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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)

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

| <u>A</u> F | or th | e 2008 | caler | dar year, or tax year beginning $10/01$, 2008, and | l ending | | | ′30 ,20 09 |
|---|------------------|--|--------------------|--|------------------|---------------|---------------|-------------------------------|
| Во | heck if ap | | Piease | Name of organization CREDIT UNION EXECUTIVES SOCIE | TY, INC. | D Employ | er identifica | ation number |
| | Addre | | ise IRS abel or | Doing Business As | | 39-1 | 351028 | 1 |
| Г | 7 · | | print or | Number and street (or P O box if mail is not delivered to street address) | Room/suite | E Telepho | ne number | |
| | Initial | return | type. See | 5510 RESEARCH PARK DRIVE | | (608 | 271-2 | 2664 |
| \vdash | Termii | | Specific | City or town, state or country, and ZIP + 4 | | (000 | 1211 2 | .004 |
| \vdash | Amen | | nstruc- tions | MADICON IN FORTH FORT | | G Gross re | eceints \$ | 11 612 072 |
| \vdash | return Applic | | | MADISON, WI 53711-5377 ne and address of principal officer: FRED JOHNSON | | H(a) Is this | | 11,612,973. n for Yes X No |
| _ | penda | ng | | | | affiliate | s? | F=4 *** F=4 *** |
| | | | | AS C ABOVE | | H(b) Are all | | |
| <u>-</u> | | empt stat | | X 501(c) (6) ◀ (insert no) 4947(a)(1) or 527 | ·-·· | If "No," | attach a list | (see instructions) |
| | | | | CUES.ORG | · | H(c) Group | | |
| | | of organiz | | X Corporation Trust Association Other ► I | L Year of forma | tion 1980 | M State | of legal domicile WI |
| Pa | art I | Sum | ımary | | | | | ····· |
| | 1 | Briefly | descri | e the organization's mission or most significant activities | | | | |
| æ | ļ | CRED | IT U | NION EXECUTIVES SOCIETY, INC.'S PURPOSE IS | ADVA | NCE THE | | |
| Š | | | | ONAL DEVELOPMENT OF CREDIT UNION CEOS, SEN | | | | |
| Ë | | DIRE | | | | | | |
| Governance | 2 | Check | | | more than 25% | of its asset | s. | |
| چ 2 | 3 | | | ing members of the governing body (Part VI, line 1a) | | | | 9 |
| | 4 | Numbe | rofin | ependent voting members of the governing body (Part VI, line 1b) | | • • • • • | 4 | 9 |
| Activities | | | | | | | | |
| 듷 | 5 | | | | | | 5 | 71 |
| 4 | | Totaln | umber | of volunteers (estimate if necessary) | | | 6 | NONE |
| | 7 a | i otai gi | ross u | related business revenue from Part VIII, line 12, column (C) | | | 7a | 897,948. |
| | b | Net uni | related | business taxable income from Form 990-T, line 34 | | | | 35,785. |
| | | | | | <u> </u> | Prior Ye | ear | Current Year |
| ē | 8 | Contrib | ution | nd grants (Part VIII, line 1h) | | 679 | ,487. | 3,041,557. |
| en | 9 | Progra | m ser | ce revenue (Part VIII, line 2g) | | 12,187 | ,831. | 7,977,799. |
| Revenue | 10 | Investr | nent ir | come (Part VIII, column (A), lines 3, 4, and 7d) | | 134 | ,137. | 58,280. |
| - | 11 | Other r | evenu | (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | | ,760. | 333,985. |
| | | | | - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 13,413 | | 11,411,621. |
| | | | | nılar amounts paid (Part IX, column (A), lines 1-3) | | | NONE | NONE |
| | 14 | Benefit | s paid | to or for members (Part IX, column (A), line 4) | · · · · · | | NONE | NONE |
| ın | 4 = | Salarie | s othe | r compensation, employee benefits (Part IX, column (A), lines 5-10) | | 5,078 | | 4,137,147. |
| xpenses | 162 | | | undraising fees (Part IX, column (A), line 11e) | | 3,070 | | |
| per | | | | | | | NONE | NONE |
| ŭ | 120 | Totalit | iliui ai: | ing expenses, Part IX, column (D), line 25) | | 2 25 4 | | |
| Γ | L | SEC | ËTV | Rart IX, column (A), lines 11a-11d, 11f-24f) | | 9,054 | | 7,516,384. |
| 1 | 1 | | | 101 | | 14,132 | | 11,653,531. |
| 1 | | Revenu | | expenses Subtract line 18 from line 12 | | | ,598. | -241,910. |
| ances | M A | AUG 1 | 6 | 010 | | Beginning o | of Year | End of Year |
| age | Pkoʻ | Total a | ssets (| Part X, line 35) | | 9,763 | ,178. | 8,799,501. |
| \$8 | جدو | (Total) | apjijite | 炉和 (26) | L_ | 4,732 | ,636. | 4,038,859. |
| 35 | 22 | -Net ass | ets of | fund balances Subtract line 21 from line 20 | | 5,030 | | 4,760,642. |
| Pa | art II | Sig | natur | Block | | ····· | | |
| -5 | | Under | nenalti | of penjury, I declare that have kamined this return, including accompanying | n schedules an | d statements | and to th | e hest of my knowledge |
| බ | | and be | lief, if | s true, correct, and complete Declaration of preparer (other than officer) is ba | ased on all info | ormation of v | which prep | arer has any knowledge |
| ≓, S | Sign | | - 4 | mm I fun | | ŀ | 9,9. | 10 |
| ~ H | lere | ₽ 5 | ignatu | of officer | | Date | | , , |
| ۲, <u>. </u> | | | Ĭ ' <i>I</i> | INDIS L. VORTER SUP/CFO | | | | |
| _ | | ∣ D ∓ | ma di | rint name and title | | | | |
| <u> </u> | | ļ <u>, </u> | ype or | Date | Check if | | Droparer's | identifying number |
| 2 | 1 parer's | Prepar | | , // in Por. ol. 1 | self- | | (see instru | |
| Ž. | parer's | signat | <u> </u> | Che 10/4 8/9/10 | employed | <u> </u> | N, | /A |
| Úŝo | Only | Firm's | name (mplove | GRANT THORNTON LLP | | EIN | N / | /A |
| Ŭ. | | address | | | | Phone no | ▶ 60 | 08-257-6761 |
| Ma | y the II | RS disc | uss th | s return with the preparer shown above? (See instructions) | <u>.</u> | | | X Yes No |
| For | Priva | cy Act a | and Pa | perwork Reduction Act Notice, see the separate instructions. | | | | Form 990 (2008) |

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| orm 990 (2008) | | | | Page 2 |
|-------------------|---|--|---|---------------------------------------|
| Part III State | ement of Program Service A | ccomplishments (see instructions) | | |
| 1 Briefly describ | be the organization's mission | · · · · · · · · · · · · · · · · · · · | | |
| SEE STAT | EMENT 1 | | | |
| | | | | |
| | | | | |
| | | | | |
| | | ficant program services during the y | | |
| | | , | | Yes X No |
| | be these new services on Sc | | | |
| services? | | r make significant changes in how it | | |
| | ribe these changes on Sched | | • | Yes X No |
| • | • | ule O. ts for each of the organization's three | largest program services by expe | ncec |
| | | ons and section 4947(a)(1) trusts are | | |
| | | nd revenue, if any, for each program s | | gramo and |
| | • | | • | |
| 4a (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | | INGS, SEMINARS & INSTITUT | | ' |
| | | TES FOR DETAILED DESCRIPT | | |
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| | | including grants of \$ | |) |
| | | SEE ATTACHED FEDERAL FO | OTNOTES | |
| FOR DETA | ILED DESCRIPTION. | | | |
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| | | | | |
| 4c (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ | · · · · · · · · · · · · · · · · · · · |
| - | | | '' | |
| | | AND MEMBERSHIP SERVICES | - SEE | |
| ATTACHED | FEDERAL FOOTNOTES | FOR DETAILED DESCRIPTION. | | |
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| | | | | |
| Ad Other progra | m services. (Describe in Sche | dule () | | · |
| (Expenses \$ | • | • | , e | |
| | ıncluding gra ım service expenses ▶ \$ | | Line 25, column (B).) | |
| JSA | III Jei vice expenses ▶ \$ | (iviusi equal Fall IX, | Enio 20, column (B).) | Form 000 (2000) |
| 8E1020 1 000 | | | | Form 990 (2008) |

| Part | Checklist of Required Schedules | | | age o |
|----------|---|---------|--|--|
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| | complete Schedule A | 1 | | х |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 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 | | x |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete | | | |
| | Schedule C, Part II | 4 | | 1 |
| 5 | Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) | | | |
| | notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | 5 | | х |
| 6 | Did the organization maintain any donor advised funds or any accounts where 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 I | 6 | | х |
| 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 | 1 | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| | complete Schedule D, Part III | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21; 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 | | Х |
| 10 | Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | Х |
| 11 | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, | | | |
| | Parts VI, VIII, IX, or X as applicable | 11 | X | <u> </u> |
| 12 | Did the organization receive an audited financial statement for the year for which it is completing this return | | | |
| | that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 12 | X_ | <u> </u> |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | <u> </u> | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the U.S.? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, | | | 1 |
| | business, and program service activities outside the U.S ? If "Yes," complete Schedule F, Part I | 14b | <u> </u> | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any | | | ļ |
| 4.0 | organization or entity located outside the United States? If "Yes," complete Schedule F, Part II | 15 | ļ | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance | | | |
| 4.5 | to individuals located outside the United States? If "Yes," complete Schedule F, Part III | 16 | | X |
| 17 | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I | 17 | - | X |
| 18 | Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II. | 18 | | X |
| 19 | Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | X |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | | X |
| 21 | Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 21 | | X |
| 22 23 | Did the organization report more than \$5,000 on Part IX, Column (A), line 27 if Yes, "complete Schedule i, Parts I and iii Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete | 22 | | X |
| 23 | | 23 | | |
| 24a | | 23 | X | |
| 270 | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions | | | |
| | | 24a | | Į, |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | - | X |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | 240 | | |
| · | to defence any tay exempt hands? | 24c | | |
| d | | 24d | | _ |
| 25a | | | - | 1 |
| | with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | Ì |
| b | | 230 | | + |
| ~ | person from a prior year? If "Yes," complete Schedule L, Part I | 25b | | |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or | 230 | | † |
| | disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | x | |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or | <u></u> | <u> </u> | † |
| | substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | 27 | | x |

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No

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Х

Х

X

Х

Х

Yes

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Part IV Checklist of Required Schedules (continued) 28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, 28a b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," 28b Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L. Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

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

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

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

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

Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes." complete

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

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

Form 990 (2008)

