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Cepartment of the Treasury Internal Revenue Service

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)

1)

OMB No 1545-0047

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

Open to Public Inspection

A 1	TOI LITE	2011 Calendar year, or tax year beginning	9						
В	Check if	C Name of organization		D Employer identific	cation number				
8	applicable	THE CREDIT UNION LEAGUE OF							
	Addres change	S CONNECTICUT, INC.							
	Name change	Doing Business As		06-0606505					
F	Initial return	Number and street (or P O box if mail is not delivered to street address) Room	/suite	E Telephone numbe	7				
\vdash	Termin	,			265-5657				
⊨	—∣ated ⊟Amend			G Gross receipts \$	1,131,675.				
 -	retum ∏Applica	City or town, state or country, and ZIP + 4 MERIDEN, CT 06450		H(a) Is this a group re					
	—Itión pendin			1	Yes X No				
		The state of the s		for affiliates?					
_		SAME AS C ABOVE	1	H(b) Are all affiliates inc					
		mpt status:501(c)(3) X 501(c) (6) ◀ (insert no) 4947(a)(1) or	527	1	list. (see instructions)				
		e: ► CULCT.COM		H(c) Group exemptio					
			Year	of formation 1933 N	A State of legal domicile CT				
P	art I	Summary			50051110 1115				
بو	1	Briefly describe the organization's mission or most significant activities: $\overline{ ext{THE}}$ $\overline{ ext{LEA}}$	GUE	PROVIDES P	ROGRAMS AND				
Activities & Governance	3	SERVICES TO ITS MEMBER CREDIT UNIONS.			<u>,</u>				
Ĕ	2 (Check this box $lacktriangle$ if the organization discontinued its operations or disposed of	more	than 25% of its net as	sets				
Š	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	9				
Ğ	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4	9				
Š	I .	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	10				
ij	1	Total number of volunteers (estimate if necessary)		6	Ö				
ŧ		Fotal unrelated business revenue from Part VIII, column (C), line 12		7a	0.				
ď		Net unrelated business taxable income from Form 990-T, line 34		7b	0.				
	"	ver difference business taxable income from 1 orn 350 1, into 64	T	Prior Year	Current Year				
	8	Contributions and grants (Part VIII, line 1h)		! 0.	0.				
Revenue			<u> </u>	11,169,590.	1,129,043.				
Ver		Program service revenue (Part VIII, line 2g)	16		2,632.				
æ	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	H		0.				
Si.		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) AY I 6 2012	12		1,131,675.				
אר 107	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			0.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	 	0.	0.				
S	14	Benefits paid to or for members (Part IX, column (A), line 4)	` ===						
es -	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	1,027,309.	1,024,234.				
₽ SE	16a l	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
JUIN Expenses	b	Fotal fundraising expenses (Part IX, column (D), line 25)							
	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		207,346.	137,889.				
7	18	Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,234,655.	1,162,123.				
	19	Revenue less expenses. Subtract line 18 from line 12		-62,036.	-30 <u>,448</u> .				
		· · · · · · · · · · · · · · · · · · ·	Be	ginning of Current Year	End of Year				
ets of S	20	Fotal assets (Part X, line 16)		2,583,229.	2,686,959.				
NA SE	21	Fotal liabilities (Part X, line 26)		1,204,533.	1,177,251.				
Fig.	22	Net assets or fund balances Subtract line 21 from line 20		1,378,696.	1,509,708.				
		Signature Block							
		ties of perjury, I declare that I have examined this return, including accompanying schedules and	statem	ents, and to the hest of m	v knowledge and belief, it is				
		t, and complete. Declaration of preparer (other than officer) is based on all information <u>of which pr</u>			y miowioogo and contr, it is				
(I LIE	title, correct, and complete declaration of preparer (other than onicer) is based on an information of which preparer has any knowledge								
٥.	Sign Signature of officer Date								
	DODDER DOMEDO MICE DESCIDENT								
He	ROBERT POWERS, VICE PRESIDENT Type or print name and title								
_			- 11	Date , Check	PTIN				
	rimorype preparer s name								
Pai		LOUIS A. CRISCUOLO Jung G. Curculo		U V Sch chipto)					
	parer	Firm's name SEWARD AND MONDE, C.P.A.'S		Firm's EIN	06-0530830				
Use	Only	Firm's address 296 STATE STREET		_	00 040 0041				
	NORTH HAVEN, CT 06473-2165 Phone no 203 248-9341								
Ma	y the IF	S discuss this return with the preparer shown above? (see instructions)			Yes No				
132	001 01-2	3-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.			, Form 990 (2011)				

