue		-				324238	22.11		22.11	
gra	€	VEHICLE SERVICE CO	NTR.	ACTS		900099	22,114		22,114	
Ĕ										
		All other program								
		Total. Add lines 2				230,233,298		1	<u> </u>	<u> </u>
	3	Investment income similar amounts) .	(inc	luding divide	nds, ir •		21,144,188	21,144,188		
	4	Income from invest	men	nt of tax-exer	npt bo	ond proceeds	>			
	5	Royalties	_			,	>			
				(i) Rea	1	(ii) Personal	_			
	62	Gross rents	6a							
	b	Less: rental	6b							
	c	expenses Rental income	60				_			
	٠	or (loss)	6с							
	•	d Net rental income	or (• •						
		_		(i) Securi	ties	(ii) Other	_			
	7a	Gross amount from sales of	7a			27,040,20	02			
		assets other than inventory								
	b	Less: cost or other basis and	7b			26,848,97	75			
		sales expenses								
	С	Gain or (loss)	7c			191,22	27			
		d Net gain or (loss)	•				191,227	191,227		
as	88	Gross income from fu	ndra	_						
ň		(not including \$ contributions reported								
eve		See Part IV, line 18	•		8a					
Other Revenue		b Less: direct expen			8b					
the	•	c Net income or (los	s) fr	om tundraisi	ng eve	ents >	1			
	9a	Gross income from	gami	ing activities.						
		See Part IV, line 19			9a					
		b Less: direct expen			9b					
	•	c Net income or (los	s) fr	om gaming a	activiti T	es >	7			
	10	aGross sales of inve	entor	ry, less						
		returns and allowa	nces	s	10a					
		Less: cost of good			10b					
	•	Net income or (los Miscellaneo			invente T	ory ► Business Code	T			<u> </u>
	11	Miscellaneou La _{GAIN} ON STOCK 1				52210	2,477,205	2,477,205		
	ı	NCUSIF PREMIUM	ASS	SESSMENT		52210	00 400,318	400,318		
		MORTGAGE SERVI	ICIN	G RIGHTS		52210	291,542	291,542		
			•	•						
		d All other revenue								
		e Total. Add lines 1	1a-1	11d		+	2.450.05			
	12	2 Total revenue. Se	ee ir	nstructions .			3,169,065			
							254,737,778	254,175,411	562,367	Form 990 (2019)

Forr	m 990 (2019)				Page 10
Ρ	art IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations must co		_		
	Check if Schedule O contains a response or note to an	y line in this Part IX			🗸
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	6,633,577			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	20,654,182			
	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	5,522,568			
9	Other employee benefits	2,608,975			
	Payroll taxes	1,770,660			
	Fees for services (non-employees):	, ,			
	a Management	19,898,254			
	Degal	271,897			
	Accounting	571,013			
	d Lobbying	,			
	e Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25, column	851,334			
2	(A) amount, list line 11g expenses on Schedule O)	,			
12	Advertising and promotion	8,540,755			
13	Office expenses	6,016,968			
14	Information technology	10,369,131			_
15	Royalties				
16	Occupancy	5,125,158			
	Travel	289,903			
	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	69,629			
20	Interest	57,576,933			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,154,652			
23	Insurance	211,206			
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.)				
	a PROVISION FOR LOAN LOSS	28,260,931			
	b LOAN SERVICING	10,210,898			
	c ATM/CREDIT CARD	9,649,900			
	d OTHER NONOPERATING EXPE	5,127,861			
	e All other expenses	4,207,564			
25	Total functional expenses. Add lines 1 through 24e	208,593,949			
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).				
	5				Form 000 (2010)

Form 990 (2019)

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31

32

33

Liabilities 22

Fund Balances

ō 29

Assets

8,272,000

2,475,117

4.165.505.799

2,499,451

33,203,341

357,478,963

34.369.782

154,761,468

59,980,035

500,000,000

4,090,276,644

4.650.256.679

0

0

520.775.834

520,775,834

5,171,032,513

Form 990 (2019)

5,171,032,513

(B)

End of year

Cash-non-interest-bearing	419,828,849	1	259,200,951
Savings and temporary cash investments	3,138,719	2	153,265,641
Pledges and grants receivable, net		3	

89.988.016

56,784,675

Beginning of year

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10c

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0 29

0

470.684.583

470,684,583

4,517,595,715

3.586.318.363

2,670,462

33,430,903

293,655,150

32,928,963

134,949,700

50,625,977

435,000,000

3,561,285,155

4.046.911.132

4,517,595,715

3 Accounts receivable, net 8.894.957 4 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled 1,779,649 5

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net . . . Assets

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

Inventories for sale or use .

