

Return of Organization Exempt From Income Tax

2008

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

For the 2008 calendar year, or tax year beginning JANUARY 1, 2008 AND ENDING DEC 31, 2008.

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 Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1619 PECOS City or town, state or country, and ZIP + 4 AMARILLO, TEXAS 79102		D Employer identification number 75 1057754
		F Name and address of principal officer: SAME AS ABOVE		E Telephone number (806) 358-7109
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (14) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		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)		G Gross receipts \$ 610,197
J Website: ▶ BNSFCU.COM		L Year of formation: 1955		H(c) Group exemption number ▶
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		M State of legal domicile: TX		

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: NOT-FOR-PROFIT FINANCIAL COOPERATIVE (CREDIT UNION) INCORPORATED UNDER PROVISIONS OF TEXAS CREDIT UNION ACT, FOR PURPOSE OF ENCOURAGING THRIFT AMONG THEIR MEMBERS & PROVIDE CREDIT @ FAIR & REASONABLE RATES OF INTEREST.		
	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	6
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	4,613
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	0	0
	9	Program service revenue (Part VIII, line 2g)	421,253	421,622
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	139,739	106,409
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	77,151	82,166
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	638,143	610,197	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	211,277	209,541
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	407,285	385,971	
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	618,562	595,512	
19	Revenue less expenses. Subtract line 18 from line 12	19,581	14,685	
Net Assets or Fund Balances			Beginning of Year	End of Year
	20	Total assets (Part X, line 16)	7,964,693	7,902,795
	21	Total liabilities (Part X, line 26)	7,199,485	7,122,902
22	Net assets or fund balances. Subtract line 21 from line 20	765,208	779,893	

Part II 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 _____	Date _____
	Type or print name and title _____	

Paid Preparer's Use Only	Preparer's signature ▶ _____	Date _____	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) _____
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ _____		EIN ▶ _____	Phone no. ▶ (_____) _____