Form	1990 (2011) CONNECTICUT, INC.	06-0606505	Page 2
Pa	rt ill Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission:		
	TO ACHIEVE EXCELLENCE IN THE CORE SERVICE AREAS OF GOVE	ERNMENT	
	RELATIONS, EDUCATION AND HUMAN RESOURCE DEVELOPMENT, CH		
	SERVICE, COMPLIANCE, MEMBER/PUBLIC RELATIONS AND COMMUN		
		<u> </u>	
2	Did the organization undertake any significant program services during the year which were not listed on		
-	the prior Form 990 or 990-EZ?	Vos	X No
	If "Yes," describe these new services on Schedule O.	1es	IAO
•		,	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	7Yes	LA. No
_	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of	of grants and allocations t	0
	others, the total expenses, and revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$) (Reve)
	THE LEAGUE PROVIDES VARIOUS PROGRAMS AND SERVICES TO AF		<u>95</u>
	CONNECTICUT CREDIT UNIONS WHO ARE MEMBERS OF THE LEAGUE	2	
			
		<u> </u>	_
			
			
4b	(Code) (Expenses \$) (Reverses \$)	enue \$)
			<u> </u>
			- -
4c	(Code) (Expenses \$) (Reverses \$	enue \$)
			-
			
4d	Other program services (Describe in Schedule O.)		
	Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses ►		
		Form 9 ⁶	90 (2011)

Form 990 (2011) CONNECTICUT, Part IV Checklist of Required Schedules

			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		<u>X</u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
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		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	ĺ		
	Schedule D, Part III	8		_X_
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		_X_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10_		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		ĺ '	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	}		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	ļ		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			,,
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			,,
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18	_	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			l v
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	<u>X</u>
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	004.5
		Form	990 (2011)

Form 990 (2011) CONNECTICUT, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the	ŀ		
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,]		1
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	1		
	Schedule J	23	Х	ļ
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			Ì
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1		
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	ł	ŀ	•
	any tax-exempt bonds?	24c		ļ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	ļ	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	l	ļ	
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	1		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		ł	!
	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 disqualified	1		,,
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	ļ. —	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			v
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	1		
	instructions for applicable filing thresholds, conditions, and exceptions):	00-		х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	 	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	<u> </u>	
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28c	ļ	X
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	X
	Did the organization receive more than \$25,000 in non-cash contributions in the rest complete schedule in	28		
30	contributions? If "Yes," complete Schedule M	30	ļ	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
3.	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	"	\vdash	
02	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<u></u>
00	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
•	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	335		
_	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35ь	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
-	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990 (2011)

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06-0606505 CONNECTICUT, INC.

Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	8		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return	10		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3ь	ļ	
4a	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	ļ	X
þ	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
		5a_		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	. <u>5c</u>	-	├
бa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	1 .		Х
	any contributions that were not tax deductible?	6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6ь	1	
7	Organizations that may receive deductible contributions under section 170(c).	00		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the goods and se	avor? 7a	ĺ	1
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		1
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
_	to file Form 8282?	7c		
d	If "Yes," Indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	ĺ	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required	¹⁷ 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098	3-C? 7h		L
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year	ar? 8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			1
а	Did the organization make any taxable distributions under section 4966?	9a		ـــــ
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	ļ	ļ
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against			
40	amounts due or received from them.)			1
	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 Section 501(a)(20) qualified congress booth insurance issues:			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	 	†
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	134	 	
L	Enter the amount of reserves the organization is required to maintain by the states in which the			
Ü	organization is licensed to issue qualified health plans			
^	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	[X
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		

Form 990 (2011)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

•				(TOT)			
	Check if Schedule O contains a response to any question in this Part VI			X			
Sec	tion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9						
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O						
b	Enter the number of voting members included in line 1a, above, who are independent						
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		X			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5_		X			
6	Did the organization have members or stockholders?	6	X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or						
	more members of the governing body?	7a	Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
	persons other than the governing body?	7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	The governing body?	8a	Х				
b	b Each committee with authority to act on behalf of the governing body?						
9							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
		_	Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a	X				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10ь	Х				
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?						
 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 							
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X				
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
	in Schedule O how this was done	12c	X				
13	Did the organization have a written whistleblower policy?	13		X			
14	Did the organization have a written document retention and destruction policy?	14	X				
15	Did the process for determining compensation of the following persons include a review and approval by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	X				
	Other officers or key employees of the organization	15b	X				
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a						
	taxable entity during the year?	16a	İ	Х			
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation						
-	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's						
	exempt status with respect to such arrangements?	16b					
Sec	tion C. Disclosure			·			
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed NONE						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) is	vailah	le	_			
. 🕶	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	cial				
. •	statements available to the public during the tax year.						
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion:	•				
	ROBERT POWERS - 203 265-5657						
	1064 EAST MAIN STREET, SUITE 201, MERIDEN, CT 06492	_					

CONNECTICUT, INC.

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (Ď), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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.

