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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

and ending

2013

Open to Public Inspection

D Employer identification number

Department of the Treasury Internal Revenue Service

A For the 2013 calendar year, or tax year beginning

C Name of organization

Do not enter Social Security numbers on this form as it may be made public Information about Form 990 and its instructions is at property gov/form990.

THE CREDIT UNION LEAGUE OF CONNECTICUT, INC. Name change 06-0606505 Doing Business As Initial Room/suite E Telephone number Number and street (or P O box if mail is not delivered to street address) Termin-1064 EAST MAIN STREET 201 203 265-5657 Amended 1,110,378. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Applica MERIDEN, CT 06450 H(a) Is this a group return Pending Yes X No F Name and address of principal officer: JILL NOWACKI for subordinates? SAME AS C ABOVE H(b) Are all subordinates included? Yes Tax-exempt status: 501(c)(3) X 501(c) (6 4947(a)(1) or)◀ (insert no) If "No," attach a list. (see instructions) J Website: ► CULCT.COM **H(c)** Group exemption number ▶ L Year of formation 1935 M State of legal domicile CT Other > K Form of organization X Corporation Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: THE LEAGUE PROVIDES PROGRAMS AND **Activities & Governance** SERVICES TO ITS MEMBER CREDIT UNIONS. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 9 Number of voting members of the governing body (Part VI, line 1a) 9 Number of independent voting members of the governing body (Part VI, line 1b) 12 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 3 2014 Ō. b Net unrelated business taxable income from Form 990-T, line 34 Prior-Year **Current Year** Ō. 119 Contributions and grants (Part VIII, line 1h) Revenue 37. 804 ,103,210. Program service revenue (Part VIII, line 2g) 3,432 7,168. 10 Investment Income (Part VIII, column (A), lines 3, 4, and 7d) 0, 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) NOT DENNINGED 1,141,236. 1,110,378 12 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 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,096,764. 929,161.15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Ō. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 84,432 246,872. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,181,196. 1,176,033. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -39,960.-65,655. 19 Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 2,835,175. 2,963,443. 20 Total assets (Part X, line 16) 220,144 ,191,409. 21 Total liabilities (Part X, line 26) 615,031. 772,034 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 5-12-1 Date Signaty Sign JIML NOWACKI, PRESIDENT & CEO Here Type or print name and title PTIN Preparer's signature Print/Type preparer's name P01215715 LOUIS A. CRISCUOLO Paid Jamis a. Firm's name SEWARD AND MONDE, C.P.A. 06-0530830 Preparer Firm's EIN Firm's address 296 STATE STREET Use Only Phone no 203 248-9341 NORTH HAVEN, CT 06473-2165 Yes May the IRS discuss this return with the preparer shown above? (see instructions)

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$

4e Total program service expenses ▶

Form **990** (2013)

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_ | | X |
| 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 | | <u>X</u> |
| 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 | _ | Х | |
| _ | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | x |
| _ | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | 7 | | х |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | _7 | | <u> </u> |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | 8 | | x |
| 9 | Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for | | | |
| 9 | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | х |
| 10 | Did the organization, 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 | | х |
| 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. | | | ĺ |
| 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 | Х | L |
| 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 | |
| c | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | <u>X</u> |
| d | 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 | | | į |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| e | 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 | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Χ_ | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | 17 |
| | Schedule D, Parts XI and XII | 12 <u>a</u> | | <u>X</u> |
| ь | Was the organization included in consolidated, independent audited financial statements for the tax year? | 401 | | v |
| 40 | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII 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 |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | _ ^ |
| D | 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 | | х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | 140 | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| . • | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17_ | | _X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | _X_ |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | _X_ |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| ь | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| | | Form | 990 | (2013) |

CONNECTICUT, INC. Part IV Checklist of Required Schedules (continued)

| | • | | Yes | No |
|-----|---|------|-------|------|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 1 | | |
| | government 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 or other assistance to individuals in the United States on Part IX, | | | |
| | column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | Х |
| 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 | | | |
| | Schedule J | 23 | | Х |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No", go to line 25a | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a | | | |
| | disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | |
| ь | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | | | |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, | | | |
| | complete Schedule L, Part II | 26 | | Х |
| 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 | | | |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | İ | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| ь | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | X |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | | |
| | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | |
| | 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 | | | |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | Х | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Х | |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of 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 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | Х | |
| | | Form | 990 (| 2013 |
| | | | | |

CONNECTICUT, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

| | Check if Schedule O contains a response or note to any line in this Part V | | | | | |
|-----|---|------------------------|------------|------|-----|-------|
| | | | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 15 | | | |
| | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and re | eportable gaming | | | | |
| | (gambling) winnings to prize winners? | | L | 1c | X | |
| 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 | 2a | 12 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax retui | ns? | Ĺ | 2b | X | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions | | | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | L | 3a | | X |
| | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule | 0 | L | 3ь | | |
| 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 | | Ĺ | 4a | | X |
| b | 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 | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | L | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction | ction? | L | 5b | | X |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | L | 5c_ | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did to | ne organization sol | ıcıt | | | |
| | any contributions that were not tax deductible as charitable contributions? | | L | 6a | | Х |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribute | ions or gifts | | | | |
| | were not tax deductible? | | ļ. | 6b | | ļ |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se | rvices provided to the | 3 payor? | 7a | | ļ |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | | |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w | as required | | | | |
| | to file Form 8282? | 1 1 | | 7c | | ļ |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | _7d | | _ | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of | | | 7e | | - |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti | | . <u>.</u> | 7f | | |
| 9 | If the organization received a contribution of qualified intellectual property, did the organization file Fo | | | 7g | | ļ |
| | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | |)98-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D | | | | | |
| _ | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at | any time during the y | /ear | 8 | | ļ |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | 0- | | 1 |
| | Did the organization make any taxable distributions under section 4966? | | ļ- | 9a | | |
| | Did the organization make a distribution to a donor, donor advisor, or related person? | | <u> </u> | 9Ь | | |
| 10 | Section 501(c)(7) organizations. Enter: | 10a | 1 | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | 10b | | | | |
| 11 | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: | 100 | | | | |
| | Gross income from members or shareholders | 11a | | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources against | | | | | |
| • | amounts due or received from them.) | 11b | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | | | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | Γ | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | | Ī | 13a | | |
| _ | Note. See the instructions for additional information the organization must report on Schedule O. | | ſ | | | |
| ь | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | |
| _ | organization is licensed to issue qualified health plans | 13ь | _ | | | |
| С | Enter the amount of reserves on hand | 13c | | | | |
| 14a | 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 Schedul | e O | | 14b | L | |
| - | | | | Form | 990 | (2013 |

