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Form 990-EZ

Department of the Treasury

Short Form Return of Organization Exempt From Income Tax

20**12**

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

Open to Public Inspection

20 A For the 2012 calendar year, or tax year beginning 2012, and ending D Employer identification number B Check if applicable C Name of organization Address change SOUTHEASTERN REGIONAL CREDIT UNION SCHOOLS 54-1427746 Room/suite E Telephone number Name change Number and street (or P O box, if mail is not delivered to street address) Initial return 434-237-9600 P.O. BOX 11469 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return Number ▶ YNCHBURG, VA 24506-1469 Application pending H Check ► ✓ If the organization is not Other (specify) ▶ I Website: ► www.srcus.org required to attach Schedule B **527** (Form 990, 990-EZ, or 990-PF). if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 93,246 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I. Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 92,488 3 3 Membership dues and assessments 4 Investment income 4 758 Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c C Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than **b** Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . Less: direct expenses from gaming and fundraising events . . . Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 7a Gross sales of inventory, less returns and allowances 7a 7с Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 93,246 10 10 Grants and similar amounts paid (list in Schedule O) 8,145 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits . . . 12 13 Professional fees and other payments to independent contractors 13 59,004 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 4,679 16 Other expenses (describe in Schedule O) . . . 16 7,166 17 Total expenses. Add lines 10 through 16 17 78,994 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 14,252 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 196,145 20 Other changes in net assets or fund balances (explain in Schedule O) . . . 20 Net assets or fund balances at end of year. Combine lines 18 through 20 21 210,397 Form 990-EZ (2012) Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I