(A) Name and Title	(B) Average hours per	box	not c	Pos heck ss pe	more rson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	week (describe hours for related organizations In Schedule O) week (describe hours for related organizations In Schedule O)			Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations		
(1) KATHY CHARTIER	1 00	,,						0	0	0
SECRETARY/DIRECTOR	1.00	X	 —	Х		-		0.	0.	0.
(2) EDWARD CROWLEY, JR.	1.00	x						0.	0.	0.
DIRECTOR (3) JAMES FARRELL	1.00	^	Ì	⊢	\vdash		├		· · ·	<u> </u>
DIRECTOR	1.00	X]	0.	0.	0.
(4) CARL SKUDLAREK	1.00	^	1		-					
TREASURER/DIRECTOR	1.00	X						o.'	0.	0.
(5) JOANNE TODD	1	-	-							
CHAIRMAN/DIRECTOR	1.00	X	1	Х				0.	0.	0.
(6) KEITH WIEMERT				-						
VICE CHAIR/DIRECTOR	1.00	X						0.	0.	0.
(7) JOHN DOLAN			Π			Π				
DIRECTOR	1.00	X						0.	0.	0.
(8) GARRET GIZOWSKI										
DIRECTOR	1.00	X						0.	0.	0.
(9) JOHN E. REET, JR.	1		l	1				_	_	_
DIRECTOR	1.00	X					L	0.	0.	0.
(10) ROBERT POWERS									_	
VP - CU SERVICES	40.00	<u> </u>		Х			<u> </u>	105,570.	0.	28,912.
(11) KELLY FUHLBRIGGE	1	ĺ	ĺ	Í	ĺ		ĺ	01 506		01 000
VP - GOVT RELATIONS	40.00		<u> </u>	Х	<u> </u>	_	L	91,506.	0.	31,332.
(12) ANTHONY L. EMERSON	40.00							207 620		22 501
PRESIDENT/CEO	40.00		ļ	X		-	<u> </u>	207,630.	0.	33,501.
(13) BARBARA BASS	1 40 00			,,				00 220	0	14 200
VP - EDUCATION AND HRD	40.00	_	ļ.—	X	-	-	<u> </u>	98,238.	0.	14,399.
	 	\vdash	_	\vdash	\vdash	\vdash	\vdash			
			\vdash	-		+	<u> </u>			
	}		ļ]	ŀ			
	 	\vdash	<u> </u>		\vdash		\Box			
		_				•		·		5 000 (0044)

Par	t VII Section A. Officers, Directors, Tr	ustage Key E	nok			nd l	High	est	Compensated Employ		000	505	<u></u>	aye o
	(A)	(B)	lipi(byee	:3, a ((<u>::u :</u> C)	ngn	COL	(D)	(E)			(F)	
`	Name and title	Average	Average Ours per Position (do not check more than one box, unless person is both an						Reportable	Reportable	,	Estimated		
		hours per						h an	compensation compensa		l l			_
		week (describe	<u> </u>	cer an	nd a d	irecto	or/trus	tee)	from	from related			other	
		hours for	g G				_		the organization	organization (W-2/1099-Mi			pensa rom th	
		related	trustae or director	frustbe	ļ	ļ	arsafe	ļ	(W-2/1099-MISC)	(= .000	,		anızal	
		organizations	a Tag	na t		986	Highest compensated employee						d relat	
		in Schedule O)	Individual	Institutional	Officer	Кеу еттрюуее	plest	Former				orga	anızatı	ons
			드	트	Б	<u> </u>	= 3	12						
						_		<u> </u>						
				匚				_						
		<u> </u>	_				\vdash	<u> </u>						
								ļ						
		-		├	_		-							
			l											
		 	-											
								_						
				ŀ										
				<u> </u>			<u> </u>	<u> </u>	502 044		0.	10	0 1	11
	Sub-total	U O							502,944.		0.	10	8,1	0.
c d	Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A							502,944.		0.	10	8,1	
2	Total number of individuals (including but r	not limited to th	ose	liste	ed al	bov	e) wh	no re	· · · · · · · · · · · · · · · · · · ·	.000 of reportab			<u> </u>	
_	compensation from the organization		.000				-,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				2
													Yes	No
3	Did the organization list any former officer	, director, or tru	uste	e, ke	y er	nplo	yee.	or	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for s	such individual										3		X
4	For any individual listed on line 1a, is the si									the organization			v	
-	and related organizations greater than \$15			•								4	X	
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," con							eıat	ed organization or indivi	dual for services	'	5		Х
Sec	tion B. Independent Contractors	ipiete Schedul	9 3 1	OI SI	ICII	pers	SULL							
1	Complete this table for your five highest co	mpensated inc	depe	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of cor	npens	ation 1	from	
	the organization. Report compensation for	•	•								<u> </u>			
	(A)								(B)			(0		
	Name and business	address	N	INC	Ξ				Description of s	ervices	C	ompe	nsatio	ฑ
								+						
											i			
								\dashv						
								- [l			
										7 -				
								\perp						
											ì			
_						••		\perp						
2	Total number of independent contractors (ot lii	mite	d to		se lis O	sted	above) who received m	ore than				
	\$100,000 of compensation from the organ	zation 🚩						_				Carm	990 /	2011)

Page 9

THE CREDIT UNION LEAGUE OF CONNECTICUT, INC.