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.

| | Check if Schedule O contains a response or note to any line 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 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 | | | |
| ь | 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 | | <u>X</u> |
| 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_ | Х | |
| 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 | X | |
| 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 | | <u>X</u> |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| а | The governing body? | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b_ | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | _ | | ., |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | Y | |
| 40- | Diddle and a second a basel and about a second as a se | 10a | Yes | No_ |
| | Did the organization have local chapters, branches, or affiliates? | IVa | | |
| ь | 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? | 10b | Х | |
| 110 | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | | X |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | X |
| c | 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 | Х | |
| 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 | |
| b | 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 | , | X |
| b | 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 | | |
| | tion C. Disclosure | | | |
| 17 | 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) and the second section 501(c)(3)s only) and 500-T (Section 501(c)(3)s only) and 500 | avallad | ie | |
| | for public inspection. Indicate how you made these available. Check all that apply. Other (explain in Schodule O) | | | |
| 44 | Own website Another's website X Upon request Other (explain in Schedule O) | d fina- | voial | |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and the texture of the south of the | и ппаг | icial | |
| 20 | statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization. | tion: | • | |
| -4 | JOAN CAPONE - 203 608-7062 | | | |
| | 1064 EAST MAIN STREET, SUITE 201, MERIDEN, CT 06492 | - | | |
| | 1001 2011 01121 00112 0011 1011 01 0011 | Fa | 000 | /2012\ |

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

Check if Schedule O contains a response or note to any line in this Part VII

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 (D), (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.
- 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 week | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | than | h an | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other |
|--|--|--|-----------------------|----------|--|------------------------------|--------------|--|--|--|
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) JOANNE TODD | 1.00 | | | | | | | | | • |
| CHAIRMAN/DIRECTOR | | X | | Х | | | <u> </u> | 0. | 0. | 0 |
| (2) KEITH WIEMERT | $\begin{array}{c c} 1.00 \\ \hline 1.00 \end{array}$ | v | | Х | | | | 0. | 0. | 0 |
| VICE CHAIR/DIRECTOR | 1.00 | Х | | Λ | | | ├- | | | |
| (3) CARL SKUDLAREK | 1.00 | X | | Х | | | | 0. | 0. | 0 |
| TREASURER/DIRECTOR (4) KATHY CHARTIER | 1.00 | | - | 21 | ļ | | | | | |
| SECRETARY/DIRECTOR | 1.00 | Х | | х | Ì | | } | 0. | 0. | 0 |
| (5) EDWARD CROWLEY, JR. | 1.00 | +== | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0 |
| (6) CHERYL DUNAJ | 1.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0 |
| (7) MICHAEL HINCHEY | 1.00 | | | | | | | - | | |
| DIRECTOR | | X | | | <u> </u> | | L_ | 0. | 0. | 0 |
| (8) JOHN E. KEET, JR. | 1.00 | ļ | | | | | | | _ | |
| DIRECTOR | 1.00 | X | <u> </u> | | <u> </u> | <u> </u> | L_ | 0. | 0. | 0 |
| (9) STUART PHILLIPS | 1.00 | | | | ĺ | ļ | ļ | | 0 | • |
| DIRECTOR | 10.00 | X | | | | | <u> </u> | 0. | 0. | 0 |
| (10) JILL NOWACKI | 40.00 | 4 | | ,, | | | | 20 (15 | • | ^ |
| PRESIDENT/CEO | 40.00 | <u> </u> | - | X | | | | 29,615. | 0. | 0 |
| (11) BARBARA BASS | 40.00 | - | | x | | | | 101 400 | 0. | 16 0/2 |
| VP - EDUCATION AND HRD | 40.00 | - | | ^ | | | <u> </u> | 101,409. | | 16,843 |
| (12) NICHOLAS MOALLI | 2.00 | - | | Х | | | | 83,105. | 0. | 13,015 |
| VP - CU SERVICES (13) KELLY FUHLBRIGGE | 40.00 | | | Λ | | ┢ | | 03,103. | | 13,013 |
| VP - GOVT RELATIONS | 40.00 | 1 | | х | | | | 96,158. | 0. | 29,677 |
| (14) ANTHONY L. EMERSON | 40.00 | | - | | | ┢ | - | 72000 | | |
| PAST PRESIDENT/CEO | | | | Х | _ | | | 113,268. | 0. | 20,039 |
| | | | | | | | | | | |
| | | - | | | | | | | | |
| | | 1 | | <u> </u> | | 1 | \vdash | | <u> </u> | |

Form 990 (2013)

CONNECTICUT, INC.