Prepaid expenses and deferred charges .

basis. Complete Part VI of Schedule D Investments—publicly traded securities .

10a 10b

10a Land, buildings, and equipment: cost or other b Less: accumulated depreciation 11 12

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses

Grants payable .

Deferred revenue . .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

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

13 14

Intangible assets .

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

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

Organizations that follow FASB ASC 958, check here ▶

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

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

Organizations that do not follow FASB ASC 958, check here > 🗹 and

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

Retained earnings, endowment, accumulated income, or other funds

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

3a

3h

No

Form 990 (2019)

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

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

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

INCOME FROM CREDIT UNION MEMBERSHIP AND FROM INVESTMENT OF MEMBERS' FUNDS PROVIDE THE FOUNDATION FROM WHICH THE ORGANIZATION CAN FUNCTION

Software Version:

EIN: 84-0146595

Name: BELLCO CREDIT UNION

Form 990 (2019)

AND PROVIDE SERVICES TO ITS RESTRICTED MEMBERSHIP.

Form 990, Part III, Line 4a:

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

As Filed Data -

DLN: 93493317070690

OMB No. 1545-0047

2019

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.

Open to Public

Department of the Treasury

(Form 990)

Na	me of the organization					er identification	number
BEL	LCO CREDIT UNION				84-0146	5595	
Pa	Organizations Maintaining Donor Advis				or Accou	nts.	
	Complete if the organization answered "Ye			sed funds	(b)) Funds and other	accounts
1	Total number at end of year	. ,			`		
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisor organization's property, subject to the organization's exc						Yes 🗌 No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor,	or for a	any other purpose		impermissible]Yes □ No
Pa	t II Conservation Easements.						
	Complete if the organization answered "Yes						
1	Purpose(s) of conservation easements held by the organ		that ap				
	Preservation of land for public use (e.g., recreation	or education)		Preservation of ar		, ,	area
	Protection of natural habitat			Preservation of a	certified hi	storic structure	
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a ceasement on the last day of the tax year.	qualified conserva	tion co	ntribution in the fo		nservation Held at the End	of the Year
а	Total number of conservation easements				2a		
b	Total acreage restricted by conservation easements				2b		
С	Number of conservation easements on a certified historic	structure include	ed in (a)	2c		
d	Number of conservation easements included in (c) acquire structure listed in the National Register	red after 7/25/06	, and no	ot on a historic	2d		
3	Number of conservation easements modified, transferred tax year ▶	d, released, exting	guished	, or terminated by	the organ	ization during the	
4	Number of states where property subject to conservation	n easement is loca	ated >				
5	Does the organization have a written policy regarding th and enforcement of the conservation easements it holds	e periodic monito	ring, in 	spection, handling	of violatio	ns,	□ No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of v	/iolatior	ns, and enforcing c	onservatio	n easements duri	ng the year
7	Amount of expenses incurred in monitoring, inspecting, ▶ \$	handling of violati	ions, ar	d enforcing conser	vation eas	sements during the	e year
8	Does each conservation easement reported on line 2(d)				.70(h)(4)(E	3)(i)	
	and section $170(h)(4)(B)(ii)$?					☐ Yes	□ No
9	In Part XIII, describe how the organization reports const balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement	footnote to the or					
Par	Organizations Maintaining Collections Complete if the organization answered "Yes				ner Simil	ar Assets.	
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan-	public exhibition,	educati	on, or research in			
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ following amounts relating to these items:						
(i) Revenue included on Form 990, Part VIII, line 1				•	* \$	
(i	i)Assets included in Form 990, Part X					* \$	
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1				ancial gain,	, provide the	
а	Revenue included on Form 990, Part VIII, line 1				1	> \$	
b	Assets included in Form 990, Part X					▶ \$	
For I	Paperwork Reduction Act Notice, see the Instruction						orm 990) 201

d Equipment .