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| Par | t V. Statements Regarding Other IRS Filings and Tax Compliance | | | |
|--------|---|----------|------------|------------|
| | | | Yes | No |
| 1 a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of | · | • (| |
| | U.S. Information Returns Enter -0- if not applicable | , | | 1.3 |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | -3 | ļų. | 1 |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable | <u> </u> | 12. | 2 |
| | gaming (gambling) winnings to prize winners? | 1c | x | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | 18. | 20 Mg | 4 |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 71 | 1 | £ - "/ | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) | VI TA | 11. | 506 |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by | 1 | 232 | |
| | this return? | 3a | Х | L |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | X | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | | | |
| | account)? | 4a | | Х |
| b | If "Yes," enter the name of the foreign country | | F * 1 | 款 專 |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank | 160 | | 10.7 · |
| | and Financial Accounts | 750 | 1 | ~ |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | ļ | Х |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| C | If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding | | } | |
| | Prohibited Tax Shelter Transaction? | 5c | ļ <u> </u> | |
| 6a | Did the organization solicit any contributions that were not tax deductible? | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| | gifts were not tax deductible? | 6b | 77.00 | 1 7 . 1 |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | - 20, | 1,4 |
| | Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $$75$?. | 7a | - | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | ļ | - |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | _ | | |
| | required to file Form 8282? · · · · · · · · · · · · · · · · · · · | 7c | | |
| | If "Yes," indicate the number of Forms 8282 filed during the year | 4 | | |
| е | 3 , 3 , 3 , 4 , 4 , 4 , 4 , 4 , 4 , 4 , | | | |
| _ | benefit contract? | 7e | | - |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | 7 g | | <u> </u> |
| n | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as | 7h | | |
| | required? | - | ļ <u>.</u> | ļ |
| 8 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section | . : | | ٠. |
| | 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring | 8 | | X |
| 9 | organization, have excess business holdings at any time during the year? | <u> </u> | | ^ |
| | Did the organization make any taxable distributions under section 4966? | 9a | | |
| a | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| b | · · · · · · · · · · · · · · · · · · · | | | <u> </u> |
| 0 a | Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 |] | 1 | . |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | - | ٠, | |
| 1 | Section 501(c)(12) organizations. Enter | 1:- | ` | |
| | Gross income from members or shareholders | - 11 | | |
| _ | Gross income from other sources (Do not net amounts due or paid to other sources against | 1. | | |
| þ | amounts due or received from them) | 1 | | |
| 22 | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? · · · | 12a | | |
| | If "Yes." enter the amount of tax-exempt interest received or accrued during the year | | | |

Part VI. Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

| Sect | ion A. Governing Body and Management | | | |
|---|--|--------------------------------------|------------------|------------|
| | | | Yes | No |
| | For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the | | | • |
| 4_ | circumstances, process, or changes in Schedule O. See instructions | . | | |
| 1a | Enter the number of voting members of the governing body | | | |
| b | Enter the number of voting members that are independent Did only officer director, trustee, or key employee have a family relationship or a hyginese relationship with | | | |
| 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_ | | <u>X</u> |
| 3 | supervision of officers, directors or trustees, or key employees to a management company or other person? | _ | | |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 3 4 | | <u>X</u> _ |
| 4 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | <u>X</u> _ |
| 5 6 | Does the organization have members or stockholders? | 6 | | Χ |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members | 0 | Х | |
| , a | of the governing body? | 7a | v | |
| ь | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | X | |
| 8 | Did the organizations contemporaneously document the meetings held or written actions undertaken during | 7.0 | | |
| • | the year by the following: | | | • |
| а | The governing body? | 8a | х | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9a | Does the organization have local chapters, branches, or affiliates? | 9a | | Х |
| b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, | | | |
| | affiliates, and branches to ensure their operations are consistent with those of the organization? | 9b | | |
| 10 | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations | | | |
| | must describe in Schedule O the process, if any, the organization uses to review the Form 990 | 10 | Х | |
| 11 | Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | | |
| | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 11 | | Х |
| Secti | on B. Policies | | | |
| | · · · · · · · · · · · · · · · · · · · | | | |
| | | | Yes | No |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes X | No |
| | Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Are officers, directors or trustees, and key employees required to disclose annually interests that could give | | Х | No |
| 12a b | Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12a 12b | | No |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | 12b | Х | No |
| 12a b | Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | 12b 12c | Х | |
| 12a b c | Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? | 12b 12c 13 | X X | No X |
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| 12a b c | Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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 The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? | 12b 12c 13 14 | X X X | |
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| 12a b c 13 14 15 a b | Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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. The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? In C. Disclosure List the states with which a copy of this Form 990 is required to be filed MISCONSIN Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3) available for public inspection. Indicate how you make these available. Check all that apply. | 12b 12c 13 14 15a 15b | X X X X | X |
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| 12a b c 13 14 15 a b | Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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. The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? In C. Disclosure List the states with which a copy of this Form 990 is required to be filed WISCONSIN Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website William 170. Another's website William 170. William 170. Disclosure Another's website William 170. Disclosure Another's website William 170. William 170. Disclosure Another's website William 170. William 170 | 12b 12c 13 14 15a 15b 16a 16b | X X X X | X |
| 12a b c 13 14 15 a b 16a b | Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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 The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? In C. Disclosure List the states with which a copy of this Form 990 is required to be filed MISCONSIN Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3) available for public inspection. Indicate how you make these available. Check all that apply. On website Another's website WUpon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of intepolicy, and financial statements available to the public. | 12b 12c 13 14 15a 15b 16a 16b | X X X X | X |

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order, individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

| Nowledge Nowledge | (A) | (B) | (C) | | | | | | (D) | (E) | (F) |
|---|---------------------------------------|-----------|--------------|--------------|-----------------|-----|--|---|---|--|--|
| DIRECTOR | Name and Title | hours per | | | chec Officer | | | | compensation from the organization | Reportable compensation from related organizations (W-2/1099-MISC) | Estimated amount of other compensation from the organization and related organizations |
| DALE SCHUMACHER CHAIRMAN S. X | | _ | l | | | | | | | | |
| CHAIRMAN | | 5. | X | | | | | ļ | NONE | NONE | NON: |
| PAST CHAIRMAN & DIRECTOR | | 5. | х | | | | | | NONE | NONE | NON |
| LARRY MCCANTS TREASURER 5. | OL HUMENICK | 1 | | | | | | ļ | | | |
| TREASURER | CHAIRMAN & DIRECTOR | 5. | X | | | | | _ | NONE | NONE | NON |
| CARLA ALTEPETER 5. X NONE | RY MCCANTS | 1 | | | | | | | | | |
| PAST CHAIRMAN & DIRECTOR 5. X NONE 1 TERESA FREEBORN 5. X NONE 1 SECRETARY 5. X NONE 1 MIKE HAWKINS CHAIRMAN & DIRECTOR 5. X NONE 1 FREDERICK HEALY VICE CHAIRMAN/CHAIRMAN ELECT 5. X NONE 1 ROBERT RAMIREZ DIRECTOR 5. X NONE 1 FRED JOHNSON PRESIDENT/CEO 40. X X 320,710. 1 DENNIS PORTER SVP/CFO 40. X X 203,055. 1 SVP/COO 40. X X 190,845. 1 DAWN POKER 5 40. X 136,179. 1 RICK SKORUPAN 40. X 122,363. 1 KARIN WEISS 10. X 122,363. 1 | ASURER | 5. | X | | | | | | NONE | NONE | NON |
| TERESA FREEBORN 5. X NONE | LA ALTEPETER | _ | | | | | | | | ļ | |
| SECRETARY S. X | | 5. | X | <u> </u> | | | | | NONE | NONE | NON |
| MIKE HAWKINS CHAIRMAN & DIRECTOR 5. X NONE NONE <t< td=""><td>ESA FREEBORN</td><td>1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<> | ESA FREEBORN | 1 | | | | | | | | | |
| CHAIRMAN & DIRECTOR 5. X NONE NONE </td <td>· · · · · · · · · · · · · · · · · · ·</td> <td>5.</td> <td>X</td> <td>L.,</td> <td></td> <td></td> <td>ļ<u>.</u></td> <td>_</td> <td>NONE</td> <td>NONE</td> <td>NON</td> | · · · · · · · · · · · · · · · · · · · | 5. | X | L., | | | ļ <u>.</u> | _ | NONE | NONE | NON |
| FREDERICK HEALY VICE CHAIRMAN/CHAIRMAN ELECT 5. X NONE NONE NONE NONE NONE NONE NONE NO | | _ | |] | | | | | | 1 | |
| VICE CHAIRMAN/CHAIRMAN ELECT 5. X NONE < | | 5. | X | - | | | | | NONE | NONE | NON |
| ROBERT RAMIREZ 5. X NONE | | _ | | | | | | | | | |
| DIRECTOR 5. X NONE | | 5. | X | - | | | | ļ | NONE | NONE | NON |
| FRED JOHNSON 40. X X 320,710. M PRESIDENT/CEO 40. X X 320,710. M DENNIS PORTER 40. X X 203,055. M BARB KACHELSKI 5VP/COO 40. X 190,845. M DAWN POKER 5VP/CLO 40. X 136,179. M RICK SKORUPAN 40. X 122,363. M KARIN WEISS KARIN WEISS 122,363. M | | - | | ' | | | | | | | |
| PRESIDENT/CEO 40. X X 320,710. N DENNIS PORTER 320,710. N SVP/CFO 40. X X 203,055. N BARB KACHELSKI 320,710. N N 190,845. N SVP/COO 40. X 190,845. N N N DAWN POKER 320,710. N X 190,845. N <td< td=""><td></td><td>5.</td><td> X</td><td>-</td><td></td><td></td><td>ļ</td><td></td><td>NONE</td><td>NONE</td><td>NON</td></td<> | | 5. | X | - | | | ļ | | NONE | NONE | NON |
| DENNIS PORTER 40. X X 203,055. N SVP/CFO 40. X X 190,845. N SVP/COO 40. X 136,179. N DAWN POKER X 136,179. N RICK SKORUPAN Y 122,363. N KARIN WEISS X 122,363. N | | 1 | | | | ١ | | | 200 710 | | 155 000 |
| SVP/CFO 40. X X 203,055. N BARB KACHELSKI SVP/COO 40. X 190,845. N DAWN POKER SVP/CLO 40. X 136,179. N RICK SKORUPAN VP IT 40. X 122,363. N KARIN WEISS KARIN WEISS N 122,363. N | | 40. | | | Х | X | | | 320,710. | NONE | 155,002 |
| BARB KACHELSKI 40. X 190,845. N DAWN POKER 40. X 136,179. N SVP/CLO 40. X 136,179. N RICK SKORUPAN VP IT 40. X 122,363. N KARIN WEISS IX IX <td< td=""><td></td><td>1</td><td></td><td></td><td>.,</td><td>.,</td><td></td><td></td><td>202 055</td><td>NONE</td><td>60 007</td></td<> | | 1 | | | ., | ., | | | 202 055 | NONE | 60 007 |
| SVP/COO 40. X 190,845. M DAWN POKER X 136,179. M SVP/CLO 40. X 136,179. M RICK SKORUPAN X 122,363. M KARIN WEISS X 122,363. M | | 40. | | - | X | _ X | - | | 203,055. | NONE | 60,297 |
| DAWN POKER 40. X 136,179. N SVP/CLO 40. X 136,179. N RICK SKORUPAN X 122,363. N VP IT 40. X 122,363. N KARIN WEISS X 122,363. N | | 40 | | | | v | | | 100 045 | NONE | 34 000 |
| SVP/CLO 40. X 136,179. N RICK SKORUPAN VP IT 40. X 122,363. N KARIN WEISS IV | | 40. | + | - | | _^ | | | 190,645. | NONE | 34,999 |
| RICK SKORUPAN VP IT KARIN WEISS A0. X 122,363. I | | 40 | - | | | | , | | 136 170 | NONE | NON |
| VP IT 40. X 122,363. N KARIN WEISS <t< td=""><td></td><td>40.</td><td>1</td><td></td><td></td><td></td><td>├^</td><td></td><td>130,173.</td><td>INOINE</td><td>NON</td></t<> | | 40. | 1 | | | | ├ ^ | | 130,173. | INOINE | NON |
| KARIN WEISS | | 40 | | | | | l v | - | 122 363 | NONE | NON |
| | | 70. | 1 | | | - | ├ ^ | | 122,303. | IVOINE | INOIN |
| VP SALES 40. X 117,532. 1 | | 40. | | | | | l x | | 117,532. | NONE | NON |
| KEVIN DAVIES | | 1 | | П | | | | | 11,,552. | | inoin. |
| | | 40 | | | | | l x | 1 | 104.750 | NONE | NON: |