| | VII Section A. Officers, Directors, True (A) | (B) | İ | | ((| C) | | | (D) | (E) | 1 | (F) | |
|------------|---|---|--------------------------------|----------------------------|---------|--------------|---------------------------------|-------------|--|--|-------------|--|---------------------|
| | Name and title | Average hours per week | box | not c , unle: cer an | ss pe | more rson | than | han | Reportable compensation from | Reportable compensation from related | - 1 | Estimat amount othe | t of |
| | | (list any hours for related organizations below | Individual trustee or director | Institutional trustee | | oloyee | Highest compensated employee | | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | oı | mpens from ti rganiza nd rela | he ation ated |
| | | line) | Individu | Institut | Officer | Кеу етфіоуве | Highest | Former | | | or | ganizai | ions |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| _ | | | | | | | | | | | | | |
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| | | | | | | | | | | | - | | |
| | | | | | | | | | | | - | | |
| | | | | | | | | | 422 555 | 0 | <u> </u> | 79,5 | 7 A |
| | sub-total otal from continuation sheets to Part V | /II, Section A | | | | | | > | 423,555. 0. | 0 | • | | 0 |
| | otal (add lines 1b and 1c) | | | | | | | ▶ | 423,555. | 0 | • ′ | 79,5 | 74 |
| | otal number of individuals (including but ompensation from the organization | not limited to tr | ose | liste | o ar | OOVE | 9) Wr | io re | | ,uuu or reportable | | | |
| 3 D | old the organization list any former officer | r, director, or tru | ıste | e, ke | y en | nplo | yee, | or h | nighest compensated er | mployee on | | Yes | No |
| | ne 1a? If "Yes," complete Schedule J for or any individual listed on line 1a, is the s | | le co | omne | ensa | ation | anc | d oth | ner compensation from t | the organization | 3 | | X |
| | nd related organizations greater than \$15 | - | | | | | | | | ino organization | 4 | | X |
| | old any person listed on line 1a receive or endered to the organization? If "Yes," cor | · - | | | | | | elate | ed organization or indivi | dual for services | 5 | | X |
| ectio | on B. Independent Contractors | | | | | | | | | * | | | |
| | Complete this table for your five highest cone organization. Report compensation for | • | - | | | | | | | | sation | trom | |
| _ | (A) Name and business | s address | NIC | ONE | יי | | | | (B) Description of s | ervices | | (C) ensati | on . |
| | Hamo and Spanics | | 140 | ŽIVI | | | | 7 | | | | | |
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| | | | | | | | | | | | | | |
| | otal acceptor of today and out contractors | /inalization but o | at lu | | -1 4 | 44 | | | | | | | |
| | otal number of independent contractors 100,000 of compensation from the organ | _ | Ot III | me | α το | | se IIS) | sted | above) who received m | ore than | | | |

THE CREDIT UNION LEAGUE OF

06-0606505 Page 9 CONNECTICUT, INC. Form 990 (2013) Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under sections 512 - 514 (C) (B) Unrelated Related or Total revenue exempt function business revenue revenue 1 a Federated campaigns 1b **b** Membership dues c Fundraising events 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 9 Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f **Business Code** [1,026,191.]1,026,191. 900099 Program Service Revenue 2 a MEMBERSHIP DUES 55,776. CONFERENCES/EDUCATION 561499 21,243. 21,243. 561499 HUMAN RESOURCES All other program service revenue ,103,210 Total. Add lines 2a-2f Investment income (including dividends, interest, and 7,168. 7,168 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (II) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (II) Other 7 a Gross amount from sales of (i) Securities assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses ▶ c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a d All other revenue Total. Add lines 11a-11d

Form 990 (2013)

7,168.

Total revenue. See instructions

110,378.1,103,210.

| Part IX | Statement | of Functional | Expenses |
|--------------|------------|---------------|----------|
| t. cal + ts. | Clateinein | or runouonar | Expenses |

| Section | on 501(c)(3) and 501(c)(4) organizations must comp | | | omplete column (A). | |
|---------|---|--------------------|--------------------------|--|-------------------------|
| | Check if Schedule O contains a respon | | (B) | (C) | (D) |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) 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 | | | | ····· |
| 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 | | | | <u></u> |
| 5 | Compensation of current officers, directors, | 518,531. | | | |
| _ | trustees, and key employees | 310,331. | | | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| _ | persons described in section 4958(c)(3)(B) | 269,890. | <u>-</u> - | | |
| 7 | Other salaries and wages | 2037030. | | | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 22,026. | | | |
| ^ | i | 54,965. | | | |
| 9 | Other employee benefits Payroll taxes | 63,749. | | | |
| 10 | · · | 00/1100 | | | - |
| 11 | Fees for services (non-employees): Management | | | | |
| a b | Legal | | | | : |
| C | Accounting | | | | |
| d | Lobbying | | | | |
| e | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | | | | | · |
| J | column (A) amount, list line 11g expenses on Sch O) | | | | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 41,963. | | | |
| 14 | Information technology | 2,610. | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 144,570. | | | |
| 17 | Travel | 72,833. | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | <u> </u> | |
| 19 | Conferences, conventions, and meetings | 88,139. | | <u> </u> | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | 22 222 | | | |
| 22 | Depreciation, depletion, and amortization | 22,332. | | | |
| 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) COMMUNICATIONS | 84,047. | | | |
| a | CONTRACT SERVICES | 80,000. | | | |
| D | PROFESSIONAL FEES | 10,802. | | | |
| c d | ALLOCATED EXPENSES | -314,964. | | | |
| _ | All other expenses | 14,540. | | | |
| е 25 | Total functional expenses. Add lines 1 through 24e | 1,176,033. | | | , |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| _0 | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation | | | | |
| | Check here Inf following SOP 98-2 (ASC 958-720) | | | | |
| | | | | | Form 990 (2013) |