Pai	t VII	I · Statement of Rever	nue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
इध	1 a	Federated campaigns	1a					
الع قا		Membership dues	1b]			
Ağ, G	c	Fundraising events	1c]			
	d	Related organizations	1d					
E,	e	Government grants (contribut	ions) 1e					
i Si	f	All other contributions, gifts, gran	its, and					
듗		similar amounts not included abo	ve 1f					
Contributions, Gifts, Grants and Other Similar Amounts	9		: 1a-1f \$					
0 6	h	Total. Add lines 1a-1f		<u> </u>		1111		
	_	MEMBERSHIP DUES	•	Business Code 900099	1,024,210.	1 024 210		
je	2 a	COMPRESSOR / PRI		561499	75,828.			-
Ser	b c	HUMAN RESOURCES		561499	29,005.	29,005.		
E S	d	HOTHIN REDOORCE	<u></u>	301133	23,003.	23,003.		
Program Service Revenue	u e							
<u>۾</u>	f	All other program service reve						
	g	Total. Add lines 2a-2f		<u> </u>	1,129,043.			
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)		>	2,632.			2,632.
	4	Income from investment of ta	x-exempt bond p	oroceeds -				
	5	Royalties		<u> </u>				
	_		(i) Real	(II) Personal	-			
	6 a				1			
	b	•		1	-			
		Rental income or (loss) Net rental income or (loss)	L	<u> </u>	-			
		Gross amount from sales of	(i) Securities	(ii) Other				
	, ,	assets other than inventory	(y cccurries	(1) 0 (1) 0	1			
j	ь	Less: cost or other basis						
į		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)		•				······································
<u>o</u>	8 a	Gross income from fundraising	g events (not					
Ę		including \$						
- 8e		contributions reported on line	1c). See					
Other Revenu	_	Part IV, line 18	a					
₹		Less: direct expenses	b	•				
		Net income or (loss) from fund Gross income from gaming ad	-					······································
	8 a	Part IV. line 19	a a					
	ь	Less: direct expenses	b					
		Net income or (loss) from gan						
- 1		Gross sales of inventory, less						
		and allowances	а					
1	b	Less: cost of goods sold	b					
	С	Net income or (loss) from sale	es of inventory	>				
L		Miscellaneous Revenu	Je	Business Code				
	11 a				ļ		 -	
	b				-			
	c	All of				 		
	d	All other revenue	•		 			
	e 12	Total. Add lines 11a-11d Total revenue. See instructions			1,131,675.	1.129.043	0.	2,632.
13200 01-23		. S.Q. 16 FG. Mg. Occ IIIS(IUCGOIIS						Form 990 (2011)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Charles (D), (O), and (D).	4 4 4	- Dard IV		
	Check if Schedule O contains a respon	se to any question in this	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21			<u> </u>	***************************************
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22			······································	
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	626 002			
	trustees, and key employees	636,082.		·	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	243,373.	 		
7	Other salaries and wages	243,313.			
8	Pension plan accruals and contributions (include	26,660.			
•	section 401(k) and section 403(b) employer contributions)	59,459.			
9	Other employee benefits	58,660.	<u> </u>		
10 11	Payroll taxes Fees for services (non-employees):	30,000.	 -		
	Management				
a b	Legal	1,103.			
c	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17		······		
f	Investment management fees		111111111111111111111111111111111111111		
g	Other				
12	Advertising and promotion		<u>.</u>		
13	Office expenses	34,684.			
14	Information technology	11,045.			
15	Royalties				
16	Occupancy	140,200.	<u> </u>		
17	Travel	45,306.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	68,873.			
20	Interest			_	
21	Payments to affiliates	10 540			
22	Depreciation, depletion, and amortization	18,549.			
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line				
	24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0) CONTRACT SERVICES	80,000.			<u> </u>
a	COMMUNICATIONS	52,916.			
b c	PROFESSIONAL FEES	10,933.			-
d	ALLOCATED EXPENSES	-332,375.			
	All other expenses	6,655.			
25	Total functional expenses. Add lines 1 through 24e	1,162,123.		-	<u> </u>
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here rf following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet (A) Beginning of year End of year Cash - non-interest-bearing 913,753. 2 Savings and temporary cash investments 2 1,047,533. 3 Pledges and grants receivable, net 3 981,789 1,068,756. 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Notes and loans receivable, net 7 Inventories for sale or use 8 66,835. 75,143. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 219,120. 136,843. basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 55,491. 82,277. 10b 10c 11 Investments - publicly traded securities 11 486,890. 311,212. 12 Investments · other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 78,471. 102,038. 15 Other assets. See Part IV, line 11 15 2,686,959. 108,760. 2,583,229. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 98,116. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 1,106,417. 1,068,491. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 1,204,533. 1,177,251. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here X and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 1,378,696. 1,509,708. 27 Unrestricted net assets 27 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here

and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 1,378,696. 1,509,708.