| Pa | rt VII . Section A. Officers, Directors, Tru | stees, Ke | y Em | plo | yee | es, a | and F | ligl | hest Compensat | ed Employe | ees (c | ontinue | <u>d)</u> | |
|------|---|---------------------------------------|-----------------------------------|--|----------|--|---------------------------------|----------|-------------------|---------------|----------------------|---|-------------------|---------|
| | (A) | (B) | | | (0 | ;) | | | (D) | (E) | | | (F) | |
| | Name and title | Average | | | | | that app | | Reportable | Reportable | | | mated | |
| | | hours per week | Individual trustee or director | Institutional | Officer | Highest comp employee Key employee | | Former | compensation from | from relate | | | ount of ther | f |
| | | WCCK | dividual | द | er | ет | loye | ner | the | organizatio | | | ensati | on |
| | | | d = 1 |) na | | oloy | ě c | | organization | (W-2/1099-N | /ISC) | fro | m the | |
| | | | uste | truste | | 86 | per | | (W-2/1099-MISC) | | | | nizatıo relate | |
| | | | • | ee | | | Highest compensated employee | | | | | | nzatio | |
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| | | | | | | | | | | | | | | |
| | | | - | | 1 | - | - | | | | | | | |
| | | | ļ | | | | | | | | | | | |
| | | | | | <u> </u> | | | | <u> </u> | | | =- · · · · · · · · · · · · · · · · · · | | |
| | | | | | 1 | | | | | | | | | |
| 1b | Total | | | | · | | | ▶ | 1,195,434. | | NONE | 2 | 250, | 298. |
| 2 | Total number of individuals (including those | e ın 1a) v | vho r | ece | ived | l m | ore t | han | \$100,000 in re | portable cor | npens | ation fr | om t | he |
| | organization ▶ 7 | | | | | | | | | | | | - | |
| | | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former office | er, direct | or or | tru | ıste | e , | key e | emp | oloyee, or highes | t compensa | ited | | - "*" 1- | 4 1 |
| | employee on line 1a? If "Yes," complete Schede | lie J for su | cn ina | iivia | uai | • • | • • • | | | • • • • • • • | • • | 3 | | X_ |
| 4 | For any individual listed on line 1a, is the | | | | | | | | | | | | -7 | (|
| | the organization and related organizations individual | | | | | | | | | | | 4 | X | |
| 5 | Did any person listed on line 1a receive | | | | | | | | | | | | | |
| 5 | services rendered to the organization? If "Yes," | complete : | Schea | lule | J fo | r su | ch pe | rsor | 7 | | | 5 | ' | х |
| Sec | tion B. Independent Contractors | · · · · · · · · · · · · · · · · · · · | | | | | | | | | | | | |
| 1 | Complete this table for your five highest | compensa | ted ir | ıdep | enc | lent | conf | trac | tors that receive | d more tha | n \$10 | 0,000 | of | |
| | compensation from the organization. | | | | | | | | | | | | | |
| | (A) | | | | | | | | (B) | | _ | (C) | 4 | |
| | Name and business add | | | | | | | + | Description of se | vices | | compens | | |
| SE | E STATEMENT 2 | | | | | | | +- | | | · - ·- ·- | | | |
| | | | | | | | | + | | | | | | |
| | | | | | | | | + | | | | | | |
| | | | | | | | | + | | | | | | |
| 2 | Total number of independent contractors (i | ncludina t | hose | in | 1) v | who | rece | ive | d more than \$10 | 0,000 in | | | | ٠., |
| | compensation from the organization | 4 | | | , | , | | _ | | | - | - ' | - , | |
| ISA. | | | | | | | | | | | | Form | 990 | (2008) |

| - | | Statement of Revenu | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|-----------------|-----------------------------|---|---------------------|---------------|----------------------|--|---|---|
| llar amounts | b | Federated campaigns | 1b | 2,519,182 | | | | |
| ā | d | Related organizations | <u>1d</u> | | | | | ************************************** |
| E | е | Government grants (contribu | tions) 1e | | | | | |
| and other simi | f | All other contributions, gifts, gran and similar amounts not included | above . 1f | 522,375. | | | | |
| au | 9 | Noncash contributions included in Total . Add lines 1a-1f | | | 3,041,557. | | | N. P. C. |
| 9 | <u>h</u> _ | Total. Add lines 1a-11 | · · · · · · · · · · | Business Code | 3,041,337. | | | |
| 5 | 2a | CONFERENCES & SEMINARS | | 541610 | 3,308,555. | 3,308,555. | VK-STILL SOUTH | |
| 8 | | PRODUCTS & SERVICE | | 541610 | 3,546,395. | 3,128,704. | 417,691. | |
| 5 | | PUBLICATIONS | | 541610 | 626,667. | 626,667. | T | |
| Service Revenue | d | EXHIBIT PROGRAMS | | 541610 | 15,925. | 15,925. | | |
| Ē | e | PUBLICATION ADV. | | 541800 | 430,305. | | 430,305. | |
| Program | f | All other program service rev | enue | 541800 | 49,952. | | 49,952. | |
| 2 | g | Total. Add lines 2a-2f | | | 7,977,799. | - 13 m | المنافعة والماسية | milia. |
| | 3 | Investment income (includin other similar amounts) | | | 58,468 | | | 58,468 |
| | 4 | Income from investment of tax-exempt bond p | | roceeds Þ | NONE | | | |
| | 5 | Royalties · · · · · · · · | | | 203,476. | | | 203,47 |
| | | | (ı) Real | (II) Personal | | chill the same | 25 | 1 1 1 |
| | 6a | Gross Rents | 1 | | 1. 2. 10 . 1 | | 1 1 1 1 1 1 1 | 13.2 |
| | b | · · · · · · · · · · · · · · · · · · · | | | <u>:</u> | | | ** |
| 1 | c Rental income or (loss) . | | | | | | | |
| | d | Net rental income or (loss). | (ı) Securities | (II) Other | 19,055 | | | 19,055 |
| | 7 a | Gross amount from sales of | (i) Securities | | , | | | |
| | | assets other than inventory | | NONE | | | 1 . | 3. |
| | Ь | Less cost or other basis | | 100 | ; | | | . , |
| | | and sales expenses | | 188 | _ | | 1 | |
| | c d | Gain or (loss) | | -188 | | e serve | | 100 |
| | | , , | | | -188. | 2, - | 1 | -18 |
| | 8 a | Gross income from f | undraising | | Í | - | | , |
| ğ | | events (not including \$ of contributions reported on | lino 10) | | | | - | |
| eve | | See Part IV, line 18 | • | j | | | | |
| Other Revenue | b | Less direct expenses | | | | | , | |
| 5 | | Net income or (loss) from fur | | | | | - | |
| | | Gross income from gaming a See Part IV, line 19 | activities | | | , | | , |
| | b c | Less direct expenses Net income or (loss) from ga | b | | NONE | | | |
| | 10a | Gross sales of inventoreturns and allowances | | | | | | |
| | b | Less. cost of goods sold | b | | | شد | | |
| | С | Net income or (loss) from sal | | | NONE | | | |
| | | Miscellaneous Reven | iue | Business Code | | | j. | |
| | 11a | MISCELLANEOUS | | 541610 | 111,454. | 111,454 | | |
| | b | | | | | | | |
| | C | | | | | | | |
| | d | All other revenue | | L | | | ļ | |
| - 4 | е | Total. Add lines 11a-11d . | | • • • • • • | 111,454. | | | |
| | _ | | | | i e | 1 | | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