Par	t III	Organizations Ma	aintaining Collections	of Art, Histo	rical T	reası	ures, or Othe	er Similar Ass	sets (cor	ntinued)	
3		ng the organization's acq ns (check all that apply):	uisition, accession, and oth	ner records, check	cany of	the fo	ollowing that are	e a significant us	e of its co	ollection	
а		Public exhibition		d		Loan	or exchange p	rograms			
b		Scholarly research		е		Othe	r				
С		Preservation for future	e generations								
4		ride a description of the XIII.	organization's collections a	nd explain how t	hey furt	her th	e organization's	exempt purpos	e in		
5			anization solicit or receive nds rather than to be main						☐ Yes		lo
Pai	rt IV	Escrow and Cust	odial Arrangements.								
		Complete if the org X, line 21.	ganization answered "Y						nt on For	m 990,	Part
1a			t, trustee, custodian or oth X?						☐ Yes		lo
b	If "\	es." explain the arrange	ement in Part XIII and com	plete the followin	a table			An	nount		_
c					_		1c				_
d	_	•									_
e							· · ·				_
f			r				· · —				_
		-						P. 1.99. 3			_
2a			an amount on Form 990,							□N	lo
			ement in Part XIII. Check h	ere if the explana	ition ha	s been	provided in Pa	rt XIII	<u> </u>		
Рa	rt V	Endowment Fund Complete if the ord	as. ganization answered "Y	es" on Form 99	n Parl	- T\/ i	ine 10				
		complete if the org			Prior ye		(c) Two years ba	ck (d) Three year	rs back (e) Four yea	ars back
1 a	Begin	ning of year balance .								· · · · ·	
b	Contr	ibutions									
С	Net ir	nvestment earnings, gair	ns, and losses								
		s or scholarships	· ·								
e	Other	expenditures for facilities									
		nistrative expenses .							_		
		f year balance									
2		,	ntage of the current year e		1 1.)) hald as:				
ے a		rd designated or quasi-e	andowment >	,	rg, coic	iiiii (a)) Held as.				
а		nanent endowment >									
b		******									
С		porarily restricted endov	***************************************								
3a	Are	· -	, 2b, and 2c should equal : not in the possession of th		at are h	neld ar	nd administered	for the		Yes	No
	-	unrelated organizations							3a(i		
		related organizations .				-			3a(ii		<u> </u>
b			lated organizations listed a	s required on Sch	nedule F	₹?			3b	-	
4			ended uses of the organiza							<u> </u>	
Pai	rt VI	, ,			<u> </u>						
	De = :		ganization answered "Y	es" on Form 99			ine 11a. See I				10
	Desc	ription of property	(a) Cost or other basis (investment)	(b) Cost or other	er Dasis ((otner)	(c) Accumulate	ed depreciation	(d)	Book valu	ie
4	Land				12.1	22 470				4.	2 122 476
	Land					22,476	1	11 420 002			3,122,476
	Buildi	-				61,486 83 460	.	7 102 367			2,222,684
•	1 6300	hold improvements	i	1	9.7	03 4h()	1	7 107 3671			z za i 1193

29,871,343

13,949,251

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

4,554,506

1,022,582

33,203,341

25,316,837

12,926,669

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on Form 990,	Part IV lii	ne 111	See Form 990 I	Part X. line 12.
	(a) Description of security or category (including name of security)	(b)	111	(c) Metho	d of valuation: -year market value
	<u> </u>	Book value		COSL OF ENG-OF	yedi illaiket value
	ll derivatives				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
		•			
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 990,	Part IV, lii	ne 110	. See Form 990,	Part X, line 13.
	(a) Description of investment			(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5) 					
(6)					
(7)					
(8)					
(9)					
Total. (Colum Part IX	n (b) must equal Form 990, Part X, col.(B) line 13.) Other Assets. Complete if the organization answered 'Yes' on Form 990,	Part IV lin	▶	Soc Form 990 Pa	+ V line 15
	(a) Description	rait IV, iiii	e iiu	. See Form 990, Pai	(b) Book value
(1)					
(2)					
(3)					
(4) (F)					
(5) (6)					
(7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part X, col.(B) line 15.)				•
Part X	Other Liabilities.				<u>'</u>
1.	Complete if the organization answered 'Yes' on Form 990, (a) Description of liability	Part IV, lin	<u>e 11e</u>	or 11f.See Form	(b) Book value
(1) Federal	income taxes				
(6)					
(7)					
(8)					
(9)	The second form and Burk (197) to 25 h				
	<i>n (b) must equal Form 990, Part X, col.(B) line 25.)</i> or uncertain tax positions. In Part XIII, provide the text of the footno	te to the or	ganizat	ion's financial state	4,090,276,644 ments that reports the
organization	's liability for uncertain tax positions under FIN 48 (ASC 740). Check	here if the	text of	the footnote has be	en provided in Part XIII 🗹

2

2

C

d

3

4

5

b

Part XIII

See Additional Data Table

Schedule D (Form 990) 2019

Page 4

249,609,413

-5,128,365

254,737,778

254,737,778

203,465,584

203,465,584

5,128,365

208.593.949

Schedule D (Form 990) 2019

Net unrealized gains (losses) on investments Donated services and use of facilities b d

e 3

Other (Describe in Part XIII.) Subtract line **2e** from line **1** 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:

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

b C 5

Donated services and use of facilities . .