Form 990 (2013)
Part X Balance Sheet

| ash - non-interest-bearing avings and temporary cash investments edges and grants receivable, net counts receivable, net counts receivable, net counts receivables from current and former officers, directors, astees, key employees, and highest compensated employees. Complete art II of Schedule L cans and other receivables from other disqualified persons (as defined under ction 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing inployers and sponsoring organizations of section 501(c)(9) voluntary inployees' beneficiary organizations (see instr). Complete Part II of Sch L otes and loans receivable, net ventories for sale or use epaid expenses and deferred charges and, buildings, and equipment: cost or other asis. Complete Part VI of Schedule D ass: accumulated depreciation vestments - publicly traded securities vestments - other securities. See Part IV, line 11 | (A) Beginning of year 1,211,931. 954,277. 113,819. 62,072. | 1 2 3 4 5 6 7 8 9 | (B) End of year 946,506 1,071,528 |
|---|---|--|--|
| avings and temporary cash investments edges and grants receivable, net counts receivable, net cans and other receivables from current and former officers, directors, istees, key employees, and highest compensated employees. Complete art II of Schedule L cans and other receivables from other disqualified persons (as defined under ction 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing inployers and sponsoring organizations of section 501(c)(9) voluntary inployees' beneficiary organizations (see instr). Complete Part II of Sch L cotes and loans receivable, net ventories for sale or use epaid expenses and deferred charges and, buildings, and equipment: cost or other lass. Complete Part VI of Schedule D 10a 212,049 exestments - publicly traded securities vestments - other securities. See Part IV, line 11 | 954,277. | 2 3 4 5 6 7 8 | 946,506 1,071,528 |
| avings and temporary cash investments edges and grants receivable, net counts receivable, net cans and other receivables from current and former officers, directors, istees, key employees, and highest compensated employees. Complete art II of Schedule L cans and other receivables from other disqualified persons (as defined under ction 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing inployers and sponsoring organizations of section 501(c)(9) voluntary inployees' beneficiary organizations (see instr). Complete Part II of Sch L cotes and loans receivable, net ventories for sale or use epaid expenses and deferred charges and, buildings, and equipment: cost or other lass. Complete Part VI of Schedule D 10a 212,049 exestments - publicly traded securities vestments - other securities. See Part IV, line 11 | 954,277. | 2 3 4 5 6 7 8 | 1,071,528 |
| edges and grants receivable, net counts receivable, net cans and other receivables from current and former officers, directors, istees, key employees, and highest compensated employees. Complete art II of Schedule L cans and other receivables from other disqualified persons (as defined under ction 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing inployers and sponsoring organizations of section 501(c)(9) voluntary inployees' beneficiary organizations (see instr). Complete Part II of Sch L cotes and loans receivable, net exentories for sale or use epaid expenses and deferred charges and, buildings, and equipment: cost or other lasis. Complete Part VI of Schedule D 10a 212,049 exestments - publicly traded securities exestments - other securities. See Part IV, line 11 | 954,277. | 3 4 5 6 7 8 | 1,071,528 |
| counts receivable, net cans and other receivables from current and former officers, directors, istees, key employees, and highest compensated employees. Complete cart II of Schedule L cans and other receivables from other disqualified persons (as defined under ction 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing inployers and sponsoring organizations of section 501(c)(9) voluntary inployees' beneficiary organizations (see instr). Complete Part II of Sch L ottes and loans receivable, net ventories for sale or use epaid expenses and deferred charges and, buildings, and equipment: cost or other lasis. Complete Part VI of Schedule D iss: accumulated depreciation vestments - publicly traded securities vestments - other securities. See Part IV, line 11 | 113,819. | 5 6 7 8 | |
| pans and other receivables from current and former officers, directors, istees, key employees, and highest compensated employees. Complete art II of Schedule L. Pans and other receivables from other disqualified persons (as defined under action 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing inployers and sponsoring organizations of section 501(c)(9) voluntary inployees' beneficiary organizations (see instr). Complete Part II of Sch L. Potes and loans receivable, net expenses and deferred charges and, buildings, and equipment: cost or other asis. Complete Part VI of Schedule D. Pass: accumulated depreciation Pass: accumulated depreciation Pass: accumulated securities. See Part IV, line 11 | 113,819. | 5 6 7 8 | |
| ustees, key employees, and highest compensated employees. Complete art II of Schedule L. vans and other receivables from other disqualified persons (as defined under ction 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing inployers and sponsoring organizations of section 501(c)(9) voluntary inployees' beneficiary organizations (see instr). Complete Part II of Sch L. vertories for sale or use epaid expenses and deferred charges and, buildings, and equipment: cost or other lass. Complete Part VI of Schedule D. verstments - publicly traded securities vestments - other securities. See Part IV, line 11 | | 6 7 8 | 114.573 |
| art II of Schedule L cans and other receivables from other disqualified persons (as defined under ction 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing inployers and sponsoring organizations of section 501(c)(9) voluntary inployees' beneficiary organizations (see instr). Complete Part II of Sch L otes and loans receivable, net ventories for sale or use epaid expenses and deferred charges and, buildings, and equipment: cost or other asis. Complete Part VI of Schedule D otes: accumulated depreciation overtiments - publicly traded securities vestments - other securities. See Part IV, line 11 | | 6 7 8 | 114.573 |
| vanas and other receivables from other disqualified persons (as defined under action 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing inployers and sponsoring organizations of section 501(c)(9) voluntary inployees' beneficiary organizations (see instr). Complete Part II of Sch Lotes and loans receivable, net exentories for sale or use epaid expenses and deferred charges and, buildings, and equipment: cost or other asis. Complete Part VI of Schedule D 10a 212,049. 10b 170,688. 212,049. 212,049. 212,049. 212,049. | | 6 7 8 | 114.573 |
| ction 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing imployers and sponsoring organizations of section 501(c)(9) voluntary imployees' beneficiary organizations (see instr). Complete Part II of Sch Lotes and loans receivable, net eventories for sale or use epaid expenses and deferred charges and, buildings, and equipment: cost or other issis. Complete Part VI of Schedule D 10a 212,049 ess: accumulated depreciation evestments - publicly traded securities evestments - other securities. See Part IV, line 11 | | 7 8 | 114.573 |
| Inployers and sponsoring organizations of section 501 (c)(9) voluntary inployees' beneficiary organizations (see instr). Complete Part II of Sch Lotes and loans receivable, net eventories for sale or use epaid expenses and deferred charges and, buildings, and equipment: cost or other asis. Complete Part VI of Schedule D 10a 212,049. Ses: accumulated depreciation evestments - publicly traded securities evestments - other securities. See Part IV, line 11 | | 7 8 | 114.573 |
| phologous' beneficiary organizations (see instr). Complete Part II of Sch Lotes and loans receivable, net ventories for sale or use epaid expenses and deferred charges and, buildings, and equipment: cost or other asis. Complete Part VI of Schedule D 10a 212,049 exest accumulated depreciation 170,688 evertments - publicly traded securities vestments - other securities. See Part IV, line 11 | | 7 8 | 114.573 |
| ventories for sale or use epaid expenses and deferred charges and, buildings, and equipment: cost or other asis. Complete Part VI of Schedule D ass: accumulated depreciation vestments - publicly traded securities vestments - other securities. See Part IV, line 11 | | 7 8 | 114.573 |
| ventories for sale or use epaid expenses and deferred charges and, buildings, and equipment: cost or other asis. Complete Part VI of Schedule D ass: accumulated depreciation vestments - publicly traded securities vestments - other securities. See Part IV, line 11 | | 8 | 114.573 |
| repaid expenses and deferred charges and, buildings, and equipment: cost or other asis. Complete Part VI of Schedule D ass: accumulated depreciation are the securities are the securities. See Part IV, line 11 | | | 114.573 |
| ind, buildings, and equipment: cost or other isis. Complete Part VI of Schedule D iss: accumulated depreciation is sestments - publicly traded securities is set of the securities. See Part IV, line 11 | | 9 | 114,573 |
| usis. Complete Part VI of Schedule D usis: accumulated depreciation usestments - publicly traded securities vestments - other securities. See Part IV, line 11 | 62,072. | | |
| vestments - publicly traded securities vestments - other securities. See Part IV, line 11 | 62,072. | | |
| vestments - publicly traded securities vestments - other securities. See Part IV, line 11 | 62,072. | | 41 061 |
| vestments · other securities. See Part IV, line 11 | | | 41,361 |
| | 460 056 | 11 | |
| vestments - program-related. See Part IV, line 11 | 469,356. | 12 | 702,485 |
| . • | | 13 | |
| angible assets | 00.700 | 14 | 06.00 |
| her assets. See Part IV, line 11 | 23,720. | 15 | 86,990 2,963,443 |
| tal assets. Add lines 1 through 15 (must equal line 34) | 2,835,175. | 16 | 2,963,443 |
| counts payable and accrued expenses | 146,664. | 17 | 116,018 |
| ants payable | 1 072 400 | 18 | 1 075 201 |
| ferred revenue | 1,073,480. | 19 | 1,075,391 |
| x-exempt bond liabilities | | 20 | |
| crow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| ans and other payables to current and former officers, directors, trustees, | | | |
| y employees, highest compensated employees, and disqualified persons. | | | |
| omplete Part II of Schedule L | | 22 | |
| ecured mortgages and notes payable to unrelated third parties | | 23 | · · · · · · · · · · · · · · · · · · · |
| nsecured notes and loans payable to unrelated third parties | | 24 | |
| her liabilities (including federal income tax, payables to related third | | | |
| irties, and other liabilities not included on lines 17-24). Complete Part X of chedule D | | 25 | |
| | 1.220.144 | | 1,191,409 |
| | 1/220/1110 | 20 | 1/121/103 |
| | | | |
| · · | 1,615,031 | 27 | 1,772,034 |
| | 1,010,0010 | | |
| | | | |
| <u> </u> | TOTAL | | |
| rganizations that do not follow SEAS 117 (ASC 958), check here | | | |
| | ĺ | 30 | |
| d complete lines 30 through 34. | | | |
| nd complete lines 30 through 34. Apital stock or trust principal, or current funds | <u> </u> | | · |
| nd complete lines 30 through 34. Apital stock or trust principal, or current funds Aid-in or capital surplus, or land, building, or equipment fund | | | 1,772,034 |
| nd complete lines 30 through 34. Apital stock or trust principal, or current funds | 1,615,031. | | 2,963,443 |
| rga m nre m | anizations that follow SFAS 117 (ASC 958), check here X and plete lines 27 through 29, and lines 33 and 34. estricted net assets porarily restricted net assets manently restricted net assets anizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. tal stock or trust principal, or current funds | anizations that follow SFAS 117 (ASC 958), check here anizations that follow SFAS 117 (ASC 958), check here anizations that follow SFAS 117 (ASC 958), check here anizations that do not follow SFAS 117 (ASC 958), check here anizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. anizations that do not follow SFAS 117 (ASC 958), check here anizations that do | anizations that follow SFAS 117 (ASC 958), check here anizations that follow SFAS 117 (ASC 958), check here anizations that follow SFAS 117 (ASC 958), check here anizations that do not follow SFAS 117 (ASC 958), check here anizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. anizations that do not follow SFAS 117 (ASC 958), check here anizations that do |