| 11 Fees for services (non-employees): a Management | | All other organizations must complet | e column (A) but are | not required to co | mplete columns (B), (C |), and (D). |
|--|-----|--|-----------------------|--------------------|------------------------|--|
| organizations in the US See Part IV, line 21 | | • • • | (A) Total expenses | Program service | Management and | Fundraising |
| organizations in the US See Part IV, line 21 . Grants and other assistance to immériduals in the US See Part IV, line 22 . Grants and other assistance to governments, organizations, and individuals outside the US See Part IV, line 13 and 16 . US See Part IV, line 13 and 16 . Benofits paid to or for members . Compensation of current officers, directors, trustees, and key employees . 16 Compensation not included above, to disqualified persons (see defined under section 4950(IV)) and persons described in section 4359(a)(3)(8) . 7 Other salaines and wages . 2 1,147,091 . Penson plan contributions (include section 401 (8) and section 4430)) employer contributions). 4 29,516. 9 Other employee benefits . 3 10,123 . 10 Payroll taxes . 2 25,539 . 11 Fees for services (non-employues) 3 Management . NONE . NONE . 1 Fees for services (non-employues) 4 Management . NONE . 1 Fees for services (non-employues) 3 Management . NONE . 1 Power land in the compensation of trivial in the compensation of the | 1 | Grants and other assistance to governments and | | | | 100 |
| the US See Part V, line 22 NONE 3 Grants and other assistance to governments, organizations, and individuals outside the US See Part IV, lines 15 and 16 NONE 4 Benefits paid to ref members NONE 5 Compensation of current officers, directors, trustees, and key employees persons (see Infered under section 458(R)(1)) and persons described in section 458(R)(1) and persons described in section 403(R) employer contributions (Include section 401 (R) and section 403(R) employer contributions). 4 Person plan contributions (Include section 401 (R) and section 403(R) employer contributions). 5 Other amplication and values. 5 Other amplication and values. 5 22(6,509.) 1 Payoritizes between (Include section 401 (R) and section 403(R) employer contributions). 4 Anagement. 5 None 6 None 6 Legal | | organizations in the U.S. See Part IV, line 21 | NONE | | | 4 |
| 3 Grants and other assalance to governments organizations and individuals outside the US See Part IV, lines 15 and 18 NONE 4 Benefits paid to or for nembers NONE 5 Compensation of current officers, directors, trustees, and key employees | 2 | Grants and other assistance to individuals in | | | | 3-, 1 8 |
| Graphications and individuals outside the US See Part V, lines 15 and 16 NONE | | the U.S. See Part IV, line 22 | NONE | | | |
| U.S. Sac Part IV, lines 15 and 16 . NONE | 3 | Grants and other assistance to governments, | | | | 2.5% |
| 4. Benefits paid to or for members 5. Compensation of current officers, directors, trustees, and key employees 6. Compensation not included above, to disqualified persons (see direction 4950((1)) and persons described in section 4950((1)) a | | | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees. 6 Compensation not included above, to disqualified persons (size defined under section 4958((11)) and persons (size-other in section 4958((11)) and section 493(b) employer contributions). 7 Other employee benefits. 8 Persons plan contributions (include section 401 (8) and section 493(b) employer contributions). 9 Other employee benefits. 1 Payroll taxes. 1 Payroll t | | U.S. See Part IV, lines 15 and 16 | NONE | | <u> </u> | |
| tustees, and key employees | 4 | Benefits paid to or for members | NONE | | | 2. 301 / 2 100 29 |
| 6 Compensation not included above, to disqualified persons (as defined under section 4558(c)(3)(8) . 7 Other salance and wages | 5 | Compensation of current officers, directors, | | | | |
| persons (as defined under section 4958(p(1)) and persons described in section 4958(p(3)(8). 7 Other salanes and wages | | trustees, and key employees | 964,908. | | | |
| Person plan contributions (include section 401 (R) and section 403E(c)(3)(B) 7. Other salanes and wages 2, 147, 091 | 6 | Compensation not included above, to disqualified | | | | |
| 7 Other salanes and wages | | persons (as defined under section 4958(f)(1)) and | | | | |
| 8 Penson plan contributions (include section 401 (k) and section 403(b) employer contributions). 458,516 (k) 40 and section 403(b) employer contributions). 340,123 34 | | persons described in section 4958(c)(3)(B) | NONE | . <u>.</u> | | |
| (k) and section 403(b) employer contributions). 458,516. 9 Other employee benefits 340,123. | 7 | Other salaries and wages | 2,147,091. | | | |
| 9 Other employee benefits | 8 | Pension plan contributions (include section 401 | | | | ļ |
| 10 Payroll taxes 226, 509 | | (k) and section 403(b) employer contributions) | 458,516. | | | |
| 11 Fees for services (non-employees)* a Management | 9 | Other employee benefits | 340,123. | | | |
| b Legal | 10 | Payroll taxes | 226,509. | | | |
| b Legal | 11 | Fees for services (non-employees) | | | | |
| d Lobbyng | а | Management | NONE | | | |
| d Lobbying NONE Professional fundrasing services See Part IV, line 17 NONE | b | Legal | 22,574. | | | |
| e Professional fundraising services See Part IV, line 17 f Investment management fees | С | Accounting | 36,773. | | | |
| e Professional fundraising services. See Part IV, line 17 f. Investment management fees | d | Lobbying | NONE | | | |
| g Other | е | Professional fundraising services See Part IV, line 17 | NONE | | | |
| 12 Advertising and promotion NONE | f | Investment management fees | | | | |
| 13 Office expenses 539,356. 14 Information technology NONE 15 Royalties NONE 16 Occupancy NONE 17 Travel 499,082 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 2,306,490. 10 Interest 160. 10 Payments to affiliates NONE 12 Payments to affiliates NONE 12 Depreciation, depletion, and amortization 543,476. 13 Insurance NONE 24 Other expenses litemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a PROFESSIONAL SERVICES 1,827,985. b PRINTING_AND_PUBLICATION 409,305. c PUBLIC_RELATIONS 148,534. d AUDIO_VISUAL 140,085. e EQUI_PMENT_RENTAL 11,956. f All other expenses 1,030,608. 25 Total functional expenses. Add lines 1 through 24f 26 Joint Costs. Check here ▶ | g | Other | NONE | | | |
| 14 | 12 | Advertising and promotion | NONE | ···. | | |
| 15 Royalties NONE NONE NONE | 13 | Office expenses | | | | |
| 16 Occupancy | 14 | Information technology | NONE | | | |
| 17 Travel | 15 | Royalties | | | <u> </u> | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings | 16 | Occupancy | | | | |
| for any federal, state, or local public officials NONE Conferences, conventions, and meetings | 17 | | 499,082. | | | |
| 19 Conferences, conventions, and meetings | 18 | | | | | |
| 20 Interest | | | NONE | | | |
| 21 Payments to affiliates | 19 | Conferences, conventions, and meetings | | | | |
| 22 Depreciation, depletion, and amortization | 20 | <u> </u> | | | <u> </u> | |
| 23 Insurance | 21 | · · · | | | | |
| 24 Other expenses litemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a PROFESSIONAL_SERVICES | 22 | | | | - | |
| covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a PROFESSIONAL_SERVICES | 23 | | NONE | | | |
| and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a PROFESSIONAL_SERVICES 1,827,985. b PRINTING_AND_PUBLICATION 409,305. c PUBLIC_RELATIONS 148,534. d AUDIO_VISUAL 140,085. e EQUIPMENT_RENTAL 11,956. f All other expenses 1,030,608. 25 Total functional expenses. Add lines 1 through 24f 11,653,531. 26 Joint Costs. Check here ▶ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | 24 | | | | | |
| 5% of total expenses shown on line 25 below) a PROFESSIONAL_SERVICES 1,827,985. b PRINTING_AND_PUBLICATION 409,305. c PUBLIC_RELATIONS 148,534. d AUDIO_VISUAL 140,085. e EQUIPMENT_RENTAL 11,956. f All other expenses 1,030,608. 25 Total functional expenses. Add lines 1 through 24f 11,653,531. 26 Joint Costs. Check here If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | } | | | |
| a PROFESSIONAL_SERVICES 1,827,985. b PRINTING_AND_PUBLICATION 409,305. c PUBLIC_RELATIONS 148,534. d AUDIO_VISUAL 140,085. e EQUIPMENT_RENTAL 11,956. f All other expenses 1,030,608. 25 Total functional expenses. Add lines 1 through 24f 11,653,531. 26 Joint Costs. Check here If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | ŕ | | | | |
| b PRINTING_AND_PUBLICATION 409,305. c PUBLIC_RELATIONS 148,534. d AUDIO_VISUAL 140,085. e EQUIPMENT_RENTAL 11,956. f All other expenses 1,030,608. 25 Total functional expenses. Add lines 1 through 24f 11,653,531. 26 Joint Costs. Check here If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | · | | | ļ | |
| c PUBLIC_RELATIONS 148,534. d AUDIO_VISUAL 140,085. e EQUIPMENT_RENTAL 11,956. f All other expenses 1,030,608. 25 Total functional expenses. Add lines 1 through 24f 11,653,531. 26 Joint Costs. Check here If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | | | |
| d AUDIO_VISUAL 140,085. e EQUIPMENT_RENTAL 11,956. f All other expenses 1,030,608. 25 Total functional expenses. Add lines 1 through 24f 11,653,531. 26 Joint Costs. Check here If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | - | | | <u> </u> | |
| e EQUIPMENT_RENTAL 11, 956. f All other expenses 1,030,608. 25 Total functional expenses. Add lines 1 through 24f 11,653,531. 26 Joint Costs. Check here If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | | <u> </u> | |
| f All other expenses 1,030,608. 25 Total functional expenses. Add lines 1 through 24f 11,653,531. 26 Joint Costs. Check here If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | | | <u> </u> |
| 25 Total functional expenses. Add lines 1 through 24f 26 Joint Costs. Check here ▶ ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | | | |
| 26 Joint Costs. Check here ▶ ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | | - | |
| SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | 11,653,531. | | - | |
| reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | 26 | · 🗀 | | | | |
| combined educational campaign and fundraising solicitation | | | | | | |
| | | combined educational campaign and fundraising | | | | |
| | JSA | solicitation | | | <u>.J</u> | |

| Pa | rt X | Balance Sheet | | | | | 90 |
|---------------|----------|---|--|-------------|-----------|----------------|--------------|
| | | | (A) Beginning of year | | | B) of yea | r |
| | 1 | Cash - non-interest-bearing | 5,000. | 1 | | 5, | 100. |
| | 2 | Savings and temporary cash investments | 1,266,148. | 2 | | 750, | 585. |
| | 3 | Pledges and grants receivable, net | | 3 | | | |
| | 4 | Accounts receivable, net | 778,881. | 4 | | 521, | 501. |
| | 5 | Receivables from current and former officers, directors, trustees, key | | | | | |
| | | employees, or other related parties Complete Part II of Schedule L | NONE | 5 | | 10, | 000. |
| | 6 | Receivables from other disqualified persons (as defined under section | | | | | *ŧ |
| | | 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II | | | | | 2 |
| | | of Schedule L | | 6 | | | |
| ets | 7 | Notes and loans receivable, net | | 7 | | | |
| Assets | 8 | Inventories for sales or use | <u>3,093.</u> | 8 | | | 522. |
| ٩ | 9 | Prepaid expenses and deferred charges | <u> </u> | 9 | 1, | 286, | 919. |
| | L | Land, buildings, and equipment cost basis 10a 8,661,959. | , | , | | ٠, | 3 |
| | b | Less: accumulated depreciation Complete | ē | - | | | - |
| | ١ | Part VI of Schedule D | 5,462,709. | | | | <u>470.</u> |
| | 11 | Investments - publicly traded securities STMT 6 | 730,943. | 11 | | 632, | <u> 157.</u> |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | | | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | | | |
| | 14 | Intangible assets | | 14 | | | |
| | 15 | Other assets See Part IV, line 11 | 322,534. | 15 | | | 247. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 9,763,178. | | | | 501. |
| | 17 | Accounts payable and accrued expenses | 753,117. | 17 | | 726, | 916. |
| | 18 19 | Deferred revenue | 2 070 510 | 18 | | | |
| | 20 | Tax-exempt bond liabilities | 3,979,519. | 19 20 | | 311, | 943. |
| " | 21 | Escrow account liability Complete Part IV of Schedule D | | 21 | | | |
| ties | 22 | Payables to current and former officers, directors, trustees, key employees, | | 21 | | | |
| Liabilities | 22 | highest compensated employees, and disqualified persons. Complete Part II | | | | | |
| <u> </u> | İ | of Schedule L | | 22 | | | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | | | |
| | 24 | Unsecured notes and loans payable | | 24 | | | |
| | 25 | Other liabilities Complete Part X of Schedule D | | 25 | | | |
| | 26 | Total liabilities. Add lines 17 through 25 | 4,732,636. | 26 | 4 | n 38 . | 859. |
| | | Organizations that follow SFAS 117, check here ▶ 💢 and complete | 2, 102, 000, | | | 0007 | 003. |
| Fund Balances | | lines 27 through 29, and lines 33 and 34. | | | | | |
| lan | 27 | Unrestricted net assets | 5,030,542. | 27 | 4, | 760, | 642. |
| Ba | 28 | Temporarily restricted net assets | | 28 | | | |
| Pur | 29 | Permanently restricted net assets | ······································ | 29 | | | |
| P | | Organizations that do not follow SFAS 117, check here ► and complete lines 30 through 34. | | | | | |
| ets | 30 | Capital stock or trust principal, or current funds | | 30 | | | |
| Assets | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | | | |
| ά | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | | | |
| Net | 33 | Total net assets or fund balances | 5,030,542. | 33 | 4, | 760, | 642. |
| _ | 34 | Total liabilities and net assets/fund balances | 9,763,178. | 34 | <u>8,</u> | 799, | <u>501.</u> |
| įξ | rt XI | Financial Statements and Reporting | | | | 1 | |
| 1 | Acco | unting method used to prepare the Form 990 Cash X Accrual Othe | | | | Yes | No |
| 2a | | e the organization's financial statements compiled or reviewed by an independent account | | |] | | v |
| b | | the organization's financial statements complied of reviewed by an independent accountant? | | | 2a 2b | Х | <u> </u> |
| c | | es" to lines 2a or 2b, does the organization have a committee that assumes responsibility | | | <u> </u> | ^ | |
| • | | , review, or compilation of its financial statements and selection of an independent accou | | | 2c | x | |
| 3a | | result of a federal award, was the organization required to undergo an audit or audits as s | | | 20 | ├^ | |
| | | single Audit Act and OMB Circular A-133? | | | 3a | | × |
| b | | es," did the organization undergo the required audit or audits? | | | 3b | | |
| | | | | | | n 990 | (2008) |

SCHEDULE D , (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

| Nam | ie or the organization | Employer Identification number |
|----------------|---|---|
| | EDIT UNION EXECUTIVES SOCIETY, INC | 39-1351028 |
| Pa | Organizations Maintaining Donor Advised Funds or Other Similar the organization answered "Yes" to Form 990, Part IV, line 6. | <u> </u> |
| | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | |
| 2 | Aggregate contributions to (during year) | |
| 3 | Aggregate grants from (during year) | |
| 4 | Aggregate value at end of year | |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets | held in donor advised |
| | funds are the organization's property, subject to the organization's exclusive legal of | control? Yes No |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that used only for charitable purposes and not for the benefit of the donor or donor adv | |
| | · · · · · · · · · · · · · · · · · · · | |
| D ₀ | Impermissible private benefit? | Yes" to Form 990, Part IV, June 7 |
| 4 | Purpose(s) of conservation easements held by the organization (check all that apply | |
| 1 | | |
| | | servation of an historically importantly land area |
| | | servation of certified historic structure |
| _ | Preservation of open space | |
| 2 | Complete lines 2a-2d if the organization held a qualified conservation contribution on the last day of the tax year | in the form of a conservation easement |
| | of the last day of the tax year | $\frac{f_2(x_1)^2}{g(x_1)^2}$ Held at the End of the Year |
| | - | |
| a | Total number of conservation easements | |
| b | · · · · · · · · · · · · · · · · · · · | l l |
| C | Number of conservation easements on a certified historic structure included in (a). | ; I |
| ď | Number of conservation easements included in (c) acquired after 8/17/06 | |
| 3 | Number of conservation easements modified, transferred, released, extinguished | or terminated by the organization during |
| | the taxable year ▶ | |
| 4 | Number of states where property subject to conservation easement is located ▶ _ | |
| 5 | Does the organization have a written policy regarding the periodic monitoring, insp | pection, violations, and |
| _ | enforcement of the conservation easements it holds? | |
| 6 | Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easemed | - · · · · · · · · · · · · · · · · · · · |
| 7 | Amount of expenses incurred in monitoring, inspecting, and enforcing easements | |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the requiren 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? | i i i i |
| 9 | 1 11 11 11 11 11 11 11 11 11 11 11 11 1 | |
| 9 | In Part XIV, describe how the organization reports conservation easements in its r | · · · · · · · · · · · · · · · · · · · |
| | balance sheet, and include, if applicable, the text of the footnote to the organization the organization's accounting for conservation easements | on's imancial statements that describes |
| Pa | art III Organizations Maintaining Collections of Art, Historical Treasures | or Other Similar Assets |
| | Complete if the organization answered "Yes" to Form 990, Part IV, | ine 8. |
| 1a | If the organization elected, as permitted under SFAS 116, not to report in its rever | nue statement and balance sheet works of |
| - | art, historical treasures, or other similar assets held for public exhibition, education provide, in Part XIV, the text of the footnote to its financial statements that describe | n, or research in furtherance of public service, |
| h | | |
| b | If the organization elected, as permitted under SFAS 116, to report in its revenue historical treasures, or other similar assets held for public exhibition, education, or | statement and balance sneet works of art, |
| | provide the following amounts relating to these items: | recoderate in furtherance of public service, |
| | (i) Revenues included in Form 990, Part VIII, line 1 | |
| | (ii) Assets included in Form 990, Part X | |
| 2 | If the organization received or held works of art, historical treasures, or other simi | |
| - | following amounts required to be reported under SFAS 116 relating to these items | |
| а | Revenues included in Form 990, Part VIII, line 1 | |
| a b | Assets included in Form 990, Part X | |
| | | |
| For | Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. | Schedule D (Form 990) 2008 |