(Grants \$) If this amount includes foreign grants, check here ▶ □ 30a 31 Other program services (describe in Schedule O)	Pa	Balance Sheets (see the instructions t					
22 Cash, savings, and investments 196,145 22 210,397 23 Land and buildings 23 24 Other assets (describe in Schedule O) 24 25 Total assets 196,145 25 210,397 26 Total liabilities (describe in Schedule O) 926 96 96 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 196,145 27 210,397 Part III Statement of Program Service Accomplishments (see the instructions for Part III) 96,145 27 210,397 Part III Statement of Program Service Accomplishments (see the instructions for Part III) 97,000 Check if the organization used Schedule O to respond to any question in this Part III 97,000 Check if the organization seed Schedule O to respond to any question in this Part III 97,000 Expenses Required for section of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each of its three largest program services, and solicity organization and section 497(a)(1) musts, optional for others) 8 EXPENSES INCURRED IN EDUCATING INDIVIDUALS WHO SERVE THE CREDIT UNION INDUSTRY AS AN EMPLOYEES & VOLUNTEERS (Grants \$) If this amount includes foreign grants, check here		Check if the organization used Schedule	O to respond to a	ny question in this		· ·	<u> </u>
23 Land and buildings .				,		+	
24 Other assets (describe in Schedule O)		-		}	196,145		210,397
Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of column (B) must agree with line 21) Statement of Program Service Accomplishments (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in this Part III Check if the organization used Schedule O to respond to any question in this Part III Check if the organization's primary exempt purpose? EDUCATE CREDIT UNION EMPLOYEES & VOLUNTEERS of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. 28 EXPENSES INCURRED IN EDUCATING INDIVIDUALS WHO SERVE THE CREDIT UNION INDUSTRY AS AN EMPLOYEE OR VOLUNTEER. (Grants \$) If this amount includes foreign grants, check here						1	
Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of column (B) must agree with line 21) Statement of Program Service Accomplishments (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? EDUCATE CREDIT UNION EMPLOYEES & VOLUNTEERS Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. 28 EXPENSESE INCURRED IN EDUCATING INDIVIDUALS WHO SERVE THE CREDIT UNION INDUSTRY AS AN EMPLOYEE OR VOLUNTEER. (Grants \$) If this amount includes foreign grants, check here				}	100 145		210 207
Net assets or fund balances (line 27 of column (B) must agree with line 21)							210,397
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Check if the organization used Schedule O to respond to any question in this Part III						 -	
What is the organization's primary exempt purpose? EDUCATE CREDIT UNION EMPLOYEES & VOLUNTEERS Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. 28 EXPENSESE INCURRED IN EDUCATING INDIVIDUALS WHO SERVE THE CREDIT UNION INDUSTRY AS AN EMPLOYEE OR VOLUNTEER. (Grants \$) If this amount includes foreign grants, check here			•		•	/Pag	•
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. 28 EXPENSESE INCURRED IN EDUCATING INDIVIDUALS WHO SERVE THE CREDIT UNION INDUSTRY AS AN EMPLOYEE OR VOLUNTEER. (Grants \$) If this amount includes foreign grants, check here	Wha						
EXPENSESE INCURRED IN EDUCATING INDIVIDUALS WHO SERVE THE CREDIT UNION INDUSTRY AS AN EMPLOYEE OR VOLUNTEER. (Grants \$) If this amount includes foreign grants, check here	as n	neasured by expenses. In a clear and concise m	nanner, describe the			4947	(a)(1) trusts, optional
EMPLOYEE OR VOLUNTEER: Grants \$						├	
THE SCHOOL SUPPORTS CREDIT UNIONS & LEAGUES IN THEIR EFFORTS TO EDUCATE EMPLOYEES & VOLUNTEERS WHO SERVE IN THE CREDIT UNION INDUSTRY. (Grants \$ 8,145) If this amount includes foreign grants, check here	20	EMPLOYEE OR VOLUMETER					
THE SCHOOL SUPPORTS CREDIT UNIONS & LEAGUES IN THEIR EFFORTS TO EDUCATE EMPLOYEES & VOLUNTEERS WHO SERVE IN THE CREDIT UNION INDUSTRY. (Grants \$ 8,145) If this amount includes foreign grants, check here		(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ 🗆	28a	70,849
(Grants \$ 8,145) If this amount includes foreign grants, check here ▶ ☐ 30a (Grants \$) If this amount includes foreign grants, check here ▶ ☐ 30a 31 Other program services (describe in Schedule O)	29					1	
Grants \$) If this amount includes foreign grants, check here ▶ ☐ 30a 31 Other program services (describe in Schedule O)		VOLUNTEERS WHO SERVE IN THE CREDIT UNION I	NDUSTRY.				
Grants \$) If this amount includes foreign grants, check here ▶ ☐ 30a 31 Other program services (describe in Schedule O)							
(Grants \$) If this amount includes foreign grants, check here ▶ □ 30a 31 Other program services (describe in Schedule O)		(Grants \$ 8,145) If this amount	includes foreign gra	ints, check here .	<u> ▶ ⊔</u>	29a	8,145
Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here	30					1	
Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here						1	
Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here		(Grants \$) If this amount	includes foreign gra	ints, check here	▶ □	30a	
Total program service expenses (add lines 28a through 31a)	31			•			
List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (b) Average hours per week devoted to position (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) (c) Reportable contributions to employee benefit plans, and deferred compensation (e) Estimated amount of other compensation						31a	
Check if the organization used Schedule O to respond to any question in this Part IV							
(a) Name and title (b) Average hours per week devoted to position (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) (c) Reportable compensation (d) Health benefits, contributions to employee benefit plans, and deferred compensation other compensation	Par					struct	tions for Part IV)
(a) Name and title (b) Average compensation contributions to employee devoted to position (c) Average compensation contributions to employee devoted amount of other compensation deferred compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) deferred compensation		Check if the organization used Schedule		, * ·			🗸
SEE SCHEDULE 0		(a) Name and title	hours per week	compensation (Forms W-2/1099-MIS)	contributions to employ benefit plans, and	0	
		SEE SCHEDULE 0					
						Ì	
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			1				
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							-

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this			
	Instructions for Part V) Check if the organization used Schedule O to respond to any question in this	1 art	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		√
b c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	1		
b 38a	Did the organization file Form 1120-POL for this year?	37b 38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	30a		
39	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	4		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		✓
41	List the states with which a copy of this return is filed ▶ NONE			
42a		434-23		0
L	Located at ► 1207 FENWICK DR LYNCHBURG, VA ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	24!	Yes	No
D	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		√
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. !	▶ □
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
c d	Did the organization receive any payments for indoor tanning services during the year?	44c	<u></u>	✓
AE o	explanation in Schedule O	44d 45a	├	
45a 45b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			√
	TOTH 300-LE (300 HISH MOHOHS)	45b	ı	ı √