| Pa | rt XI Reconciliation of Net Assets | | | | | |
|--------------|--|-----------|------------|------------|------|------------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | X |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1, | 11 | 0,3 | 78. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | | 33. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 4 | | | | <u>55.</u> |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 1, | <u>0 1</u> | 5,0 | 31. | |
| 5 | Net unrealized gains (losses) on investments | 5 | | | | |
| 6 | Donated services and use of facilities | 6 | | | | |
| 7 | Investment expenses . | 7 | | | | |
| 8 | Prior period adjustments | 8 | | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | 22 | 2,6 | 58. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | | | |
| (Table 1971 | column (B)) | 10 | 1, | <u>77:</u> | 2,0 | 34. |
| Pa | rt XIII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | Yes | No |
| 1 2a | 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 Were the organization's financial statements compiled or reviewed by an independent accountant? | О. | | 2a | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? | d on a | | 2b | | х |
| • | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | | | • • | | |
| C | review, or compilation of its financial statements and selection of an independent accountant? | e audii | - 1 | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sch | مطینام ۵ | i | | - 21 | |
| 2- | | | 1 | | | |
| Ja | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil | igle Au | | , | : | х |
| 4. | Act and OMB Circular A-133? | نتم لممدد | _ | 3a | | |
| D | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits | irea au | | зь | | |

SCHEDULE C

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below.
 ► Attach to Form 990 or Form 990-EZ.
 ► See separate instructions.
 ► Information about Schedule C (Form 990 or 990-EZ) and its

Information about Schedule C (Form 990 or 990-Ea instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

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.