| Par | Organizations Maintain | ng Collec | tions of Ar | t, Hist | orical | Treasures, | or Oth | er Similar As | sets (| continued) | |
|-----|---|--------------|-----------------|------------|----------|-------------------------------|--------------------|--------------------|-------------|---------------|-------------|
| 3 | Using the organization's accession | and other | records cha | ock any | of the | following th | at are a | eignificant use | of its s | collection | |
| 3 | items (check all that apply): | and outer | records, che | CK ally | or the | Tollowing the | at alt a | significant use | : טו ונא נ | Ollection | |
| _ | Public exhibition | | | | | l aan as aval | hanaa n | rograma | | | |
| a | <u></u> | | | d _ | — | Loan or excl | nange p | rograms | | | |
| b | Scholarly research | | | e | | Other | | | | | |
| C | Preservation for future ge | | | | | | | | | | |
| 4 | Provide a description of the organic Part XIV. | zation's col | llections and | explaii | n how t | hey further t | he orga | inization's exen | npt pur | pose in | |
| _ | | | | 4 | -6 -4 | h:-4 | | or other similer | _ | | |
| 5 | During the year, did the organization assets to be sold to raise funds rate | | | | | | | | _ | Yes | No |
| Par | t IV Trust, Escrow and Cust | | | | | | | | | | 110 |
| _ | Part IV, line 9, or reporte | | | | | | | | | | |
| 4 a | Is the organization an agent, truste | e custodis | n or other in | nterme | diany fa | r contributio | ne or of | har accete not | | | |
| ıa | included on Form 990, Part X? | | | | - | | | | Г | Yes | No |
| h | If "Yes," explain the arrangement in | | | | | | | | [| res _ | |
| D | ii res, explain the arrangement ii | I Fall AIV 6 | and complete | s the ic | DIIOMHIĆ | i table. | | Λ κ | a cunt | | |
| _ | Beginning balance | | | | | - | 4 | All | rount | | |
| | | | | | | | | | | | |
| d | Additions during the year | | | | | | | | | | |
| e | Distributions during the year | | | | | | | | | | |
| Ţ | Ending balance | | | | | | | | —-r | | |
| | Did the organization include an an | | orm 990, Pa | rt X, line | e 217 | <i>.</i> | • • • • | | l | Yes | No |
| | If "Yes," explain the arrangement in | | | | | | | 5 (8/) | 4.0 | | |
| Par | t V Endowment Funds. Cor | | | | | | | | | T | |
| | | (a) Curre | nt Year | (b) Prior | year | (c) Two yea | rs back | (d) Three year | s back | (e) Four yea | rs back |
| 1a | 0 0 , | | | | | | | | | | |
| b | Contributions | | | | | | | | | | ١ |
| С | Investment earnings or losses | | | | | | | <u></u> | | - , , | |
| d | Grants or scholarships | | | | | | | | | | |
| е | Other expenditures for facilities . | | j | | | | | | | | |
| | and programs | | | | | | | | | - | |
| f | Administrative expenses | | | | | | | - | | | |
| g | End of year balance | | | | - | | | | | | |
| 2 | Provide the estimated percentage | of the year | end balance | e held a | ıs. | | | | | | |
| а | Board designated or quasi-endown | ment 🕨 | 9 | 6 | | | | | | | |
| b | Permanent endowment ▶ | % | | | | | | | | | |
| C | Term endowment ▶ | % | | | | | | | | | |
| 3a | Are there endowment funds not in | the posse | ssion of the | organi | zation t | hat are held | and ad | ministered for the | he | | |
| | organization by: | | | | | | | | | Ye | s No |
| | (i) unrelated organizations | | | | | | | | | 3a(i) | 1 |
| | (ii) related organizations | | | | | | | | | 3a(ii) | + |
| b | If "Yes" to 3a(II), are the related or | | | | | | | | | 3b | |
| 4 | Describe in Part XIV the intended | - | | • | | | | | | <u> </u> | |
| Par | t VI Investments - Land, Bui | | | | | | t X. line | : 10. | | | |
| | Description of investment | | (a) Cost or oth | ner basis | (b |) Cost or other basis (other) | | Depreciation | (| d) Book value | |
| 1a | Land | | | | | 542,67 | 1. | | | 542 - | 671. |
| d | Buildings | | | | | 4,075,20 | | 778,796. | | 3,296, | |
| С | Leasehold improvements | | | | _ | 752,45 | | 433,701. | | | 754. |
| d | Equipment | <u> </u> | | | | $\frac{752,43}{3,150,83}$ | | ,321,992. | | | 838. |
| e | Other | F- | | | + | 140,80 | i | , 221, 232. | | | 802. |
| | I. Add lines 1a-1e (Column (d) show | | orm 990 Par | t X co | lumn / | | | | | 5,127, | |
| | | au oquur i | 5.111 550, 1 al | .,, 00 | | ,, mic 10(c). | / · · · | • • • • • • | | <u> </u> | 4/0. |

| Part VII | Investments - Other Securities. See F | orm 990, Part X, I | ine 12. | Fage J |
|----------------|---|---------------------------------------|--|--|
| | (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year marke | on et value |
| Financial der | ivatives and other financial products | | | |
| | equity interests | | | |
| Other | | · · · · · · · · · · · · · · · · · · · | | |
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| - - | | | | <u></u> |
| | | | | |
| | (b) should equal Form 990, Part X, col (B) line 12) Investments - Program Related. See f | Form 000 Dort V | line 12 | _ |
| Part VIII | | | | |
| | (a) Description of investment type | (b) Book value | (c) Method of valuate Cost or end-of-year marke | on et value |
| | | | | |
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| Total. (Column | (b) should equal Form 990, Part X, col (B) line 13) | | | |
| Part IX | Other Assets. See Form 990, Part X, | ine 15. | | |
| | (a) | Description | | (b) Book value |
| | ENTS FOR DEFERRED | | | |
| COMPI | ENSATION | | | 457,247. |
| | | | | |
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| | | | | |
| | | | | |
| _ | (b) should equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part | | | 457,247 |
| Part X | (a) Description of liability | (b) Amount | | |
| Federal incor | | (b) / tinoditt | 1 . | |
| | | | | - |
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| | | - | - · · · · | • |
| Total. (Column | n (b) should equal Form 990, Part X, col (B) line 25) | | - | |
| | provide the text of the footnote to the ord | lanization's financial | statements that reports the organizat | ion's liability for |

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

JSA 8E1270 1 000 59971H 649H

Schedule D (Form 990) 2008

| ched | le D (Form 990) 2008 | | | Page 44 |
|---------------|--|--|--------------|-----------------|
| Part | | —-г | | ··· |
| 1 | | 1 | | 11,411,621. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | | 11,653,531. |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 | | -241,910. |
| 4 | Net unrealized gains (losses) on investments | 4 | | |
| 5 | Donated services and use of facilities | 5 | | |
| 6 | | 6 | | |
| 7 | Prior period adjustments | 7 | | |
| 8 | | 8 | | -27,989. |
| 9 | | 9 | | -27,989. |
| 10 | | 10 | | -269,899. |
| | XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Retu | urn | | |
| 1 | Total revenue, gains, and other support per audited financial statements | - 1 | 1 | 11,609,946. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | 7 | 700 | |
| а | Net unrealized gains on investments | | | |
| b | | 7 | - 7 | |
| С | | 7. | 1 | |
| d | | 7. | | |
| e | | | 2e | -17,967. |
| 3 | Subtract line 2e from line 1 | • - | 3 | 11,627,913. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | | |
| a | | | | |
| b | 41 | , | P | |
| | | | 4c | -216,292. |
| - | Add lines 4a and 4b Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | • | 5 | 11,411,621. |
| 5 •200 | Reconciliation of Expenses per Audited Financial Statements With Expenses per Re | | | 11,411,021. |
| 1 (1 | Total expenses and losses per audited financial statements | - 1 | <u></u> | 11,851,856. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | - - | ` | 11,031,030. |
| | | | | |
| a | | \dashv | | |
| t t | Language and an Earn 200 Part IV Inc 25 | | | |
| C | | , | | |
| C | Add by a On through Od | | - | 12 067 |
| • | | | 2 e 3 | <u>-17,967.</u> |
| 3 | Subtract line 2e from line 1 | $\cdot \vdash$ | - | 11,869,823. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 | | | |
| a | • | \dashv | | |
| k | , | _ | . [| |
| | Add lines 4a and 4b | • - | 4c | -216,292. |
| _5 | Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) | ٠ـــــــــــــــــــــــــــــــــــــ | 5 | 11,653,531. |
| | XIV Supplemental Information | | | |
| | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Par | rt IV, | , lines | s 1b |
| and 2 | 2b, Part V, line 4, Part X; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. | | | |
| SEE | PAGE 5 | | | . |
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Schedule D (Form 990) 2008

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23. OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

CREDIT UNION EXECUTIVES

Employer identification number

39-1351028

| Pari | Questions Regarding Compensation | | | |
|------|---|----|-----|-------|
| • | | | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form | | | |
| | 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items. | | • | |
| | First-class or charter travel Housing allowance or residence for personal use | 1. | - | |
| | X Travel for companions Payments for business use of personal residence | | | 332 |
| | X Tax indemnification and gross-up payments X Health or social club dues or initiation fees | ' | - , | |
| | Discretionary spending account Personal services (e.g., maid, chauffeur, chef) | 1 | | ٠. ١ |
| | | 1 | - 1 | 1 2 6 |
| b | If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or | | 1. | - |
| | provision of all of the expenses described above? If "No," complete Part III to explain | 1b | Х | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all | | | |
| | officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? | 2 | Х | |
| | | | , | |
| 3 | Indicate which, if any, of the following the organization uses to establish the compensation of the | | - | |
| | organization's CEO/Executive Director. Check all that apply. | | ~ | |
| | x Compensation committee x Written employment contract | } | , | 1 |
| | X Independent compensation consultant X Compensation survey or study | | | - |
| | Form 990 of other organizations X Approval by the board or compensation committee | ' | | |
| | | | | • |
| 4 | During the year, did any person listed in Form 990, Part VII, Section A, line 1a: | | | |
| а | Receive a severance payment or change of control payment? | 4a | | Х |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | Х | L |
| C | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | X |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | - | | İ |
| | | 1 | | , . |
| | Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8. | | | |
| 5 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any | | | ' |
| | compensation contingent on the revenues of. | | | |
| a | The organization? | 5a | | ļ |
| b | Any related organization? | 5b | | ļ |
| | If "Yes" to line 5a or 5b, describe in Part III. | | | |
| 6 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any | | | 1 |
| | compensation contingent on the net earnings of | | İ | |
| a | The organization? | 6a | | ļ . |
| b | Any related organization? | 6b | | 1 |
| _ | If "Yes" to line 6a or 6b, describe in Part III. | | | |
| 7 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed | j | ŀ | 1 |