> 2,686,959. Form 990 (2011)

33

34

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

2,583,229.

	THE CREDIT ONION LEAGUE OF				
orm	990 (2011) CONNECTICUT, INC.	06-060	6505	Pag	_{ge} 12
Pa	tXI Reconciliation of Net Assets				
`	Check if Schedule O contains a response to any question in this Part XI				X
•					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,131		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,162		
3	Revenue less expenses. Subtract line 2 from line 1	3			48.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,378		$\frac{96.}{60.}$
5					
6					08.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				<u>Ш</u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
b	Were the organization's financial statements audited by an independent accountant?		2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	on a			
	separate basis, consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audıt			
	And and ONED Circular A 1922		3a		X

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

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

132012 01-23-12

Form **990** (2011)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

See separate instructions.

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

Name of organization ${f TH}$	E CREDIT UNION LEAG	SUE OF	Empl	oyer identification number
CO	NNECTICUT, INC.			06-0606505
Part I-A Complete if	the organization is exempt	under section 501(c)	or is a section 527 o	rganization.
 Provide a description of t Political expenditures Volunteer hours 	he organization's direct and indirect p	political campaign activities	ın Part (V. ►\$	
Part I-B Complete if	f the organization is exempt	under section 501(c)	(3).	
	excise tax incurred by the organization		▶ \$	
2 Enter the amount of any	excise tax incurred by organization ma	anagers under section 4955	5 ▶\$	
3 If the organization incurre	ed a section 4955 tax, did it file Form 4	1720 for this year?		Yes No
4a Was a correction made?				Yes No
b If "Yes," describe in Part	IV.			-
Part I-C Complete if	f the organization is exempt	under section 501(c)		
•	expended by the filing organization for	•		
	iling organization's funds contributed	to other organizations for s		
exempt function activities		. 5 4400 500	▶\$	
,	penditures. Add lines 1 and 2. Enter h	ere and on Form 1120-POL	-,	
line 17b 4 Did the filing organization	file Form 1120-POL for this year?		•	Yes No
5 Enter the names, address made payments. For eac contributions received th	ses and employer identification number h organization listed, enter the amoun at were promptly and directly delivere e (PAC). If additional space is needed,	t paid from the filing organi d to a separate political org	ization's funds. Also enter th ganization, such as a separa	e amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
			<u> </u>	
				
			 	
_	I	•		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2011

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THE CREDIT UNION LEAGUE OF

Schedule C (Form 990 or 990-EZ) 2011	CONNE	CTICUT	, INC.	***		0606505 Page 2
Part II-A Complete if the org	-		npt under section	on 501(c)(3) and file	ed Form 5768	
(election under sec		 				
			- · ·	in Part IV each affiliated	group member's nai	me, address, EIN,
expenses, and sha						
		ed box A an	d "limited control" pr ditures	rovisions apply.	(a) Filing	(b) Affiliated group
(The term "expen-	ditures" m	eans amou	nts paid or incurred	l.)	organization's totals	totals
1a Total lobbying expenditures to infl	uence pub	lic opinion (g	rass roots lobbying)			
b Total lobbying expenditures to infl	uence a leg	gislative bod	y (direct lobbying)			
c Total lobbying expenditures (add I	ines 1a and	d 1b)		1		<u> </u>
d Other exempt purpose expenditur	es					
e Total exempt purpose expenditure	es (add line	s 1c and 1d))	Į		
f Lobbying nontaxable amount. Ent	er the amo	unt from the	following table in bo	th columns.		
If the amount on line 1e, column (a) (or (b) is:	The lobb	ying nontaxable an	nount is:		
Not over \$500,000		20% of t	he amount on line 1e	э		
Over \$500,000 but not over \$1,00	0,000	\$100,000	0 plus 15% of the ex	cess over \$500,000		
Over \$1,000,000 but not over \$1,5	00,000	\$175,000	O plus 10% of the ex	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000	\$225,000	0 plus 5% of the exc	ess over \$1,500,000.		
Over \$17,000,000		\$1,000,0	00.			
g Grassroots nontaxable amount (er	nter 25% o	f line 1f)				
h Subtract line 1g from line 1a. If zer	o or less, e	nter -0-				
i Subtract line 1f from line 1c If zero	or less, e	nter -0-		Ĺ		
j If there is an amount other than ze	ro on eithe	r line 1h or li	ne 1, did the organiz	zation file Form 4720		
reporting section 4911 tax for this	year?					Yes No
•	ations tha	t made a se	• •	n do not have to comp		
				es 2a through 2f on pag	ge 4.)	
	LODE	ying Expen	ditures During 4-1e	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))		}				
	•					
c Total lobbying expenditures	1					
d Grassroots nontaxable amount				<u> </u>		
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
f Grassroots lobbying expenditures				<u> </u>		

Schedule C (Form 990 or 990-EZ) 2011

(a)

(b)

Schedule C (Form 990 or 990-EZ) 2011 CONNECTICUT, INC.

