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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)

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

OMB No 1545-0047

2005Open to Public
Inspection

A For the 2005 calendar year, or tax year beginning , and ending

B Check if applicable

Address change

Name change

Initial return

Final return

Amended return

Application pending

Website: ▶ WWW.CENTRA.ORG

Organization type

Check only one) ▶ ☒ 501(c) (14) (insert no) ☐ 4947(a)(1) or ☐ 527Check here ▶ ☐ if the organization's gross receipts are normally not more than \$25,000. The

organization need not file a return with the IRS, but if the organization chooses to file a return, be

sure to file a complete return. Some states require a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 35,067,663

Please
use IRS
label or
print or
type.
See
Specific
Instruc-
tions

C Name of organization

Centra Credit Union

Number and street (or P.O. box if mail is not delivered to street address)

1430 National Road

Room/suite

City or town, state or country, and ZIP + 4

Columbus

IN 47201

D Employer identification no

35-0885381

E Telephone number

812-376-9771

F Accounting method: ☐ Cash☒ Accrual ☐ Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ NoH(b) If "Yes," enter number of affiliates ▶ ☐ Yes ☐ NoH(c) Are all affiliates included? ☐ Yes ☐ No

(If "No," attach a list. See instr.)

H(d) Is this a separate return filed by an

organization covered by a group ruling? ☐ Yes ☐ No

I Group Exemption Number ▶

M Check ▶ ☒ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

1 Contributions, gifts, grants, and similar amounts received

a Direct public support

1a

b Indirect public support

1b

c Government contributions (grants)

1c

d Total (add lines 1a through 1c) (cash \$ noncash \$)

1d 0

2 Program service revenue including government fees and contracts (from Part VII, line 93)

2 34,175,195

3 Membership dues and assessments

3

4 Interest on savings and temporary cash investments

4

5 Dividends and interest from securities

5

6a Gross rents

6a

b Less rental expenses

6b

c Net rental income or (loss) (subtract line 6b from line 6a)

6c

7 Other investment income (describe ▶)

7

8a Gross amount from sales of assets other than inventory

8a

(B) Other

b Less cost or other basis and sales expenses

8b

c Gain or (loss) (attach schedule)

8c

d Net gain or (loss) (combine line 8c, columns (A) and (B))

8d

9 Special events and activities (attach schedule) If any amount is from gaming, check here ▶ ☐

a Gross revenue (not including \$ of contributions reported on line 1a)

9a

b Less direct expenses other than fundraising expenses

9b

c Net income or (loss) from special events (subtract line 9b from line 9a)

9c

10a Gross sales of inventory, less returns and allowances

10a

b Less cost of goods sold

10b

c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)

10c

11 Other revenue (from Part VII, line 103)

11 892,468

12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)

12 35,067,663

Expenses

13 Program services (from line 44, column (B))

13

14 Management and general (from line 44, column (C))

14

15 Fundraising (from line 44, column (D))

15

16 Payments to affiliates (attach schedule)

16

17 Total expenses (add lines 16 and 44, column (A))

17 29,630,271

Net Assets

18 Excess or (deficit) for the year (subtract line 17 from line 12)

18 5,437,392

19 Net assets or fund balances at beginning of year (from line 73, column (A))

19 61,675,048

20 Other changes in net assets or fund balances (attach explanation)

See Statement 2

20 -137,278

21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)

21 66,975,162

For Privacy Act and Paperwork Reduction Act Notice, see the separate See Statement 1

DAA

Form 990 (2005)

91,9

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here ☐	22			
23 Specific assistance to individuals (attach schedule) ☐	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc. Other salaries and wages	25 639,787			
26 Pension plan contributions	26 639,787			
27 Other employee benefits	27 6,418,680			
28 Payroll taxes	28			
29 Professional fundraising fees	29			
30 Accounting fees	30			
31 Legal fees	31			
32 Supplies	32			
33 Telephone	33			
34 Postage and shipping	34 309,143			
35 Occupancy	35 285,702			
36 Equipment rental and maintenance	36 424,692			
37 Printing and publications	37 1,824,478			
38 Travel	38			
39 Conferences, conventions, and meetings	39			
40 Interest	40			
41 Depreciation, depletion, etc. (attach schedule)	41			
42 Other expenses not covered above (itemize)	42 10,217,107			
a See Statement 3	43a 8,630,682			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g	43g			
44 Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines	44 29,630,271			

Joint Costs. Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

If "Yes," enter (i) the aggregate amount of these joint costs \$

(iii) the amount allocated to Management and general \$

(ii) the amount allocated to Program services \$

and (iv) the amount allocated to Fundraising \$

0 ☐ Yes ☐ No

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose?