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2008

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

| | - | CWODYSON (B) | (B) Breakdown of W.2 and/or 1099-MISC compensation | companyation | | | | |
|----------------|----------|---|--|---|---|----------------------------------|---|--|
| (A) Name | | (i) Base compensation | (ii) Bonus & incentive | (iii) Other reportable | (C) Deferred compensation | (U) Nontaxable benefits | (E) Total of columns (B)(I)-(D) | (r) Compensation reported in prior Form 990 or Form 990-EZ |
| | | | | | | | | |
| | € | 246,747 | NONE | 73,963. | 124,706. | 30,296. | 475,712 | |
| FRED JOHNSON | (ii) | NONE | NONE | | NONE | NONE | NONE | NONE |
| | (0) | 124,672. | 6, 590. | 71,793. | 45,058. | 15,239. | 263,352 | ; ; ; ; ; ; ; ; ; ; |
| DENNIS PORTER | (ii) |] | | | NONE | ļ | | NONE |
| | € | 122, | 3, | 64,552. | 29,567. | 5,432. | 225,844. | 1 |
| BARB KACHELSKI | € | 日 N O N I I I I I I I I I I I I I I I I I | 1 | | NONE | NONE | NONE | NONE |
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| FORMATION | 1.A |
|----------------------------|----------------------------|
| - RELEVANT COMPENSATION IN | SCHEDULE J PART I, LINE 1A |

- ON CERTAIN OCCASIONS, THE WIFE OF THE CEO ACCOMPANIES HIM ON BUSINESS.
- <u> TRIPS. WHERE THE SPOUSE WOULD BE EXPECTED TO BE PRESENT, ALONG WITH OTHER.</u>
- <u> SPOUSES OF MEMBERS OF CUES. FOR SENIOR VICE-PRESIDENTS THAT HAVE A.</u>
- <u>_COMPANY_VEHICLE, THE YEAR-END_CALCULATION_FOR_TAXES_ASSOCIATED_WITH_THE</u>
- PERSONAL USE OF THE CAR IS GROSSED-UP SO AS TO NOT BECOME AN UNFAIR.
- <u> BENEFIT TO THE INDIVIDUAL. THE PRESIDENT ALSO HAS A MEMBERSHIP AT LOCAL.</u>
- <u> COUNTRY CLUB FOR ENTERTAINING BUSINESS GUESTS, MEMBERS, SUPPLIERS, AND . . </u>
- DIRECTORS.
- SCHEDULE J PART I. LINE 4B
- CUES'S CEO, FRED JOHNSON, PARTICIPATES IN A SUPPLEMENTAL EXECUTIVE
- REITREMENT, PLAN, (SERR), IN, THE, AMOUNT, OF, \$72,927.

SCHEDULE L. (Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or Form 990-EZ.

➤ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, lines 38b or 40b.

| lame of the organization | | | | | | En | | | | on nun | nber | |
|---|--|--------------------------|-----------------------------|--------------|--------------------------------------|-----------------|----------|---------------|------------------|-------------------------------------|-----------|----------|
| Part Excess Benefit Transacations | | | (3) and secti | on 501(c) | (A) organiza | utions only) | | 1351 | .028 | | | |
| To be completed by organizations | | | | | | | | orm 99 | 0-EZ, | Part | V, line | 40t |
| 4 | | | | | \ D | -f t | | | | _ " | (C) Con | rected |
| 1 (a) Name of disqualified person | | | | |) Description | or transaction | | | | | Yes | No |
| | | | | | | | | | | | | |
| | | | - | | | | | | _ | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | _ | | | |
| Enter the amount of tax imposed on tunder section 4958Enter the amount of tax, if any, on line | | | . | | | . | | | * \$ _ • \$ _ | | | |
| Part II Loans to and/or From Interes To be completed by organization | | | | orm 990, | Part IV, line | 26, or For | m 990 | -EZ, P | art V, | line 3 | 8a. | |
| (a) Name of interested person and purpose | | to or from inization? | (c) Orig principal a | | (d) Bala | (d) Balance due | | default? | | ard or | agreement | |
| | То | From | | | | | Yes | No | Yes | No | Yes | No |
| ENNIS PORTER PERSONAL LOAN | | Х | | 10,000 | | 10,000 | - | Х | | Х | Х | |
| | | | | | | <u>.</u> | - | | | | | |
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| otal | | | | ▶ \$ | | 10,000. | | | <u> </u> | , , | | <u> </u> |
| Part III Grants or Assistance Benefi To be completed by organization | itting lı | nterest | ed Persons | | Part IV line | 27 | | | | | | |
| (a) Name of interested person | т — | | ip between int organizat | erested per | | (c) Am | ount of | grant | or typ | e of as | sistan | ce |
| | | | | | | | | | | | | |
| | <u> </u> | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| Part IV Business Transactions Invol To be completed by organization | ving In | ntereste answere | ed Persons. | orm 990. | , Part IV, line | s 28a, 28b | o, or 28 | Sc. | | | | |
| (a) Name of interested person | (b) R | elations | hip between rson and the | (c) Ar | Amount of nsaction (d) Description o | | | f transaction | | (e) Shanr organizati revenue: | | |
| | | 3 | | | | | | | | | Yes | No |
| | | | | - | | | | | | | | |
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

| OMB No 1545-0047 |
|---------------------------|
| 2008 |
| Open to Public Inspection |

Department of the Treasury Internal Revenue Service

| Name of the organization | Employer identification number |
|---|---------------------------------------|
| CREDIT UNION EXECUTIVES SOCIETY, INC. | 39-1351028 |
| MEMBERS RIGHTS | |
| MEMBERS RIGHTS | |
| 990 PART VI, LINE 6 | |
| CREDIT UNION EXECUTIVES SOCIETY, INC. IS AN INDIVIDUAL MEMBERSHIP | |
| OPGANIZATION | |
| ORGANIZATION. | |
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| Name of the organization | Employer identification number |
|---|--------------------------------|
| CREDIT UNION EXECUTIVES SOCIETY, INC. | 39-1351028 |
| MEMBERS WITH BOARD-ELECTION RIGHTS | |
| | |
| 990 PART VI, LINE 7A | |
| CUES DIRECTORS ARE ELECTED BY MEMBERSHIP THROUGH A VOTING PROCESS | |
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| Schedule O (Form 990) 2008 | Page Z |
|---|---|
| Name of the organization CREDIT UNION EXECUTIVES SOCIETY, INC. | Employer identification number 39-1351028 |
| | |
| MEMBERS WITH APPROVAL RIGHTS | |
| 990 PART VI, LINE 7B | |
| CUES VOTING PROCESS REQUIRES MEMBERSHIP APPROVAL AND ANY DECISION | N TO |
| DISSOLVE THE ORGANIZATION WOULD REQUIRE MEMBERSHIP APPROVAL. | |
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| Name of the organization | Employer identification number |
|---|--------------------------------|
| CREDIT UNION EXECUTIVES SOCIETY, INC. | 39-1351028 |
| PRACTICES FOR MONITORING CONFLICTS OF INTEREST | |
| 990 PART VI, LINE 12C | |
| THE CONFLICT OF INTEREST POLICY IS REVIEWED AND SIGNED BY KEY STA | FF |
| YEARLY. IF CONFLICTS OF INTEREST ARE REPORTED ON THE FORM, FOLLO | W_UP_BY |
| THE CEO WOULD BE REQUIRED AND ACTION TAKEN TO IMMEDIATELY CORRECT | _THE |
| SITUATION. | |
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| lame of the organization | Employer identification number |
|---|--------------------------------|
| CREDIT UNION EXECUTIVES SOCIETY, INC. | 39-1351028 |
| PROCESS FOR DETERMINING COMPENSATION | |
| 990 PART VI, LINE 15 | |
| CUES OBTAINS MARKET DATA FROM VARIOUS THIRD PARTIES FOR THE CEO. | |
| COMPARISONS ARE USED IN THE PRESIDENT'S EVALUATION BY THE BOARD, | WHICH |
| SETS THE PRESIDENT'S SALARY ANNUALLY. FOR KEY EXECUTIVES, THIRD | PARTY |
| MARKET COMPARISONS ARE USED AND ARE AT THE DISCRETION OF THE PRES | IDENT |
| FOR APPROVAL AND DETERMINATION. | |
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| Schedule O (Form 990) 2008 | Page 2 |
|---|--------------------------------|
| Name of the organization | Employer identification number |
| CREDIT UNION EXECUTIVES SOCIETY, INC. | 39-1351028 |
| POLICY FOR MAKING CERTAIN DOCUMENTS PUBLIC | |
| 990 PART VI, LINE 19 | |
| CUES MAKES ITS DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. T | HE |
| FINANCIAL STATEMENTS ARE POSTED FOR MEMBERS TO SEE ON ITS WEBSITE | <u> </u> |
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SCHEDULE R (Form 990)

Department of the Treasury

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► See separate instructions.

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(F)
Direct controlling
entity Schedule R (Form 990) 2008 (F)
Direct controlling
entity Employer identification number 39-1351028 (E)
Public chanty status
(if section 501(c)(3)) (E) End-of-year assets (D) Exempt Code section (D) Total income (C)
Legal domicile (state E)
or foreign country) (C) Legal domicile (state or foreign country) (B) Primary activity (B) Primary activity For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Identification of Related Tax-Exempt Organizations (A) Name, address, and EIN of related organization (A) Name, address, and EIN of disregarded entity CREDIT UNION EXECUTIVES SOCIETY, INC Identification of Disregarded Entities Name of the organization Internal Revenue Service Part II Part I

| | ship |
|----------------------------|--|
| | Identification of Related Organizations Taxable as a Partnership |
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| Schedule R (Form 990) 2008 | de |
| dule F | |
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| (A) Name, address, and EIN of related organization | (B) Primary activity | (C) Legal domicite (state or foreign | (D) Direct controlling entity | (E) Predominant income (related, investment, unrelated) | (F) Share of total income | (G) Share of end-of-year assets | (H) Disproportorate elfocabons? | Code V-UBi Ger amount in box 20 of ma Schedule K-1 pa (Form 1065) | (J) General or managing partner? |
|--|----------------------|--------------------------------------|-------------------------------|---|------------------------------|---------------------------------------|---------------------------------|--|---|
| | | conting | | | | | Yes No | | Yes No |
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Identification of Related Organizations Taxable as a Corporation or Trust Part IV

| (A) Name, address, and EiN of related organization | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Direct controlling entity | (E) Type of entity (C corp. S corp. or trust) | (F) Share of total income | (G) Share of end-of-year assets | (H) Percentage ownership |
|--|----------------------|---|-------------------------------|---|------------------------------|---------------------------------------|--------------------------|
| CUES SERVICE CORPORATION 39-1965251 5510 RESEARCH PARK DRIVE MADISON, WI 53711 | PROF. DEVELOPMENT | MI | N/A | CCORPORATION | -27,988. | 12,153. | 100.0000 |
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| | | | | | | Schedule R (Form 990) 2008 | m 990) 2008 |