Prior year adjustments Other losses

Other (Describe in Part XIII.)

Add lines 2a through 2d .

Return Reference

Part XII Total expenses and losses per audited financial statements 1

Subtract line 2e from line 1

Supplemental Information

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

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 . . .

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

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

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

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Investment expenses not included on Form 990, Part VIII, line 7b .

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

4a 4b

2a 2b

2c

2d

4a

4b

Explanation

2a

2b

2c

2d

5

5,128,365

-5,128,365

2e

3

4c

2e 3 4c

5

chedule D (Form 990) 2019	Page 5
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

Additional Data

Software ID: Software Version:

EIN: 84-0146595

Name: BELLCO CREDIT UNION

Evalanation

ND 2016 FEDERAL INCOME TAX RETURNS ARE OPEN FOR EXAMINATION BY THE INTERNAL REVENUE SERVIC E (IRS). THE FILING YEARS OPEN FOR EXAMINATION BY THE STATE, IF APPLICABLE, MAY BE EQUAL T

Supplemental Information

Return Reference	Explanation	
PART X, LINE 2:	THE CREDIT UNION IS EXEMPT FROM MOST FEDERAL, STATE, AND LOCAL TAXES UNDER THE PROVISIONS OF THE INTERNAL REVENUE CODE (IRC) AND STATE TAX LAWS. THE INCOME TAXES TOPIC OF THE FASB ASC CLARIFIES ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES REPORTED IN THE FINANCIAL STATEME NTS. THE INTERPRETATION PROVIDES CRITERIA FOR ASSESSMENT OF INDIVIDUAL TAX POSITIONS AND A PROCESS FOR RECOGNITION AND MEASUREMENT OF UNCERTAIN TAX POSITIONS. TAX POSITIONS ARE EVA LUATED ON WHETHER THEY MEET THE "MORE LIKELY THAN NOT" STANDARD FOR SUSTAINABILITY ON EXAM INATION BY TAX AUTHORITIES. THE CREDIT UNION IS A STATE-CHARTERED CREDIT UNION AS DEFINED IN IRC SECTION 501(C)(14). AS SUCH, THE CREDIT UNION IS EXEMPT FROM FEDERAL TAXATION OF IN COME DERIVED FROM THE PERFORMANCE OF ACTIVITIES DIRECTLY RELATED TO ITS EXEMPT PURPOSES. HOWEVER, IRC SECTION 511 IMPOSES A TAX ON THE UNRELATED BUSINESS INCOME (UBI) DERIVED BY STATE-CHARTERED CREDIT UNIONS. MANAGEMENT HAS ASSESSED THE CREDIT UNION'S ACTIVITIES AND ANY POTENTIAL FEDERAL OR STATE INCOME TAX LIABILITY AND DETERMINED THAT THE CREDIT UNION HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANC IAL STATEMENTS. ADDITIONALLY, NO INTEREST AND PENALITIES HAVE BEEN RECORDED IN THE ACCOMPAN YING FINANCIAL STATEMENTS RELATED TO UNCERTAIN TAX POSITIONS. CURRENTLY, THE 2018, 2017, A	

O, GREATER THAN OR LESS THAN THE YEARS OPEN FOR EXAMINATION BY THE IRS.

upplemental Information											
Return Reference	Explanation										
,	LOSSES REPORTED AS EXPENSES ON FORM 990 BUT REPORTED AS A REDUCTION OF REVENUE IN THE AUDITED FINANCIAL STATEMENTS -5,128,365.										

Supplemental Information											
Return Reference	Explanation										
PART XII, LINE 4B - OTHER ADJUSTMENTS:	LOSSES REPORTED AS EXPENSES ON FORM 990 BUT REPORTED AS A REDUCTION OF REVENUE IN THE AUDITED FINANCIAL STATEMENTS 5,128,365.										