Page	, 4

		e organization engage, directly or in						res	NO
Part VI	1 5	didates for public office? If "Yes," of Section 501(c)(3) organizations All section 501(c)(3) organization	only					or line	L.√ es
		50 and 51 Check if the organization used Scl	nedule O to respond	to any question in	this Part	VI	<u></u>		
48 ls 49a E b li 50 C	Did the rear? s the Did the f "Yes Comp	e organization engage in lobbying If "Yes," complete Schedule C, Par organization a school as described in e organization make any transfers to s," was the related organization a selete this table for the organization's yees) who each received more than	activities or have a sall	section 501(h) election 501(h)	tion in effe	ect during the e E officers, direct	47 . 48 . 49a . 49b tors, truste	es an	No ✓ ✓ ✓ d key
	(a) l	Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribut benefit pl	ealth benefits, nons to employee ans, and deferred mpensation	(e) Estimate other con		
		NONE							
				-					
51 (Comp	number of other employees paid ov lete this table for the organization 000 of compensation from the orga	s five highest compe	ensated independe	nt contrac	 tors who eacl	h received	more	than
(a) Na	ame an	d address of each independent contractor pa	id more than \$100,000	(b) Type of s	service	(c) Compensat	ion	
		NONE							
					<u> </u>			-	
52 (Did th	number of other independent contra se organization complete Schedule a sempt charitable trusts must attach	A? Note : All section 5 a completed Schedu	601(c)(3) organization		<u></u>	► ✓ Yes		
Under per true, corre	nalties ect, and	of perjury, I declare that I have examined this d complete. Beclaration of preparer (other tha	return, including accompan n officer) is based on all info	ying schedules and state ormation of which prepar	ements, and t rer has any kn	o the best of my k lowledge	knowledge an	d belief	, it is
		Tuling William				05-0	2-13		nes No No No No
Sign Here		Signature of officer RICHARD D PILLOW - SECRETAR	Y/ TREASURER		_				
Paid Prepa	ror	Type or print name and title Print/Type preparer's name	Preparer's signature		Date	Check self-emple			
Use O		Firm's name ▶				Firm's EIN ▶			
	- 1	Firm's address ► discuss this return with the prepare	r shown above? See	instructions		Phone no.	► □ Ye:	s 🗍	No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization SOUTHEASTERN REGIONAL CREDIT UNION SCHOOLS 54-1427746 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated d ☐ Type III-Non-functionally integrated **b** Type II e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting f Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and No Yes 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (iii) Type of organization (iv) is the organization (v) Did you notify (i) Name of supported (ii) EIN (vii) Amount of monetary (vi) is the (described on lines 1-9 in col (i) listed in your the organization in organization in col organization support col (i) of your governing document? (i) organized in the above or IRC section support? US? (see instructions)) Yes No Yes Yes No No (A) (B) (C) (D) (E)

Part							
	(Complete only if you checked the Part III. If the organization fails to						alify under
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						_
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support		T	1	· · · · · · · · · · · · · · · · · · ·		
Calen 7	dar year (or fiscal year beginning in) ► Amounts from line 4	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.					12	504()(0)
13	First five years. If the Form 990 is for the organization, check this box and stop he	re		ia, thira, fourtr			
	on C. Computation of Public Suppo			(0)			0/
14	Public support percentage for 2012 (line	• •	-			14	<u>%</u>
15	Public support percentage from 2011 Sc 331/3% support test—2012. If the organi					15 nor more of	%
16a	box and stop here . The organization qua						
b	331/3% support test—2011. If the organicheck this box and stop here. The organicheck	nization did n	ot check a box	x on line 13 o	r 16a, and line		
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part IV how the organization meets the "organization	012. If the org	anization did n	ot check a box	on line 13, 16 eck this box a	nd stop here.	line 14 is Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part IV how the organization m	tion meets the	e "facts-and-c	ircumstances"	test, check the	nis box and s	i, and line top here.
	supported organization						▶ ┌

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
	dar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees	(4) 2000	(2) 2000	(0) 20 10	(4,7 = 0	- (-)	
-	received. (Do not include any "unusual grants.")	959	ļ				959
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose	81,198	104,072	113,141	94,980	92,488	485,879
3	Gross receipts from activities that are not an	01,130	104,072	110,141	04,000	02,400	400,070
	unrelated trade or business under section 513						
4	Tax revenues levied for the	-					
•	organization's benefit and either paid						
	to or expended on its behalf				i		
5	The value of services or facilities						
-	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	82,157	104,072	113,141	94,980	92,488	486,838
7a	Amounts included on lines 1, 2, and 3						_
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						486,838
	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	82,157	104,072	113,141	94,980	92,488	486,838
10a	Gross income from interest, dividends,	1					
	payments received on securities loans, rents,						
_	royalties and income from similar sources .	4,027	412	554	494	758	6,245
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						
_	•		- 440	554	404	750	6,245
_	Add lines 10a and 10b	4,027	412	554	494	758	0,245
11	Net income from unrelated business activities not included in line 10b, whether						
	or not the business is regularly carried on		i				
12	Other income. Do not include gain or			·			
12	loss from the sale of capital assets]	1				
	(Explain in Part IV.)	86,184	104,484	113,695	95,474	93,246	493,083
13	Total support. (Add lines 9, 10c, 11,	00,104	104,404	1.0,000		33/2.03	
	and 12.)						
14	First five years. If the Form 990 is for the	ne organization	's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop he					<u> </u>	
Secti	on C. Computation of Public Suppor	rt Percentag	e				
15	Public support percentage for 2012 (line	B, column (f) di	vided by line 1	3, column (f))	· · · · ·	15	98.73 <u>%</u>
16	Public support percentage from 2011 Sci				<i>.</i>	16	96.47_%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2012 (17	1.27 %
18	Investment income percentage from 201	Schedule A, I	Part III, line 17			18	3.53 %
19a	331/3% support tests - 2012. If the organ	ization did not	check the box	on line 14, ar	nd line 15 is m	nore than 331/39	6, and line
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2011. If the organiz						
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di	d not check a	box on line 14,	, 19a, or 19b, c	neck this box	and see instruc	ctions 🕨 🔲