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

| | Section 501(c)(4), (5), or (6) organiza | | (y 10x) 01 1 01111 000-E | , . art v, inic 000 (1 10x) . | axy, then |
|------------|---|-------------------------------------|--------------------------|---|---|
| | | DIT UNION LEAGUE | OF | Empl | loyer identification number |
| | | ICUT, INC. | | | 06-0606505 |
| Pa | | janization is exempt und | der section 501(c |) or is a section 527 o | rganization. |
| 2 | Provide a description of the organiz Political expenditures Volunteer hours | ation's direct and indirect politic | cal campaign activities | s in Part IV. ▶\$ | |
| Pa | ert I-B Complete if the org | janization is exempt und | der section 501(c |)(3). | · · · · · · · · · · · · · · · · · · · |
| 1 | Enter the amount of any excise tax | - · · | | ▶\$ | |
| 2 | Enter the amount of any excise tax | incurred by organization manag | ers under section 495 | > \$ | |
| | If the organization incurred a section | | | | Yes No |
| 4 a | Was a correction made? | | | | Yes No |
| t | If 'Yes," describe in Part IV. | | | | |
| Pa | art I-C Complete if the org | janization is exempt und | der section 501(c |), except section 501(| c)(3). |
| 1 | Enter the amount directly expended | by the filing organization for se | ection 527 exempt fund | ction activities | |
| 2 | Enter the amount of the filing organ | ization's funds contributed to of | ther organizations for s | section 527 | |
| | exempt function activities | | | ▶ \$ | |
| 3 | Total exempt function expenditures | . Add lines 1 and 2. Enter here a | and on Form 1120-PO | L, | |
| | line 17b | | | ▶ \$ | |
| 4 | Did the filing organization file Form | 1120-POL for this year? | | | Yes No |
| 5 | _ | | IN) of all section 527 p | olitical organizations to which | th the filing organization |
| | made payments. For each organiza | tion listed, enter the amount pa | id from the filing organ | ization's funds. Also enter th | ne amount of political |
| | contributions received that were pr | omptly and directly delivered to | a separate political or | ganızation, such as a separa | ite segregated fund or a |
| | political action committee (PAC). If | additional space is needed, pro | vide information in Par | t IV. | |
| | (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 |
| | | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA

Schedule C (Form 990 or 990-EZ) 2013

332041 11-08-13

THE CREDIT UNION LEAGUE OF

| Schedule C (Form 990 or 990-EZ) 2013 C | ONNE | TICUT | , INC. | - E04/a)(2) 4:1- | | DOUGSUS Page 2 |
|--|-----------|----------------|---------------------------|--|----------------------------------|-----------------------------|
| Part II-A Complete if the orga (election under section | | | npt unger sectio | on out(c)(3) and the | :u F01111 3700 | |
| | | | lated group (and list i | n Part IV each affiliated | group member's nar | me, address, EIN, |
| expenses, and share | | | | .,, . | , . , | |
| 3 Check Filing organization | | | | ovisions apply. | | |
| Limits | on Lobb | oying Exper | | | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a Total lobbying expenditures to influe | ence pub | lic opinion (| grass roots lobbying) | | | |
| b Total lobbying expenditures to influe | | | | Ī | | |
| c Total lobbying expenditures (add lin | | | , (,,,,,,, | | | |
| d Other exempt purpose expenditures | | , | | Γ | | |
| e Total exempt purpose expenditures | | s 1c and 1d | ١ | | | |
| f Lobbying nontaxable amount. Enter | | | | th columns. | - | |
| If the amount on line 1e, column (a) or | | | bying nontaxable an | 1 t | | * |
| Not over \$500,000 | (0) 10. | | the amount on line 1 | | | |
| Over \$500,000 but not over \$1,000, | 000 | | 0 plus 15% of the ex | | | |
| Over \$1,000,000 but not over \$1,50 | | | | cess over \$1,000,000. | | |
| Over \$1,500,000 but not over \$17,00 | | | 0 plus 5% of the exc | | | |
| Over \$17,000,000 But not over \$17,00 | 00,000 | \$1,000,0 | | 000 0701 \$1,000,0001 | | |
| Cver \$17,000,000 | 1 | Ψ1,000, | | | | |
| g Grassroots nontaxable amount (ent | er 25% o | f line 1f) | | | | |
| h Subtract line 1g from line 1a. If zero | | | | | | |
| i Subtract line 1f from line 1c. If zero | | | | | | |
| j If there is an amount other than zero | | | line 1i did the organi | zation file Form 4720 | | |
| reporting section 4911 tax for this y | | , IIIIC 111 OI | into ti, ala tito organi. | Lation ino i on ii vi 20 | | Yes N |
| reporting section 4311 tax for this y | | 4-Year Ave | eraging Period Unde | r Section 501(h) | | |
| | tions tha | at made a s | ection 501(h) election | on do not have to comp les 2a through 2f on pag | | |
| | Lobb | ying Exper | nditures During 4-Ye | ear Averaging Period | | |
| Calendar year (or fiscal year beginning in) | (a) 2 | 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | | |
| b Lobbying ceiling amount | | | | | | |
| (150% of line 2a, column(e)) | <u></u> | | | | | |
| c Total lobbying expenditures | | | | | | - |
| d Grassroots nontaxable amount | | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | | |
| f Graceroote lebbuing expenditures | | | | | | |

Schedule C (Form 990 or 990-EZ) 2013

Schedule C (Form 990 or 990-EZ) 2013 CONNECTICUT, INC. 06-060650

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)).