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		<u> </u>	a)	(t	-,
1 D	bbying activity.	Yes	No	Amo	ount
	uring the year, did the filing organization attempt to influence foreign, national, state or cal legislation, including any attempt to influence public opinion on a legislative matter				
	referendum, through the use of:				
	blunteers?				
	aid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	edia advertisements?				
	allings to members, legislators, or the public?				
	ublications, or published or broadcast statements?				
	rants to other organizations for lobbying purposes?				
g D	rect contact with legislators, their staffs, government officials, or a legislative body?				
h R	allies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	ther activities?				
j To	otal. Add lines 1c through 1i				,
2a D	d the activities in line 1 cause the organization to be not described in section 501(c)(3)?			<u> </u>	
b If	"Yes," enter the amount of any tax incurred under section 4912				
c If	"Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If	the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			L	-
art I	II-A Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6).	tion 501(c)(5), or se	ection	
	001(0)(0).			Yes	No
ı W	ere substantially all (90% or more) dues received nondeductible by members?		1	X	
2 D	d the organization make only in-house lobbying expenditures of \$2,000 or less?		2		X
3 D	id the organization agree to carry over lobbying and political expenditures from the prior year? II-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).		3	<u> </u>	X
1 D	ues, assessments and similar amounts from members		1		
	ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of poli	tical			
	openses for which the section 527(f) tax was paid).				
a C	urrent year		2a		-
ьс	arryover from last year		2ь		
c T	otal		2c	<u> </u>	
3 A	ggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
l If	notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the e	xcess			
d	oes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	d political			
e	xpenditure next year?		4		
5 T	axable amount of lobbying and political expenditures (see instructions)		5	<u> </u>	
Part I	V Supplemental Information	Part II-A: and		ne 1. Also.	com
Part I		Part II-A; and		ne 1. Also,	

16

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2011 Open to Public Inspection

Name of the organization

THE CREDIT UNION LEAGUE OF CONNECTICUT, INC.

Employer identification number 06-0606505

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(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 v	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		ed only
	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?	<u></u>	Yes No
Pai		anization answered "Yes" to Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of an histor	rically important land area
	Protection of natural habitat	Preservation of a certifie	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	led conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic stri	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the or	rganization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	rodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements during	ng the year ►
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the	e year ▶ \$
8	Does each conservation easement reported on line 2(d) above	re satisfy the requirements of section 170(h)	(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		└── Yes └── No
9	In Part XIV, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the	e organization's accounting for
	conservation easements.		
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtherance	e of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		s
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical tre		aın, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		▶ \$

Schedule D (Form 990) 2011

		T UNION I	LEAG	UE OF) C O C	06505	_	
	dule D (Form 990) 2011 CONNECTIO								06505		
Par	t III Organizations Maintaining Col										
,3	Using the organization's acquisition, accession,	, and other records	s, checl	k any of the	following tha	at are a si	gnificant i	use of its	collection	items	S
	(check all that apply):		_								
а	Public exhibition	d			hange progra						
b	Scholarly research	е		Other							
C	Preservation for future generations										
4	Provide a description of the organization's colle	ctions and explain	n how th	ey further tl	ne organizati	ion's exe	mpt purpo	se in Par	t XIV.		
5	During the year, did the organization solicit or re	eceive donations o	of art, hi	storical trea	sures, or oth	er sımılar	assets		_		,
	to be sold to raise funds rather than to be main								Yes _		No
Par	Escrow and Custodial Arrange reported an amount on Form 990, Part X	•	te if the	organizatio	n answered	"Yes" to	Form 990	, Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custodian	or other intermed	lary for	contribution	s or other as	sets not	ıncluded		_		_
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIV an	d complete the fol	llowing	table:							
	, ,	•	_						Amount		
С	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f	·		-	
	Did the organization include an amount on Form	n 990. Part X. line	21?				11		Yes		No
	If "Yes," explain the arrangement in Part XIV.										
Par		ne organization an	swered	"Yes" to Fo	rm 990. Part	IV. line 1	0.				
1.12 <u>21.7</u>		a) Current year		rior year	(c) Two yea		(d) Three y	ears back	(e) Four	/ears	back
1a	Beginning of year balance	-,	(-, .		, toy kind you		3				
b	Contributions								··· · · · · · · · · · · · · · · · · ·	*****	+++++++++
-	Net investment earnings, gains, and losses								<u> </u>		*********
d	Grants or scholarships										********
	Other expenditures for facilities									······	
-	•										
	and programs										
	Administrative expenses		•						****		
	End of year balance		- /! 1	!	\\ bald aar				I		
2	Provide the estimated percentage of the current	it year end balance		g, coluitiii (a	i)) neio as.						
_	Board designated or quasi-endowment		_%								
b	Permanent endowment >	%									
С	Temporarily restricted endowment	%									
_	The percentages in lines 2a, 2b, and 2c should										
3a	Are there endowment funds not in the possess	ion of the organiza	ation tha	at are held a	nd administe	ered for t	he organiz	ation	г.		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations .								3a(ii)		
þ	If "Yes" to 3a(II), are the related organizations list	•							_3b		
4	Describe in Part XIV the intended uses of the or										
Par	t VI Land, Buildings, and Equipme	nt. See Form 990	, Part X	, line 10.							
	Description of property	(a) Cost or of basis (investing			or other (other)		ccumulate preciation	d	(d) Book	value	8
1a	Land										
	Buildings	-									