Part V Transactions With Related Organizations

| | | A STATE OF THE STA | - |
|---------------|--|--|----------------------------|
| 8 - a o o o o | Note. Complete line 1 if any entity is listed in Parts II, III, or IV During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV? Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity | Parts II–IV? | 1 |
| * 0 = - | Sale of assets to other organization(s) | | 7 |
| ~ x - E c | Lease of facilitles, equipment, or other assets from other organization(s) | | |
| 0 0 | Reimbursement paid to other organization for expenses | | 0 d 1 × × |
| P 4 | Other transfer of cash or property to other organization(s) | relationships and transaction thre | |
| | | (B) Transaction Amoui type (a-r) | (C) Amount invalved |
| E | CUES SERVICE CORPORATION | M-N | 28,736. |
| (2) | | | |
| গ্ৰ ক | | | |
| . (2) | | | |
| 9 | | Schedule | Schedule R (Form 990) 2008 |

Part VI

Unrelated Organizations Taxable as a Partnership

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

| (A) Name, address, and EIN of entity | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Are all partners section 501(c)(3) organizations? | (E) Share of end-of-year assets | (F) Disproportionate allocations? | (G) Code V-UBI amount in box 20 of Schedule K-1 | (H) General or managing partner? |
|--------------------------------------|----------------------|---|---|--|-----------------------------------|---|---|
| | | | Yes No | | Yes No | (0001 | Yes No |
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| | | | | | | Schedule R (Form 990) 2008 | 990) 2008 |

Form **8868**

(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

OMB No 1545-1709

| Internal Revenue S | ervice 1 The a separate application for each return. | |
|--|--|---|
| • | ling for an Automatic 3-Month Extension, complete only Part I and check this box | > x |
| If you are fine the property of t | iling for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page te Part II unless you have already been granted an automatic 3-month extension on a pre | ge 2 of this form). viously filed Form 8868. |
| Part I Auto | matic 3-Month Extension of Time. Only submit original (no copies needed). | |
| A corporation | required to file Form 990-T and requesting an automatic 6-month extension - check this | box and complete |
| Part I only | | |
| All other corp time to file inco | orations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7 ome tax returns | 004 to request an extension of |
| one of the re- electronically returns, or a co | ng (e-file). Generally, you can electronically file Form 8868 if you want a 3-month auturns noted below (6 months for a corporation required to file Form 990-T). However (1) you want the additional (not automatic) 3-month extension or (2) you file Forms omposite or consolidated From 990-T. Instead, you must submit the fully completed and electronic filing of this form, visit www.irs.gov/efile and click on e-file for the submit of the submit of the electronic filing of this form, visit www.irs.gov/efile and click on e-file for the submit of th | ver, you cannot file Form 8868 5 990-BL, 6069, or 8870, group d signed page 2 (Part II) of Form |
| Type or | Name of Exempt Organization | Employer identification number |
| print | CREDIT UNION EXECUTIVES SOCIETY, INC. | 39-1351028 |
| File by the | Number, street, and room or suite no. If a P.O. box, see instructions. | |
| due date for filing your | 5510 RESEARCH PARK DRIVE | |
| return See | City, town or post office, state, and ZIP code. For a foreign address, see instructions | |
| instructions | MADISON, WI 53711-5377 | |
| | f return to be filed (file a separate application for each return) | 4720 |
| X Form 990 | | orm 4720 orm 5227 |
| Form 990 | | orm 6069 |
| Form 990 | , in the state of | orm 8870 |
| | | |
| If the organIf this is for for the whole g | nization does not have an office or place of business in the United States, check this box a Group Return, enter the organization's four digit Group Exemption Number (GEN) | |
| until | st an automatic 3-month (6 months for a corporation required to file Formula 108/16, 2010 and to file the exempt organization return for the o | on named above. The extension is |
| 2 If this tax | year is for less than 12 months, check reason: Initial return Final return | Change in accounting period |
| nonrefun b If this ap made In c Balance | oplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax dable credits. See instructions oplication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax clude any prior year overpayment allowed as a credit. Due. Subtract line 3b from line 3a. Include your payment with this form, or, if require D coupon or, if required, by using EFTPS (Electronic Federal Tax Payment Systoms.) | payments 3b \$ NONE d, deposit |
| Caution. If you | are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-t | |
| for payment in | | |
| For Privacy A | ct and Paperwork Reduction Act Notice, see Instructions. | Form 8868 (Rev 4-2009) |

| Form 8868 (R | ev 4-2009) | | Page 2 |
|-----------------------------|--|---------------------------------|--------------------------------|
| • If you a | re filing for an Additional (Not Automatic) 3-Month Extension, complete only | Part II and check this box | > X |
| | y complete Part II if you have already been granted an automatic 3-month ext | | |
| • If you a | re filing for an Automatic 3-Month Extension, complete only Part I (on page 1 |). | |
| | Additional (Not Automatic) 3-Month Extension of Time. Only f | | pies needed). |
| | Name of Exempt Organization | Employer identifi | |
| Type or print | CREDIT UNION EXECUTIVES SOCIETY, INC. | 39-135102 | 8 |
| File by the | Number, street, and room or suite no. If a P.O. box, see instructions. | For IRS use only | |
| extended due date for | 5510 RESEARCH PARK DRIVE | | |
| filing the | City, town or post office, state, and ZIP code. For a foreign address, see instructions | | |
| retum See instructions | MADISON, WI 53711-5377 | | |
| Check typ | pe of return to be filed (File a separate application for each return). | | |
| X For | rm 990 Form 990-PF | Form 1041-A | Form 6069 |
| For | rm 990-BL Form 990-T (sec 401(a) or 408(a) trust) | Form 4720 | Form 8870 |
| For | rm 990-EZ Form 990-T (trust other than above) | Form 5227 | |
| STOPI Do | not complete Part II if you were not already granted an automatic 3-mon | th extension on a previo | usly filed Form 8868. |
| • The boo | oks are in the care of DENNIS PORTER | | |
| Telepho | one No ▶ <u>608 271-2664</u> FAX No. ▶ | | |
| If the or | rganization does not have an office or place of business in the United States, c | heck this box | ▶ 🔲 |
| | s for a Group Return, enter the organization's four digit Group Exemption Number | | this is |
| for the wh | hole group, check this box ▶ If it is for part of the group, check this | box ▶ and attack | ch a |
| list with th | ne names and EINs of all members the extension is for | | |
| 4 I req | quest an additional 3-month extension of time until 08/16/2010 | | _ |
| | calendar year, or other tax year beginning10/01/2008 | _and ending <u>09/30/2</u> | |
| 6 If thi | is tax year is for less than 12 months, check reason Initial return I | Final return Chang | e in accounting period |
| | e in detail why you need the extension <u>TAXPAYER RESPECTFULLY RE</u> | | NAL |
| EXT: | ENSION OF TIME TO FILE IN ORDER TO GATHER THE INFORM | MATION NECESSARY | |
| <u>TO</u> | PREPARE A COMPLETE AND ACCURATE RETURN. | | |
| | | | |
| | is application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the | tentative tax, less any | |
| | refundable credits. See instructions. | | 8a \$ NONE |
| | is application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable | | |
| | payments made. Include any prior year overpayment allowed as a credit | and any amount paid | 25.0 |
| | viously with Form 8868 | | 8b \$ NONE |
| | ance Due. Subtract line 8b from line 8a Include your payment with this form, | | n |
| with | FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment S | | 8c NONE |
| | Signature and Verification | l | of my kanydadaa and haliaf |
| | ilties of penjury, I declare that I have examined this form, including accompanying schedules an rrect, and complete, and that اجتاب authonzed to prepare this form | o statements, and to the dest (| or my knowledge and belief, |
| 20, 001 | 1/4// | | |
| | Title > CPA- PA | EPARFR | ► 5/12/2010 |
| Signature > | | REPARER Date | Form 8868 (Rev 4-2009) |
| | GRANT THORNTON LLP | | roini 0000 (Rev 4-2009) |
| | PØ 56X 8100 | | |
| | MADISON, WI 53708-8100 | | |

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

CREDIT UNION EXECUTIVES SOCIETY, INC. IS AN INDEPENDENT MEMBERSHIP ASSOCIATION FOR INDIVIDUAL CREDIT UNION EXECUTIVES. ITS PRIMARY PURPOSE IS TO ADVANCE THE PROFESSIONAL DEVELOPMENT OF CREDIT UNION CEOS, SENIOR MANAGEMENT, AND DIRECTORS.

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

| NAME AND ADDRESS | DESCRIPTION OF SERVICES | COMPENSATION |
|---|-------------------------|--------------|
| DIGITAL UNIVERSITY INC. 5739 CAMINITO EMPRESA LA JOLLA, CA 92037 | ONLINE EDUCATION | 683,627. |
| MICHAEL NEILL & ASSOCIATES INC. 600 ONIEDA DRIVE LOCUST GROVE, CA 30248 | TRAINING/CONSULTING | 609,761. |
| PHYSICIANS PLUS INSURANCE CORP. PO BOX 3057 MILWAUKEE, WI 53201 | HEALTH CARE PROVIDER | 308,459. |
| ASSOCIATION CONSULTING GROUP, INC. 10632 LITTLE PATUXENT PKWY #236 COLUMBIA, MD 21044 | DATABASE SOFTWARE | 267,771. |
| TOTAL COMPENS. | ATION | 1,869,618. |

| 8E7000 1 000 | REN | IT ANI |) RC |)Y <i>F</i> | ALTY INCO | <u> ME</u> | | | |
|--|--|----------------------|--------------------|-----------------|---------------------------------------|---|---------------|---|--------------------------------|
| Taxpayer's Name | ······ | | | | | | ı | | ng Number |
| CREDIT UNION EXE | CUTIVES SO | CIETY, | INC | • | | |]3 | 9-135 | 51028 |
| DESCRIPTION OF PROPERTY | | | | | | | | | |
| SECOND FLOOR OF | | | | | dumenthe tourspar? | | | | |
| | ctively participate in t | | | | | | | | |
| REAL RENTAL INCO | ME | | • | • • • • | | • | | - | |
| SEE STATEMENT | | | | | | 220 | ,219 | | |
| SEE SIMILIANI | | | | | | | 1212 | 7 | |
| TOTAL GROSS INCOME · · · · | | | | | | | | | 220,219. |
| OTHER EXPENSES: | | | | | | | | | |
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| DEPRECIATION (SHOWN BELOV | M) | | | | | | | | |
| LESS: Beneficiary's Portion | ···/ | • • • • • • | | • • • | • | | | | |
| AMORTIZATION | | | | | | | | | |
| LESS: Beneficiary's Portion | | | | | | | | | |
| DEPLETION | | | | | | | | | |
| LESS: Beneficiary's Portion . | | | | | | | | _ | |
| TOTAL EXPENSES | | | | | | | | . | |
| TOTAL RENT OR ROYALTY INCO | OME (LOSS) · · · · | • • • • • • | | • • • | · · · · · · · · · · · · · · · · · · · | | • • • • | <u>· </u> | 220,219. |
| Less Amount to | | | | | | | | | |
| Rent or Royalty | | | | | | | | _ | |
| Depreciation | | | | | | | | | |
| Depletion | | | | | | | | | |
| Investment Interest Expense Other Expenses | | • • • • • • | | • • • | | | | | |
| Net Income (Loss) to Others | | | | | | | | _ | |
| Net Rent or Royalty Income (Los | s) | | | | | | | | 220,219. |
| Deductible Rental Loss (if Applic | | | | | | | | : | |
| SCHEDULE FOR DEPRECI | ATION CLAIMED | | | | | | | | |
| | } | 1 | | | | | | | |
| (a) Description of property | (b) Cost or unadjusted basis | (c) Date acquired | (d) ACRS des | (e) Bus % | (f) Basis for depreciation | (g) Depreciation in prior years | (h) Method | (i) Life or rate | (j) Depreciation for this year |
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SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER INCOME

SECOND FLOOR OF HEADQUARTER BUILDING AT 5510 RESEARCH PARK DRIVE

220,219. 220,219.