| For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description | (6 | a) | (b |) |
|---|------------------|-----------------|----------------|--------------|
| of the lobbying activity. | Yes | No | Amo | unt |
| During the year, did the filing organization attempt to influence foreign, national, state or | | | | ~~~~ |
| local legislation, including any attempt to influence public opinion on a legislative matter | | | | |
| or referendum, through the use of: | | | | |
| a Volunteers? | | | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | | |
| c Media advertisements? | | | | |
| d Mailings to members, legislators, or the public? | | | | |
| e Publications, or published or broadcast statements? | | | | |
| f Grants to other organizations for lobbying purposes? | | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | |
| i Other activities? | | | | |
| j Total. Add lines 1c through 1i | | | | |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | |
| 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? | | | | |
| Part III-A Complete if the organization is exempt under section 501(c)(4), se | ction 501(c) | (5), or se | ction | |
| 501(c)(6). | | | | |
| | | | Yes | No |
| 1 Were substantially all (90% or more) dues received nondeductible by members? | | 1_1_ | X | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | 2 | | X |
| 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), see | | 3 | | X |
| answered "Yes." 1 Dues, assessments and similar amounts from members | | 1 | | - |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of p | olitical | | | |
| expenses for which the section 527(f) tax was paid). | | | | |
| a Current year | | 2a | | |
| b Carryover from last year | | 2b | | |
| c Total | | 2c | | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due | s | 3 | | |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the | | | | |
| does the organization agree to carryover to the reasonable estimate of nondeductible lobbying a | | | | |
| expenditure next year? | • | 4 | | |
| Taxable amount of lobbying and political expenditures (see instructions) | | 5 | | |
| Part IV Supplemental Information | | | | |
| Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated of | roup list); Part | II·A, line 2; a | nd Part II-B | , line 1 |
| Also, complete this part for any additional information. | | | | |
| , , , , , , , , , , , , , , , , , , , | | | | |
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(Form 990)

Supplemental Financial Statements

Open to Public

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

inspection

OMB No 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

THE CREDIT UNION LEAGUE OF CONNECTICUT, INC.

Employer identification number 06-0606505

| Par | TI Organizations Maintaining Donor Advise | ed Funds or Other Similar Funds or | Accounts. Complete if the |
|-----|---|---|---|
| | organization answered "Yes" to Form 990, Part IV, line | e 6. | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year . | | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggregate grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in | writing that the assets held in donor advised fu | ınds |
| • | are the organization's property, subject to the organization's | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor a | - | |
| • | for charitable purposes and not for the benefit of the donor of | | · |
| | impermissible private benefit? | or definer deviser, or for any extrem purpose serif | Yes No |
| Par | | nanization answered "Yes" to Form 990. Part IV | |
| 1 | Purpose(s) of conservation easements held by the organization | | .,,,,,, |
| • | Preservation of land for public use (e.g., recreation or e | | ally important land area |
| | Protection of natural habitat | Preservation of a certified | |
| | Preservation of open space | Treservation of a contined | mistorio straditaro |
| 2 | Complete lines 2a through 2d if the organization held a qualit | fied conservation contribution in the form of a | conservation easement on the last |
| _ | day of the tax year. | ned conservation contribution in the form of a c | sonservation casement on the last |
| | day of the tax year. | | Held at the End of the Tax Year |
| | Total number of conservation easements | | 2a |
| b | Total acreage restricted by conservation easements | | 2b |
| c | Number of conservation easements on a certified historic str | rusture included in (a) | 2c |
| _ | Number of conservation easements included in (c) acquired | | 20 |
| u | | arter 6/17/06, and not on a historic structure | 2d |
| 3 | listed in the National Register Number of conservation easements modified, transferred, re | looped extinguished or terminated by the erar | L |
| 3 | year | leased, extiliguished, or terminated by the orga | anization during the tax |
| 4 | Number of states where property subject to conservation ea | sament is located | |
| 5 | Does the organization have a written policy regarding the per | | |
| 3 | violations, and enforcement of the conservation easements i | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, and | - | |
| 8 | Does each conservation easement reported on line 2(d) above | | · · · · · · · · · · · · · · · · · · · |
| 0 | and section 170(h)(4)(B)(ii)? | ve satisfy the requirements of section 170(n)(4) | Yes No |
| 9 | In Part XIII, describe how the organization reports conservati | ion escements in its revenue and expense state | |
| 9 | include, if applicable, the text of the footnote to the organization | | |
| | conservation easements. | tion 5 intancial statements that describes the o | rganization's accounting to |
| Pa | t III Organizations Maintaining Collections o | f Art. Historical Treasures, or Other | Similar Assets. |
| 1,5 | Complete if the organization answered "Yes" to Form | | |
| 1a | If the organization elected, as permitted under SFAS 116 (AS | | and balance sheet works of art |
| | historical treasures, or other similar assets held for public ext | ,, | • |
| | the text of the footnote to its financial statements that descri | | or passes services, provides, sir race valle, |
| h | If the organization elected, as permitted under SFAS 116 (AS | | halance sheet works of art, historical |
| U | treasures, or other similar assets held for public exhibition, e | | |
| | • | ducation, or research in fortherance of public s | ervice, provide the following amounts |
| | relating to these items: | | > ¢ |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | ► \$ ► \$ |
| 0 | (ii) Assets included in Form 990, Part X | anuran or other similar assets for financial asse | |
| 2 | If the organization received or held works of art, historical tre | - | i, provide |
| _ | the following amounts required to be reported under SFAS 1 | To (MOC 900) relating to these items: | ▶ ¢ |
| a | Revenues included in Form 990, Part VIII, line 1 | | |
| D | Assets included in Form 990, Part X | | ▶ \$ |

Schedule D (Form 990) 2013

20,483.

20,878.

1a Land b Buildings

d Equipment

e Other

basis (other)

142,069.

69,980.

basis (investment)

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

c Leasehold improvements

depreciation

121,586.