39. 55,981. 04. 26,296. ► 82,277. Schedule D (Form 990) 2011

97,639. 39,204.

c Leasehold improvements

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

d Equipment e Other 153,620. 65,500.

	UNION LEAGUE ()F			
Schedule D (Form 990) 2011 CONNECTICUT	*		06-0	0606505	Page
Part VII Investments - Other Securities. Se	e Form 990, Part X, line 12.				
(a) Description of security or category (including name of security)	(b) Book value	Cos	(c) Method of valuation st or end-of-year marke		
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A) INVESTMENT IN LEAGUE		· · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	-	
(B) SERVICES CORPORATION	311,212.	COST			
(C)	311/2120	-			
(D)					-
(E)					
(F)					
(G)					
(H)		···			
(1)					_
Total. (Col (b) must equal Form 990, Part X, col (B) line 12) ▶	311,212.				
Part VIII Investments - Program Related. S					
(a) Description of investment type	(b) Book value		(c) Method of valuationst or end-of-year marke		
(1)					
(2)					
(3)					
(4)					
(5)				- <u></u> -	
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ▶					
Part IX Other Assets. See Form 990, Part X, line			·		
(a)	Description	-1		(b) Book va	lue
(1)	·-				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Column (b) must equal Form 990, Part X, col (B) line			<u> </u>		
Part X Other Liabilities. See Form 990, Part X,		b) Book value			
1. (a) Description of liability		b) Book value			
(1) Federal income taxes					
(2)					
(3)					
(4)					
(5)					
(6)					
<u>(7)</u>					
101	1		,		

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

FIN 48 (ASC 740) Footnote 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 132053
11-23-12

(9) (10)

132054 01-23-12

Schedule D (Form 990) 2011

INTEREST AND PENALTIES IN THE PROVISION FOR TAXES.

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

► Attach to Form 990. ► See separate instructions.

THE CREDIT UNION LEAGUE OF

CONNECTICUT, INC.

Employer identification number 06-0606505

Questions Regarding Compensation No Yes 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. Housing allowance or residence for personal use First-class or charter travel Payments for business use of personal residence Travel for companions Tax indemnification and gross-up payments Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef) Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, 2 trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III. Compensation committee X Written employment contract X Compensation survey or study Independent compensation consultant X Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? 4a 4b **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 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: 5a a The organization? 5b b Any related organization? 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 compensation contingent on the net earnings of: 6a a The organization? 6ь Any related organization? 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 payments 7 not described in lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) 2011

Regulations section 53.4958-6(c)?

06-0606505

CONNECTICUT, INC.

Part if Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2011

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(0)	(Q)	(E)	(J)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	lotal of columns (B)(i)-(D)	Compensation reported as deferred in prior Form 990
	8	207,630.	0	0	17,086.	25,277.	249,99	
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6	(ii)							
	ε							
10	(E)							
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11	8							
	€							
12	Ξ							
	9							
13	(ii)]						
	9							
14	Ξ							
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16	▣	1						
				Ç			Schedu	Schedule J (Form 990) 2011

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

THE CREDIT UNION LEAGUE OF CONNECTICUT, INC.

Employer identification number 06-0606505

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION'S MEMBERS ARE
CREDIT UNIONS.

FORM 990, PART VI, SECTION A, LINE 7A: ONE MEMBER OF THE BOARD IS ELECTED

FROM EACH OF THE SIX REGIONAL CHAPTERS BY THE CREDIT UNION MEMBERS OF THE

PARTICULAR CHAPTER AND THREE MEMBERS ARE ELECTED BY ALL MEMBERS AT LARGE.