========

RENT AND ROYALTY SUMMARY

| PROPERTY | TOTAL INCOME | DEPLETION/ DEPRECIATION | OTHER EXPENSES | ALLOWABLE NET INCOME |
|----------------------|-----------------|----------------------------|-------------------|----------------------------|
| SECOND FLOOR OF HEAD | 220,219. | | | 220,219. |
| TOTALS | 220,219. | | | 220,219. |

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

ENDING BOOK VALUE DESCRIPTION

SHORT TERM INVESTMENTS 632,157.

632,157. TOTALS ==============

FEDERAL FOOTNOTES _____

FORM 990, PART III

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

Α. CONFERENCES, SPECIALTY MEETINGS, SEMINARS, & INSTITUTES

CONFERENCES - ANNUAL EVENTS, ORGANIZED AROUND A THEME, FUNCTIONAL ELEMENT OF A CREDIT UNION, OR A SPECIFIC AUDIENCE. CUES CONFERENCES MAY INCLUDE AN EXHIBIT PROGRAM AND ATTRACT ANYWHERE FROM 250 TO 1,500 ATTENDEES. THEY TYPICALLY RUN THREE TO FOUR DAYS IN LENGTH.

SPECIALTY MEETINGS - ANNUAL EVENTS AIMED AT A SPECIFIC AUDIENCE OR THEME. THEY ARE USUALLY FOUR DAYS IN LENGTH AND HAVE APPROXIMATELY 100 ATTENDEES.

SEMINARS - CUES SEMINAR SERIES ARE RECURRENT EVENTS SCHEDULED AT DIFFERENT TIMES THROUGHOUT THE YEAR, EXPLORING A SINGLE TOPIC OR FUNCTIONAL AREA OF MANAGEMENT IN GREAT DEPTH AND DETAIL. THE FORMAT COMBINES LECTURE, DISCUSSION AND WORK ASSIGNMENTS IN A HIGHLY INTERACTIVE WORKSHOP SETTING. SEMINARS RUN ONE TO THREE DAYS AND ATTENDANCE IS LIMITED TO APPROXIMATELY 50 PARTICIPANTS PER SEMINAR.

INSTITUTES - INSTITUTES ARE ANNUAL, HIGH-LEVEL OFFERINGS DEVELOPED BY THE CUES UNIVERSITY CONSORTIUM FACULTY AND CUES' MEMBER ADVISORY GROUP AND STAFF. MOST CUES INSTITUTES ARE MULTI-TIER, WEEKLONG PROGRAMS. GRADUATES FROM EACH OF THESE PROGRAMS MAY APPLY FOR A DESIGNATION FROM CUES CERTIFICATIONS PROGRAM, RECOGNIZING THEIR ACHIEVEMENT.

MAGAZINES AND PUBLICATIONS В.

CREDIT UNION MANAGEMENT MAGAZINE - INFORMATIVE PUBLICATION DEVOTED EXCLUSIVELY TO TOP CREDIT UNION EXECUTIVES. FILLED WITH TIMELY AND RELEVANT TOPICS IN THE AREAS OF GENERAL MANAGEMENT, MARKETING, OPERATIONS AND HUMAN RESOURCES.

FEDERAL FOOTNOTES

C. OTHER PRODUCTS & SERVICES AND MEMBERSHIP SERVICES

CUES MEMBERSHIP - INTERNATIONAL ORGANIZATION DESIGNED EXCLUSIVELY FOR CREDIT UNION EXECUTIVES WITH A WIDE ARRAY OF BENEFITS FOR THE MEMBERS CAREER AND THE CREDIT UNION.

- CUES-NET CUES MEMBERS SUBSCRIBE FREE OF CHARGE TO THIS E-MAIL NETWORKING SERVICE TO DISCUSS TIMELY ISSUES WITH OTHER MEMBER SUBSCRIBERS.
- CUES ON THE INTERNET 24-HOUR ON-LINE ACCESS TO CUES POWERFUL RESOURCES. SCAN IMPORTANT CUES NEWS. POST LISTINGS OF AVAILABLE CREDIT UNION JOBS. ESTABLISH FREE LINKS TO CREDIT UNION HOME PAGES. CUES WEB SITE OFFERS A VARIETY OF INTERACTIVE AREAS, PROVIDING A CONVENIENT SOURCE OF INFORMATION, NETWORKING WITH PEERS AND A MEMBERS-ONLY ARCHIVE OF QUESTIONS AND ANSWERS FROM CUES-NET.
- CUES COUNCILS GROUPS OF CUES MEMBERS WHO PROVIDE PEER SUPPORT AND CLOSE-TO-HOME PROFESSIONAL DEVELOPMENT. ADVANCE CAREER CAPABILITIES ON A CONVENIENT REGIONAL LEVEL.
- NETWORKING ESTABLISH A WEALTH OF CONTACTS AND RELATIONSHIPS WITHIN THE CREDIT UNION MOVEMENT THROUGH THE NETWORKING OPPORTUNITIES THAT ARE AN ELEMENT OF ALL CUES PROGRAMS.
- RECOGNITION PROGRAMS AS PART OF OUR COMMITMENT TO PROFESSIONAL DEVELOPMENT, CUES PROVIDES THE OPPORTUNITY FOR RECOGNITION AMONG PEERS BY OFFERING A VARIETY OF DISTINGUISHED AWARDS INCLUDING CUES EXECUTIVE OF THE YEAR, CUES MARKETER OF THE YEAR, CUES OPERATIONS PROFESSIONAL OF THE YEAR, DIRECTOR OF THE YEAR AND THE PRESTIGIOUS CUES GOLDEN MIRROR AWARDS.

PRODUCTS & SERVICES-

- PUBLICATIONS AND ONLINE SERVICES - DEALING WITH VARIOUS TOPICS - GENERAL MANAGEMENT, BOARD DEVELOPMENT, STRATEGIC PLANNING, HUMAN RESOURCES, FINANCE, MARKETING, OPERATIONS AND LENDING.

Department of the Treasury Internal Revenue Service

Sales of Business Property (Also Involuntary Conversions and Recapture Amounts

Under Sections 179 and 280F(b)(2))

► Attach to your tax return. ► See separate instructions. OMB No 1545-0184 Attachment

Name(s) shown on return Identifying number CREDIT UNION EXECUTIVES SOCIETY, INC. <u>39-1351028</u> 1 Enter the gross proceeds from sales or exchanges reported to you for 2008 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions) Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions) (e) Depreciation (f) Cost or other (g) Gain or (loss) 2 (a) Description (b) Date acquired (c) Date sold (d) Gross basis, plus allowed or Subtract (f) from the of property (mo, day, yr) (mo, day, yr) sales once allowable since improvements and sum of (d) and (e) expense of sale acquisition Gain, if any, from Form 4684, line 45 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 Gain, if any, from line 32, from other than casualty or theft 6 Combine lines 2 through 6 Enter the gain or (loss) here and on the appropriate line as follows 7 Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9 Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below Nonrecaptured net section 1231 losses from prior years (see instructions) Subtract line 8 from line 7 If zero or less, enter -0- If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions) Part II Ordinary Gains and Losses (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less) SEE STATEMENT -188. Loss, if any, from line 7 11 12 Gain, if any, from line 31 13 14 Ordinary gain from installment sales from Form 6252, line 25 or 36 15 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 Combine lines 10 through 16 17 17 -188 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below. a If the loss on line 11 includes a loss from Form 4684, line 41, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23 Identify as from "Form 4797, line 18a

For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2008)

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a Enter here and on Form 1040,

| Form 4797 (2008) | | | | 351028 | Page 2 |
|---|----------------------------|-------------------|-------|--------------------------------------|----------------------------------|
| Part III Gain From Disposition of Property (see instructions) | Under Sections 1 | 245, 1250, 125 | 2, 12 | 54, and 1255 | |
| 19 (a) Description of section 1245, 1250, 1252, 1254, or 1 | 255 property | | | (b) Date acquired (mo , day, yr) | (c) Date sold (mo , day, yr) |
| A | | | | | |
| В | | | | | |
| С | | | | | |
| D | | | | | |
| | D | Dunanti D | | Dunaments C | Property D |
| These columns relate to the properties on lines 19A through 19D. | ► Property A | Property B | | Property C | Property D |
| 20 Gross sales price (Note: See line 1 before completing) 2 | 0 | | | | |
| 21 Cost or other basis plus expense of sale 2 | 1 | | | | |
| 22 Depreciation (or depletion) allowed or allowable 2 | 2 | | | | |
| 23 Adjusted basis Subtract line 22 from line 21 2 | 3 | | | | |
| 24 Total gain. Subtract line 23 from line 20 2 | 4 | | | | |
| 25 If section 1245 property. | _ | | | | |
| a Depreciation allowed or allowable from line 22 | | | - | | |
| b Enter the smaller of line 24 or 25a | 56 | | | | |
| a Additional depreciation after 1975 (see instructions). 26 | 6a | | | | · |
| b Applicable percentage multiplied by the smaller of | | | | | |
| line 24 or line 26a (see instructions)26 | 6b | | | | |
| c Subtract line 26a from line 24 If residential rental property | + | | | | |
| or line 24 is not more than line 26a, skip lines 26d and 26e . 26 | 6c | | | | |
| d Additional depreciation after 1969 and before 1976 . 26 | 6d | | | | |
| e Enter the smaller of line 26c or 26d | 6e | | | | |
| , | 6f | | | | |
| | 6g | - | | | |
| 27 If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership) | | | | | |
| a Soil, water, and land clearing expenses | 7a | | | | |
| b Line 27a multiplied by applicable percentage (see instructions) 27 | 7b | | | | |
| c Enter the smaller of line 24 or 27b 2 | 7c | | | | |
| 28 If section 1254 property. a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, and mining exploration costs (see instructions) | 8a | | | | |
| b Enter the smaller of line 24 or 28a | 8Ь | | | | |
| 29 If section 1255 property: | | | ŀ | | |
| a Applicable percentage of payments excluded from | | | | | |
| income under section 126 (see instructions)29 | 9a | | | | |
| b Enter the smaller of line 24 or 29a (see instructions). 29 | | | ľ | | |
| Summary of Part III Gains. Complete property | columns A through | D through line | 29b | before going to lir | ne 30. |
| 30 Total gains for all properties Add property columns A tl | hrough D. line 24 | | | 30 | |
| 31 Add property columns A through D, lines 25b, 26g, 27c | | | | | |
| 32 Subtract line 31 from line 30 Enter the portion from ca | | | | | |
| | | | | | |
| other than casualty or theft on Form 4797, line 6 Part IV Recapture Amounts Under Section (see instructions) | s 179 and 280F(b) | (2) When Busin | ness | Use Drops to 50 | % or Less |
| | | | | (a) Section 179 | (b) Section 280F(b)(2) |
| 33 Section 179 expense deduction or depreciation allowal | nle in nnor veare | 1 | 33 | | |
| 33 Section 179 expense deduction or depreciation allowal 34 Recomputed depreciation (see instructions) | | • • • • • • • • • | 34 | | |
| 35 Recapture amount Subtract line 34 from line 33 See | the instructions for where | to report | 35 | | |
| | | | | | Form 4797 (2008 |

Supplement to Form 4797 Part II Detail

| Gain or (Loss) | 000 | - 100 | | | | | | | | | | | | | | | | | -188 |
|----------------------|----------|----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--------|
| Cost or Other | 1000 | 133,003. | | | | | | | | | | | | | | | | | |
| Depreciation Allowed | 100 CC 1 | 132,817. | | | | | | | | | | | | | | | | | |
| Gross Sales | | NO NO | | | | | | | | | | | | | | | | | |
| Date | Dios | VARTOUS | | | | | | | | | | | | | | | | | |
| Date | nalinhay | VARIOUS | | | | | | | | | | | | | | | | | |
| | - 1 | VARIOUS FIXED ASSETS | | | | | | | | | | | | | | | | | Totals |

STATEMENT