▶ **See Statement 4**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses

(Required for 501(c)(3) & (4) orgs., & 4947(a)(1) trusts, but optional for others.)

a(Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐**b**(Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐**c**(Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐**d**(Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐**e** Other program services (attach schedule) **See Stmt 5**(Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐**f** **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶ **0**

Part IV Balance Sheets (See the instructions.)

		(A) Beginning of year		(B) End of year	
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only					
Assets	45 Cash-non-interest-bearing		43,516,132	45	38,883,169
	46 Savings and temporary cash investments		31,207,628	46	30,252,934
	47a Accounts receivable	47a			
	b Less allowance for doubtful accounts	47b		47c	
	48a Pledges receivable	48a			
	b Less allowance for doubtful accounts	48b		48c	
	49 Grants receivable			49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a Other notes and loans receivable (attach schedule)	51a	413,452,746		
	b Less allowance for doubtful accounts	51b		51c	413,452,746
	52 Inventories for sale or use			52	
	53 Prepaid expenses and deferred charges			53	
	54 Investments-securities See Statement 6 ☒ Cost ☐ FMV		54,050,528	54	42,426,746
	55a Investments-land, buildings, and equipment basis	55a	20,222,127		
	b Less accumulated depreciation (attach schedule)	55b	9,941,000	55c	10,281,127
56 Investments-other (attach schedule)			56		
57a Land, buildings, and equipment: basis	57a				
b Less accumulated depreciation (attach schedule)	57b		57c		
58 Other assets (describe ☒ See Statement 7)		15,092,144	58	15,804,695	
59 Total assets (must equal line 74) Add lines 45 through 58		525,516,780	59	551,101,417	
Liabilities	60 Accounts payable and accrued expenses			60	
	61 Grants payable			61	
	62 Deferred revenue			62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a Tax-exempt bond liabilities (attach schedule)			64a	
	b Mortgages and other notes payable (attach schedule)			64b	
	65 Other liabilities (describe ☒ See Statement 8)		463,841,732	65	484,126,255
66 Total liabilities. Add lines 60 through 65		463,841,732	66	484,126,255	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☐ and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted			67	
	68 Temporarily restricted			68	
	69 Permanently restricted			69	
	Organizations that do not follow SFAS 117, check here ☒ and complete lines 70 through 74				
	70 Capital stock, trust principal, or current funds			70	
	71 Paid-in or capital surplus, or land, building, and equipment fund			71	
	72 Retained earnings, endowment, accumulated income, or other funds		61,675,048	72	66,975,162
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19, column (B) must equal line 21)		61,675,048	73	66,975,162
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		525,516,780	74	551,101,417	

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings **7**

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)

75b **X**

c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control?

75c **X**

Note. Related organizations include section 509(a)(3) supporting organizations

If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.

d Does the organization have a written conflict of interest policy?

75d **X**

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contrib to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
N/A				

Part VI Other Information (See the instructions.)

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity

76 **X**

77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes

77 **X**

78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?

78a **X**

b If "Yes," has it filed a tax return on Form 990-T for this year?

78b **X**

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement

79 **X**

80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?

80a **X**

b If "Yes," enter the name of the organization

and check whether it is ☐ exempt or ☐ nonexempt

81a Enter direct and indirect political expenditures (See line 81 instructions)

81a

b Did the organization file Form 1120-POL for this year?

81b **X**

Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
82b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	N/A	
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A	
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	N/A	
85c	Dues, assessments, and similar amounts from members		
85d	Section 162(e) lobbying and political expenditures		
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12		
86b	Gross receipts, included on line 12, for public use of club facilities		
87	501(c)(12) orgs Enter a Gross income from members or shareholders		
87a	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
87b			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶		
89b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		
89c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year sections 4912, 4955, and 4958		
89d	Enter Amount of tax on line 89c, above, reimbursed by the organization		
90a	List the states with which a copy of this return is filed ▶ IN		
90b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions)		208
91a	The books are in care of ▶ Alvin Lecher 1430 National Road Located at ▶ Columbus, IN	Telephone no ▶ 812-376-9771	ZIP + 4 ▶ 47201
91b	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 ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts At any time during the calendar year, did the organization maintain an office outside of the United States?		X
91c	If "Yes," enter the name of the foreign country ▶		X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92		

Part VII Analysis of Income-Producing Activities (See the instructions.)**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by sec. 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a Interest on loans receivable					24,949,346
b Investment securities income					1,384,207
c Interest on deposits					1,719,083
d Service charges					4,139,850
e Credit card income					1,982,709
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b Insurance commissions	523000	115,618			
c Financial advisory services	524113	109,985			
d All other					666,865
e					
104 Subtotal (add columns (B), (D), and (E))		225,603		0	34,842,060
105 Total (add line 104, columns (B), (D), and (E))					35,067,663

