

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
 (except black lung benefit trust or private foundation)

2009

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

For the 2009 calendar year, or tax year beginning , 2009, and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instructions.	C Name of organization BNSF Credit Union Number and street (or P.O. box if mail is not delivered to street addr) Room/suite 1619 Pecos City, town or country State ZIP code + 4 Amarillo TX 79102	D Employer Identification Number 75-1057754 E Telephone number (806) 374-7109 G Gross receipts \$ 456,009.
F Name and address of principal officer: Sandra Allm 6111 Palmetto Amarillo TX 79106		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (14) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ N/A	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of Formation: 1955 M State of legal domicile: TX	

Summary

	1	Briefly describe the organization's mission or most significant activities: <u>Not For Profit Financial Credit Union incorporated under the Texas Credit Union Act, for the purpose of providing credit at fair interest rates.</u>		
Activities & Governance	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	5
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5	Total number of employees (Part V, line 2a)	5	5
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total gross unrelated business revenue from Part VIII, Icolumn (C), line 12	7a	6,168.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	421,622.	312,252.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	106,409.	74,872.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	82,166.	68,885.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	610,197.	456,009.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
14		Benefits paid to or for members (Part IX, column (A), line 4)		
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	209,541.	190,568.
16a		Professional fundraising fees (Part IX, column (A), line 11e)		
b		Total fundraising expenses (Part IX, column (D), line 25) ▶		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	385,971.	323,692.
Net Assets or Fund Balances	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	595,512.	514,260.
	19	Revenue less expenses. Subtract line 18 from line 12	14,685.	-58,251.
	20	Total assets (Part X, line 16)	Beginning of Year	End of Year
	21	Total liabilities (Part X, line 26)	7,902,795.	7,389,668.
22	Net assets or fund balances. Subtract line 21 from line 20	7,122,902.	6,668,026.	
			779,893.	721,642.

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

Sandra Allm
Type or print name and title.

05/11/10

Date

CEO

Paid Preparer's Use Only

Preparer's signature

Firm's name (or yours if self-employed), address, and ZIP + 4

GREG R SCHMIDT, CPA
910 W 7TH AVE
AMARILLO TX 79101-2002

Date

05/11/10

Check if self-employed

Preparer's identifying number (see instructions)

EIN ▶

Phone no. ▶ (806) 374-8966

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No