efil	le GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 93	49331	17070	690
Sch	nedule J	Co	mpensati	ion Information	OI	MB No.	1545-0	0047
(For	m 990)	For certain Office	hest					
		► Complete if the orga		ited Employees ered "Yes" on Form 990, Part IV,	, line 23.	20	119)
D			▶ Attach	to Form 990. instructions and the latest inform		Openi		
•	tment of the Treasury al Revenue Service	P do to <u>www.ms.gov</u>	101111990	mstructions and the latest mion		Insp	ectio	n
	me of the organiza LCO CREDIT UNION	ation			Employer identifica	tion nu	ımber	
					84-0146595			
Pa	rt I Questi	ons Regarding Compensat	ion					
1 a				the following to or for a person liste y relevant information regarding the			Yes	No_
	✓ First-class	or charter travel		Housing allowance or residence for	personal use			
		companions		Payments for business use of perso	nal residence			
		nification and gross-up payments	<u> </u>	Health or social club dues or initiation				
	☐ Discretion	ary spending account		Personal services (e.g., maid, chauf	ffeur, chef)			
b				follow a written policy regarding pay ve? If "No," complete Part III to expl		1b	Yes	
2				or allowing expenses incurred by all r, regarding the items checked on Lir	20.122	2	Yes	
	directors, truste	es, officers, including the CEO/E	Recutive Director	, regarding the items checked on th	ie ia:			
3	organization's C	EO/Executive Director. Check all	that apply. Do r	d to establish the compensation of th not check any boxes for methods CEO/Executive Director, but explain i				
	,				iii i ait III.			
	_ '	ation committee ent compensation consultant	✓	Written employment contract Compensation survey or study				
		of other organizations	✓	Approval by the board or compensa	ition committee			
4		, did any person listed on Form 9	90, Part VII, Se	ction A, line 1a, with respect to the f				
а	_	ance payment or change-of-cont	rol navment?			4a		No
b		r receive payment from, a supple				4b	Yes	110
С	•		•	nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and	provide the app	licable amounts for each item in Part	t III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9				
5	For persons liste		A, line 1a, did t	the organization pay or accrue any				
а	The organization	n?				5a		
b	Any related orga	anization?				5b		
	If "Yes," on line	5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Sectior ontingent on the net earnings of:		the organization pay or accrue any				
а	The organization	1?				6a		
b	,					6b		
7	•	6a or 6b, describe in Part III.	. A lima 4 11 1 1	ble annual attachment de annual de	يا.			
7	payments not de	ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Yes,	i A, line 1a, did l ," describe in Pa	the organization provide any nonfixed rt III	a 	7		
8	subject to the in	nitial contract exception described	l in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," do		8		
9				presumption procedure described in		9		
For F	Panerwork Redu	ction Act Notice, see the Inst	ructions for Fo	orm 990. Cat. No. 5	50053T Schedule J	(Forn	1 990)	2019

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 J. report compensation from the organization on row (i) and from related organizations, described in the

For each individual whose compensation must be reported on Schedule J, report instructions, on row (ii). Do not list any individuals that are not listed on Form 99	compen: 30. Part	sation fro VII.	om the organization	on row (i) and fro	m related organiza	tions, described i	n the		
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the to	tal amou	ınt of Fo	rm 990, Part VII, Se	ection A, line 1a, ap					
(A) Name and Title	((B) Breakdown of W-2 and/or 1099-MISC compensation			and other	(D) Nontaxable benefits	columns	(F) Compensation in	
	(i) comp	Base ensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990	
See Additional Data Table									
	_								
	+-								

Schedule J (Form 990) 2019									
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									
	DOUGLAS FERRARO, JOHN M. RUBY, LEEANN DOWNEY, AND JOHN RIVERA PARTICIPATE IN A NON QUALIFIED DEFERRED COMPENSATION PLAN. NONE OF THE PARTICIPANTS RECEIVED A BENEFIT PAYOUT DURING 2019.								
	Schedule J (Form 990) 2019								

Additional Data

VP CONTROLLER

6ALVIN MCCARTHY

7GREG LUNDSTROM

LENDIN

LENDIN

COMMERCIAL BUSINESS

COMMERCIAL BUSINESS

8JUAN CARLOS CAMPOS

DIRECTOR- GENERAL COUNSEL/

9TIMOTHY BILLINGS

VP TREASURY & ANALYTICS

(i)

(ii)

(i)

(ii)

(i)

(ii)

(i)

138,034

138,421

213,112

212,717

543,500

407,885

30,100

38,000

Software ID: **Software Version:** EIN: 84-0146595 Name: BELLCO CREDIT UNION Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in other deferred benefits (B)(i)-(D) column (B) (i) Base Compensation (iii) reported as deferred on compensation Other reportable Bonus & incentive prior Form 990 compensation compensation 1DOUG FERRARO (i) 812,816 497,250 5,610 2,445,437 22,246 3,783,359 BOD MEMBER/PRESIDENT/CEO 1JOHN M RUBY (i) 294,266 98,000 2,772 244,398 20,216 659,652 SVP/CLO 2DANIEL KAMPEN (i) 381,732 6,686 436,688 5,104 830,210 EVP/CFO 3JOHN RIVERA (i) 288,551 98,000 3,559 83,642 13,607 487,359 SVP/CHIEF RETAIL OFFICER **4LEEANN DOWNEY** (i) 306,669 98,000 2,772 199,949 13,607 620,997 SVP/CHIEF ADM. OFFICER 5JOHN PARGEON (i) 217,352 42,200 2,772 5,411 267,735