Schedule A (F	Form 990 or 990-EZ) 2012	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2012

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Department of the Treasury ► Attach to Form 990 or 990-EZ. Internal Revenue Service

Open to Public Inspection

Name of the organization	Employer identification number
SOUTHEASTERN REGIONAL CREDIT UNION SCHOOLS, INC	54-1427746
GRANTS & SIMILAR AMOUNTS PAID - FORM 990 PART 1 LINE 10 -	
KENTUCKY CREDIT UNION LEAGUE \$1,500	
LOUISIANA CREDIT UNION LEAGUE \$1,500	•••••
MISSISSIPPI CREDIT UNION LEAGUE \$1,500	
NORTH CAROLINA CREDIT UNION LEAGUE \$750	
SOUTH CAROLINA CREDIT UNION LEAGUE \$1,500	•••••
TENNESSEE CREDIT UNION LEAGUE \$1,395	
TOTAL GRANTS & SIMILAR AMOUNTS PAID \$8,145	
······	
OTHER EXPENSES - FORM 990 PART 1 LINE 16	
STATE CORP REGISTRATION FEE \$25 + TRAVEL \$7,141 TOTAL \$7,166	•••••
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES - FORM 990 PART IV -	
SEE SCHEDULE 1	
······································	
······	

Southeastern Regional Credit Union Schools

Schedule 1

12/31/2012

54-1427746

12/3/1/20/12		34-142//40		
Name & address	Title & avg per week	Compensation	Contr to empl benefit plans	Exp acct & other allow
				
Anne Cochran	Chairman	0	0	\$0
Louisiana Credit Union League	1 hr. / wk			
824 Elmwood Park Boulevard Suite 200				
Harahan, LA 70123			ļ	-
Patrick LaPıne	Vice Chairman	0	0	0
League of Southern Credit Unions	Vice citaminari		 	
P.O. Box 3108		 		
Tallahassee, Fl 32315				
Rick Pillow	Secr/ Treas	0	0	0
PO Box 11469	1 hr. / wk			
Lynchburg, VA 24506		·		
Carolyn Ashwell	Asst Secr/ Treas	0	0	0
PO Box 11469	1 hr. / wk		1	
Lynchburg, VA 24506	1111.7 441			
Eynonbarg, V/12 1000		<u> </u>		
Wendell Lyons	Director	0	0	0
Kentucky Credit Unoin League	1 hr. / wk			
3615Newburg Road				· · · · · · · · · · · · · · · · · · ·
Louisville, KY 40218				<u> </u>
Charles Elliot	Director	0	0	0
PO Box 9575	1 hr / wk		-	<u> </u>
Jackson, MS 39286-9575				
Steve Fowler	Director	0	0	0
South Carolina Credit Union League	1 hr. / wk			
P.O. Box 1787				
Columbia S.C. 29202				
Miles Manage	Director		0	0
Mike Mercer	Director	0	 	
Georgia Credit Union Affiliates	1 hr / wk		<u> </u>	
6705 Sugarloaf Parkway Suite 200 Duluth, GA 30097			<u> </u>	
Duluth, GA 30097	- 			
John Radebaugh	Director	0	0	0
North Carolina Credit Union League	1 hr. / wk			
PO Box 49379				
Greensboro, NC 27419				· · · - · - · · · · · · · · · · · · · ·
Tom Gaines	Director	0	0	0
PO Box 21550	1 hr. / wk			
Chattanooga, TN 37421	1		†	
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