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
1	See Statement 12

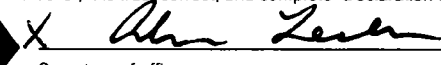
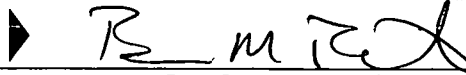
Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here	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.			
	 Signature of officer Alvin Lecher Type or print name and title		Date 12/30/10 VP Financial Operations	
Paid Preparer's Use Only	Preparer's signature	 Date 12/30/10		Check if self-employed ☐
	Firm's name (or yours if self-employed), address, and ZIP + 4	Clark & Leucht, P.C. 320 N. Meridian St. Suite 428 Indianapolis, IN 46204		Preparer's SSN or PTIN (See Gen. Instr. W) P00234662 EIN 35-1458829 Phone no 317-264-1095

Statement 1 - Explanation for Not Filing on Time

Description _____

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Federal Statements

Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
Expenses				
Transaction processing exp	1,964,746			
Advertising and promotion	411,255			
Credit card processing exp	768,594			
Provision for loan losses	2,705,000			
All other	2,781,087			
Total	\$ 8,630,682	\$ 0	\$ 0	\$ 0

Federal Statements**Statement 4 - Form 990, Part III - Organization's Primary Exempt Purpose**

State chartered and Federally insured Credit Union which grants consumer loans including credit cards, lease financing and open-end credit, mortgage loans and business loans to its members.

Statement 5 - Form 990, Part III, Line e - Other Program Services**Description**

All ctivities are State Chartered Credit Union activities which are exempt under section 501 c 14

Federal Statements

Statement 6 - Form 990, Part IV, Line 54 - Investments in Securities

Description	Beginning of Year	End of Year	Basis of Valuation
Corporate Bonds			
Available for sale	44,749,453	31,443,950	Market
Held to maturity	9,301,075	10,982,796	Cost
	<u>54,050,528</u>	<u>42,426,746</u>	

Statement 7 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	End of Year
Corporate CU membership shares	\$ 2,645,743	\$ 2,678,392
FHLB stock	1,300,600	1,328,100
NCUA share fund dep	4,538,378	4,384,323
All other	6,607,423	7,413,880
Total	<u>\$15,092,144</u>	<u>\$15,804,695</u>

Statement 8 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	End of Year
Member deposits	\$ 462479446	\$ 482635463
Other liabilities	1,362,286	1,490,792
Total	<u>\$ 463841732</u>	<u>\$ 484126255</u>

Federal Statements**Statement 9 - Form 990, Part IV-A - Other Revenue Included on Return**

<u>Description</u>	<u>Amount</u>
Provision for loan losses	\$ 2,705,000
Interest expense on deposits	10,217,107
Total	<u>\$12,922,107</u>

Statement 10 - Form 990, Part IV-B - Other Expenses Included on Return

<u>Description</u>	<u>Amount</u>
Provision for loan losses	\$ 2,705,000
Interest expense on deposits	10,217,107
Total	<u>\$12,922,107</u>

Federal Statements

Statement 11 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

Name	City, State, Zip	Address	Title	Average Hours	Compensation	Benefits	Expenses
Tom Kieffer	Columbus IN 47203	967 Junco Drive	Chairman	2	4,200	0	0
Shirley Kreutzjans	Columbus IN 47201	4085 S Gladstone Ave	V. Chairman	2	4,200	0	0
Bryan Curry	Columbus IN 47201	14201 W Georgetown Rd	Secretary	2	4,200	0	0
Craig Monroe	Columbus IN 47201	721 N Monroe Ct	Treasurer	2	4,200	0	0
E Melinda Engelking	Columbus IN 47201	939 S Wolfcreek Rd	Board Member	2	4,200	0	0
James Johnson	Columbus IN 47203	1555 North Meadows Court	Board Member	2	4,200	0	0
Loretta Burd	Columbus IN 47201	9881 W Shore Dr	CEO-Pres.	40	278,618	7,165	0
Douglas Harris	Columbus IN 47201	422 Ridgeview Ct	CFO	40	125,476	3,570	0
Patricia Knorr	Columbus IN 47201	2260 Lake Crest Dr	COO	40	80,000	0	0
Charles Collyer	Columbus IN 47201	1916 Lee Street	VP Lending	40	74,173	2,225	0
James Mills	Floyds Knobs IN 47119	4013 Marquette Dr	SIM Pres.	40	43,360	0	0

Federal Statements

Statement 12 - Form 990, Part VIII - Relationship of Activities

<u>Line No.</u>	<u>Description</u>
93a	Org. is a credit union, exempt under sec. 501(c)(14)
93b	Org. is a credit union, exempt under sec. 501(c)(14)
93c	Org. is a credit union, exempt under sec. 501(c)(14)
93d	Org. is a credit union, exempt under sec. 501(c)(14)
93e	Org. is a credit union, exempt under sec. 501(c)(14)
103d	Org. is a credit union, exempt under sec. 501(c)(14)