1,988

452

966

858

17,758

16,896

12,482

8,736

8,049

8,049

11,911

5,302

709,329

571,703

268,571

265,613

efile GRAPHI	C print - DO	NOT PROCES	SS A	s Filed Data -					DL	N: 93	4933	1707	70690	
Schedule L		Trar	nsact	ions with I	ntereste	d Person	s			10	1B No.	1545	-0047	
(Form 990 or 990	-EZ) ► Comp	olete if the org	janizatio	on answered "Ye	s" on Form 9	990, Part IV, lii	nes 2	5a, 2	25b, 26	s,	2019			
		27, 28a	ı, 28b, oı ► Δı	r 28c, or Form 99 ttach to Form 99	90-EZ, Part \ 0 or Form 9:	/, line 38a or 4 ዓበ- F 7	0 b.				Z U	/ L)	7	
Department of the Trea	· I	▶Go to <u>www.</u>		Form990 for inst			orma	tion.		C	pen (Insp			
Name of the org							En	nploy	yer ide	ntifica	tion n	umbe	er	
BELLCO CREDIT UN	IION						84	-014	6595					
Part I Exce	ss Benefit Ti	ransactions ((section 5	501(c)(3), section	501(c)(4), ar	nd section 501(c)				s only)				
				on Form 990, Part							_			
1 (a) Name of disqu	ualified person	•	(b) Relationship b		alified person an	d (` '	escript				ected?	
				organization				transaction				es	No	
							+				-			
							+							
							+							
4958. 				on managers or dis eimbursed by the o			/ear u •	nder • •	•	¹ \$ ——				
				_										
Con	nplete if the org	or From Interpantation answers on Form 990,	ered "Yes	s" on Form 990-EZ	, Part V, line	38a, or Form 99	0, Par	t IV,	line 26	; or if t	he org	aniza	tion	
(a) Name of				an to or from the	(e) Original	(f) Balance	(g)	In	(h)	(i) Written			
interested person	with organizati	on of loan	or	rganization?	principal amount	due	default? Ap		boa	Approved by board or committee?		agreement?		
			То	From	1		Yes	No	_	No	Yes		No	
See Additional Data Table														
			-											
Total .			٠		\$	2,475,117				1				
				terested Perso		/ line 27	•							
(a) Name of inter		(b) Relationshi		"Yes" on Form	of assistance	· -	f acci	-+		(e) Pur		f acci	stansa	
(a) Name of filter		interested personganiza	on and th		or assistance	(d) Type o	1 4551	staric	.e	(e) Pui	pose o	1 4551	Stance	
									_					
For Paperwork Red	uction Act Notic	e, see the Instru	ıctions fo	r Form 990 or 990-	EZ. (Cat. No. 50056A		Sch	nedule I	(Form	990 or	990-	F7) 201	

Explanation

Schedule I. (Form 990 or 990-F7) 2019

Return Reference

Additional Data

Software ID:

Software Version:

EIN: 84-0146595

Name: BELLCO CREDIT UNION

(a) Name of interested person	dule L, Part II - Loan (b) Relationship with organization	(c) Purpose of loan			(e)Original principal amount	(f) Balance due	(g) In default?		by board or committee?			
			То	From			Yes	No	Yes	No	Yes	No
(1) ALVIN MCCARTHY	COMMERCIAL BUSINESS LENDING	MORTGAGE LOAN		X	336,000	286,256		No		No	Yes	
(1) GREG LUNDSTROM	COMMERCIAL BUSINESS LENDING	MORTGAGE LOAN		Х	412,750	305,360		No		No	Yes	
(2) JOHN RIVERA	SVP/CHIEF RETAIL OFFICER	MORTGAGE LOAN		Х	376,000	376,000		No		No	Yes	
(3) JOHN RUBY	SVP/CHIEF LENDING OFFICER	MORTGAGE LOAN		Х	210,600	134,179		No	Yes		Yes	
(4) JUAN CARLOS CAMPOS	DIRECTOR GENERAL COUNSEL/COMPLIANCE	MORTGAGE LOAN		Х	210,000	163,642		No		No	Yes	
(5) JUAN CARLOS CAMPOS	DIRECTOR GENERAL COUNSEL/COMPLIANCE	FIXED CHOICE LOC		Х	11,000	4,192		No		No	Yes	
(6) LEEANN DOWNEY	SVP CHIEF ADM. OFFICER	FIXED CHOICE LOC		Х	35,000	17,738		No		No	Yes	
(7) TIM BILLINGS	VP TREASURY & ANALYTICS	MORTGAGE LOAN		Х	387,200	350,802		No		No	Yes	
(8) DANIEL KAMPEN	EVP/CFO	ADJ JUMBO MORTGAGE		Х	819,000	262,677		No		No	Yes	
(9) JOHN PARGEON	VP CONTROLLER	FIXED CHOICE LOC		Х	331,735	331,721		No		No	Yes	
(10) ARTHUR DOUG KEARBEY	VP BUSINESS TECHNOLOGY	MORTGAGE LOAN		Х	244,000	242,550		No		No	Yes	

efile GRAPH	DLN: 93493317070690					
SCHEDUL (Form 990 or EZ)	OMB No. 1545-0047 2019 Open to Public Inspection					
Name & the of g BELLCO CREDIT U 990 Schedul	NION	lemental Informatio	n		Employer 84-014659	identification number
Return Reference				Explanation		
FORM 990, PART VI, SECTION A, LINE 6	THE ORG	ANIZATION HAS MEMBE	ERS.			

Return Explanation
Reference

LINE 7A

FORM 990, CREDIT UNION MEMBERSHIP MAY PARTICIPATE IN THE ELECTION OF OFFICIALS.
PART VI,
SECTION A.

Return Explanation
Reference

FORM 990, MEMBERS OF THE CREDIT UNION HAVE THE RIGHT TO APPROVE THE GOVERNING BODY'S ELECTION AND RE PART VI, MOVAL OF MEMBERS OF THE GOVERNING BODY, AS WELL AS OTHER MATTERS THAT ARE SUBJECT TO THE A SECTION A, PPROVAL OF MEMBERS OF THE CREDIT UNION AS THEY OCCUR.

Return Explanation
Reference

FORM 990,	THE SENIOR DIRECTOR OF FINANCE IS RESPONSIBLE FOR THE PREPARATION OF THE RETURN. UPON COMP
PART VI,	LETION, THE RETURN IS REVIEWED BY EXECUTIVE MANAGEMENT AND THE PRESIDENT/CEO, ONCE ALL PAR
SECTION B,	TIES HAVE COMPLETED THEIR REVIEWS AND ANY NECESSARY CORRECTIONS ARE MADE, THE RETURN IS FI
LINE 11B	LED. THE BOARD OF DIRECTORS WILL REVIEW THE FORM 990 SUBSEQUENT TO FILING

Return Explanation
Reference

FORM 990,	HUMAN RESOURCES IS NOTIFIED BY RISK MANAGEMENT AND OTHERS ABOUT POTENTIAL CODE OF ETHICS V
PART VI,	IOLATIONS WHICH THEY FULLY INVESTIGATE. A DECISION IS THEN MADE CONCERNING THE ACTIONS THA
SECTION B,	T SHOULD BE TAKEN FOR THE VIOLATION.
LINE 12C	

Return Explanation
Reference

LINE 15

FORM 990, MARKET DATA IS PREPARED BY THE CHIEF ADMINISTRATIVE OFFICER FOR ALL EXECUTIVE POSITIONS. S
PART VI,
SECTION B, ES.

Return Explanation

Reference

FORM 990,	THE CREDIT UNION'S GOVERNING DOCUMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC. THE CREDIT UN
PART VI,	ION'S CONFLICT OF INTEREST POLICY IS NOT MADE AVAILABLE TO THE PUBLIC. THE CREDIT UNION'S
SECTION C,	FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC VIEWING ON NCUA.GOV VIA THE QUARTERLY 5300 F
LINE 19	ILING.