FORM 990, PART VI, SECTION B, LINE 11: THE RETURN IS REVIEWED BY AN

OFFICER OF THE ORGANIZATION PRIOR TO FILING. THE ENTIRE BOARD OF DIRECTORS

WILL BE PROVIDED A FINAL COPY OF THE RETURN FOR THEIR REVIEW BUT NOT BEFORE

THE RETURN IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ARE REMINDED OF THE POLICY AND ITS REQUIREMENTS AT VARIOUS BOARD MEETINGS.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS APPROVES

SALARIES OF THE PRESIDENT/CEO AND OTHER OFFICERS AND TOP MANAGEMENT

PERSONNEL WHICH HAVE BEEN DETERMINED BASED UPON REVIEW OF OTHER LIKE

ORGANIZATIONS SALARY STRUCTURES AND THEIR APPROVAL IS DOCUMENTED IN THE

ORGANIZATION'S MINUTES.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION DOES NOT MAKE ITS CONFLICT OF INTEREST POLICY, GOVERNING DOCUMENTS OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 01-23-12

Schedule O (Form 990 or 990-EZ) (2011)

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization THE CREDIT UNION LEAGUE OF CONNECTICUT, INC.	Employer identification number 06-0606505
COMMETTED THE.	
NET INCOME FROM SUBSIDIARY	174,322.
BOOK DEPRECIATION IN EXCESS OF TAX	-12,862.
TOTAL TO FORM 990, PART XI, LINE 5	161,460.
	
	<u> </u>

Schedule R (Form 990) 2011 (g) Section 512(b)(13) Open to Public Inspection Employer identification number 06-0606505Yes No OMB No 1545-0047 × controlled entity? Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Direct controlling entity End-of-year assets 4 2 status (if section 501(c)(3)) e Public charity σ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990. Total income Exempt Code ত section 501(C)(3) Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or Legal domicile (state or foreign country) foreign country) CONNECTICUT TO MAKE DONATIONS TO OTHER NONPROFIT ORGANIZATIONS. Primary activity Primary activity THE CREDIT UNION LEAGUE OF **@** For Paperwork Reduction Act Notice, see the Instructions for Form 990. CONNECTICUT, INC. SUITE 201, MERIDEN, CT 06450 FOUNDATION, INC. - 06-1029942, 1064 EAST THE CONNECTICUT CREDIT UNION CHARITABLE Name, address, and EIN Name, address, and EIN of related organization of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service MAIN STREET, SCHEDULE R (Form 990) Part # Part

THE CREDIT UNION LEAGUE OF

Schedule R (Form 990) 2011 CONNECTICUT, INC

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

Page 2

06-0606505

Percentage ownership 1008 General or Percentage managing ownership Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Ξ 3 Yes 438,553 Share of end-of-year assets Code V-UBI amount in box me 20 of Schedule 4.4 (Form 1065) 6 $\boldsymbol{\epsilon}$ Share of total income 613,663 ate allocations? Disproportion-Yes No Ξ Type of entity (C corp, S corp, or trust) Share of end-of-year assets e CORP 6 Direct controlling entity LEAGUE OF CT CREDIT UNION Share of total Income ত্ত Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) CIত <u>e</u> SERVICE PROVIDER TO Primary activity Direct controlling entity CREDIT UNIONS 9 (c)
Legal
domicile
(state or
foreign Primary activity <u>@</u> LEAGUE SERVICES CORP, - 06-0808594 SUITE 201 Name, address, and EIN of related organization Name, address, and EIN of related organization e 1064 EAST MAIN STREET, 06450 f MERIDEN Part IV

Schedule R (Form 990) 2011

THE CREDIT UNION LEAGUE OF CONNECTICUT, INC.

Schedule R (Form 990) 2011

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Рась 3

06-0606505

Note. Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.					Yes	ž
1 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?	ns with one or more re	elated organizations listed i	in Parts II-IV?		E	
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		×
b Gift, grant, or capital contribution to related organization(s)				16		×
c Gift, grant, or capital contribution from related organization(s)				10		×
d Loans or loan guarantees to or for related organization(s)				19		X
				16		×
				;		×
r Sale of assets to related organization(s)				= .	1	د >
g Purchase of assets from related organization(s)				19	1	⊲ :
h Exchange of assets with related organization(s)				=	1	×
i Lease of facilities, equipment, or other assets to related organization(s)				=		×
j Lease of facilities, equipment, or other assets from related organization(s)				:	**	×
k Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			1k	×	
I Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			=		×
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			£	×	
n Sharing of paid employees with related organization(s)				£	×	
					*****	×
				2 ,	>	۱
 P Reimbursement paid by related organization(s) for expenses 				2	<	
 q Other transfer of cash or property to related organization(s) 				5		×
				-		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete t	is line, including covered in	relationships and transaction thresholds.			Ì
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved			
(1) LEAGUE SERVICES CORP.	Z	315,668.				
(2)					l	
(6)						
(4)						ł
(5)						
(9)						
132163 01-23-12	27		Schedule R (Form 990) 2011	R (Form	6000	2

THE CREDIT UNION LEAGUE OF

06-0606505

Page 4

Schedule R (Form 990) 2011 CONNECTICUT, INC.

Part 样 Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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) 1. It at was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Schedule R (Form 990) 2011