Return Explanation
Reference

LINE 11G

FORM 990, PROFESSIONAL & OUTSIDE SERVICES 851,334.
PART IX,

990 Schedule O, Supplemental Information

Return

Reference	· ·
FORM 990, PART IX.	TELEPHONE AND POSTAGE 1,971,716. MISCELLANEOUS 1,553,576. ASSOCIATION DUES 366,643. STATIONERY AND SUPPLIES 315,629.
LINE 24É	

Explanation

990 Schedule O, Supplemental Information

Return Explanation

Reference	·
FORM 990, PART XII,	THERE WERE NO CHANGES TO THE PROCESS OF THE COMMITTEE THAT ASSUMES RESPONSIBILITY OF THE O VERSIGHT OF THE AUDIT AND SELECTION OF THE INDEPENDENT AUDITOR.
LINE 2C	

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2019

DLN: 93493317070690

Open to Public Inspection

Name of the organization BELLCO CREDIT UNION							Employer ident	ification number		
							84-0146595			
Part I Identification of Disregarded Entities. Complete	if the orgar	nization answe	ered "Yes	s" on Form	990, Part	IV, line 3	3.			
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary act	ivity	(c) Legal domic or foreign	l tile (state country)	(d) Total inco	ome End-of-year	assets Direct co	f) ontrolling tity	
Part II Identification of Related Tax-Exempt Organization	one Comple	ete if the orga	nization	answered	"Vec" on F	orm 990	Part IV line 34	hecause it had one o	r more	
related tax-exempt organizations during the tax year.		ete ii tile orga	iiiiZatioii	answered	res on r	-01111 990,	Part IV, lille 34	because it had one o	more	
(a) Name, address, and EIN of related organization		(b) ary activity	Legal do	(c) micile (state gn country)	(d Exempt Co) de section	(e) Public charity status (if section 501(c)(3))		Section (13) co ent	ntrolle ity?
(1)BELLCO FOUNDATION 7600 E ORCHARD ROAD GREENWOOD VILLAGE, CO 80111 47-4045582	TO FURTHE CREDIT UN CHARITABL			СО	501(C)(3)		PF	BELLCO CREDIT UNION	Yes	No
For Paperwork Reduction Act Notice, see the Instructions for Form	290			t No 50135	iv .			Schedule R (Form	990) 2	010

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	l, total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		g ownersh
			\perp		,			Yes	No		Yes	No	
Identification of Related Organ because it had one or more related						ization ans	wered "Yes	s" on F	orm 9	990, Part IV	, line	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	L do (state	(c) egal micile or foreign		entity (C co	(e) e of entity orp, S corp, r trust)	(f) Share of total income	Share	(g) of end- year assets	-of- Perce owne	1) ntage rship	(13	(i) tion 5:) contr entity
-		COL	untry)	l l									c3
		COI	untry)										
		col	untry)										
		col	untry)										
		col	untry)										
		col	unury)										
		col	unury)										
		col	untry)										

Schedule R (Form 990) 2019		Pa	ge 3
Part V Transactions With Related Organizations. Complete if the organization answered "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.		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	. 1a	1	No
b Gift, grant, or capital contribution to related organization(s)	. 1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	10		No
d Loans or loan guarantees to or for related organization(s)		i	No
e Loans or loan guarantees by related organization(s)	16	9	No
f Dividends from related organization(s)	1f	f	No
g Sale of assets to related organization(s)	19	,	No
h Purchase of assets from related organization(s)	1h	1	No
i Exchange of assets with related organization(s)	11	i	No
j Lease of facilities, equipment, or other assets to related organization(s)	<u>1</u> j	i	No
k Lease of facilities, equipment, or other assets from related organization(s)	1 k	(No
I Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1n	n	No
n. Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	11	n	No

T	Dividends from related organization(s)	1	NO
g	Sale of assets to related organization(s)	1g	No
h	Purchase of assets from related organization(s)	1h	No
i	Exchange of assets with related organization(s)	1 i	No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	No
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11	No
n	n Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
0	Sharing of paid employees with related organization(s)	10	No
p	Reimbursement paid to related organization(s) for expenses	1 p	No
q	Reimbursement paid by related organization(s) for expenses	1 q	No
r	Other transfer of cash or property to related organization(s)	1r	No
s	Other transfer of cash or property from related organization(s)	1s	No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		
	(a) Name of related organization (b) Transaction Transaction type (a-s) (c) Method of determining an	nount invol	ved

(1)BELLCO FOUNDATION В 94,880 ACTUAL CASH CONTRIBUTION Schedule R (Form 990) 2019 Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Part VI 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.

was not a related organization. See instructions regarding exclusion for certain investment partnerships.													
(a) Name, address, and EIN of entity	(b) Primary activity	domicilo	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ite	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General c managin partner?	or 'g ?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
													_
												П	
				_						Schedul	e R (Form	1990)) 2019

Schedule R (Form 990) 2019									
Part VII	Supplemental Info	upplemental Information							
	Provide additional information for responses to questions on Schedule R. (see instructions).								
Return Reference		Explanation							