49.102.

| $C \cap X$ | | PICUT. | TATO |
|------------|------------|--------|--------|
| COL | III I'C. I | LICUT. | . INC. |

| Schedule D (Form 990) 2013 CONNECTICUT | , INC. | | 06- | -0606505 Page |
|--|----------------------------|---|-------------------------|--|
| Part VII Investments - Other Securities. | | | | |
| Complete if the organization answered "Yes" | to Form 990, Part IV, line | | | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of v | valuation: Cost or end- | of-year market value |
| (1) Financial derivatives | | | | |
| (2) Closely-held equity interests | | | | |
| (3) Other | | | | |
| (A) INVESTMENT IN LEAGUE | | | | |
| (B) SERVICES CORPORATION | 702,485 | COST | | |
| (C) | | | | |
| (D) | | ļ <u>.</u> | | |
| (E) | | <u> </u> | - | |
| (F) | | | | |
| (G) | | | | |
| (H) | 700 405 | | | |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 12) | 702,485 | • | | |
| Part VIII Investments - Program Related. | | | | |
| Complete if the organization answered "Yes" | | 11c. See Form 990, | Part X, line 13. | -,, |
| (a) Description of investment | (b) Book value | (c) Method of V | /aluation: Cost or end- | of-year market value |
| <u>(1)</u> | | | | |
| (2) | | | - | |
| (3) | | | | · |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | ···· | | | |
| (8) | | | | |
| (9) | | | | ······································ |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ▶ Part IX Other Assets. | | | <u></u> | <u> </u> |
| Complete if the organization answered "Yes" | to Form 000 Port IV line | 11d Soc Form 000 | Port V June 15 | |
| | Description | 114. 366 1 0111 330, | rait X, iiile 13. | (b) Book value |
| (1) | | | | (4) 500% (4) |
| (2) | | | | |
| (3) | · | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | - | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | · |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | e 15.) | | • | |
| Part X Other Liabilities. | | | | |
| Complete if the organization answered "Yes" | to Form 990, Part IV, line | 11e or 11f. See Form | n 990, Part X, line 25. | |
| 1. (a) Description of liability | | (b) Book value | | |
| (1) Federal income taxes | | | | |
| (2) | | |] | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

▶

Schedule D (Form 990) 2013

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

THE CREDIT UNION LEAGUE OF 06-0606505 Page 4 CONNECTICUT, INC. Schedule D (Form 990) 2013 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments 2a b Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d Add lines 2a through 2d 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 4<u>c</u> c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 2a Donated services and use of facilities 2b **b** Prior year adjustments c Other losses 2c 2d d Other (Describe in Part XIII.) e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) 4h c Add lines 4a and 4b 4c 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: EXPLANATION: THE ORGANIZATION EVALUATES ALL SIGNIFICANT TAX POSITIONS AS REQUIRED BY ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA. AS OF DECEMBER 31, 2013, THE ORGANIZATION DOES NOT BELIEVE THAT IT HAS TAKEN ANY POSITIONS THAT WOULD REQUIRE THE RECORDING OF ANY ADDITIONAL TAX LIABILITY NOR DOES IT BELIEVE THAT THERE ARE ANY UNREALIZED TAX BENEFITS THAT WOULD EITHER INCREASE OR DECREASE WITHIN THE NEXT YEAR. IT IS THE ORGANIZATION'S POLICY TO RECOGNIZE ANY INTEREST AND PENALTIES IN

THE PROVISION FOR TAXES.

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Information about Schedule O (Form 990 or 990-FZ) and its instructions is seture irs gov

Inspection

THE CREDIT UNION LEAGUE OF Name of the organization **Employer identification number** CONNECTICUT, INC. 06-0606505 FORM 990, PART VI, SECTION A, LINE 6: EXPLANATION: THE ORGANIZATION'S MEMBERS ARE CREDIT UNIONS. FORM 990, PART VI, SECTION A, LINE 7A: EXPLANATION: 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: EXPLANATION: THE RETURN IS REVIEWED BY AN OFFICER OF THE ORGANIZATION PRIOR THE ENTIRE BOARD OF DIRECTORS WILL BE PROVIDED A FINAL COPY OF TO FILING. THE RETURN FOR THEIR REVIEW BUT NOT BEFORE THE RETURN IS FILED. FORM 990, PART VI, SECTION B, LINE 12C: EXPLANATION: BOARD MEMBERS ARE REMINDED OF THE POLICY AND ITS REQUIREMENTS AT VARIOUS BOARD MEETINGS. FORM 990, PART VI, SECTION B, LINE 15: EXPLANATION: 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:

EXPLANATION: THE ORGANIZATION DOES NOT MAKE ITS CONFLICT OF INTEREST

POLICY, GOVERNING DOCUMENTS OR FINANCIAL STATEMENTS AVAILABLE TO THE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

332211 09-04-13

| Schedule O (Form 990 or 9 | 990- <u>EZ) (2013)</u> | |
|---------------------------|--------------------------------------|--------------------------------|
| Name of the organization | THE CREDIT UNION LEAGUE OF | Employer identification number |
| | CONNECTICUT, INC. | 06-0606505 |
| PUBLIC. | | |
| | | |
| | | |
| FORM 990. PAR | T XI, LINE 9, CHANGES IN NET ASSETS: | • |
| | | |
| NET INCOME FR | OM SUBSIDIARY | 233,129. |
| BOOK DEPRECTA | TION IN EXCESS OF TAX | -10,471. |
| | 11. 20000 01 11 | |
| TOTAL TO FORM | 990, PART XI, LINE 9 | 222,658. |
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►Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Information about Schedule R (Form 990) and its instructions is at manuars goufform990. ► See separate instructions. ► Attach to Form 990. THE CREDIT UNION LEAGUE OF INC. CONNECTICUT, Name of the organization SCHEDULE R (Form 990)

Identification of Disregarded Entities Complete If the organization answered "Yes" on Form 990, Part IV, line 33.

Part

2013 Open to Public Inspection

OMB No 1545-0047

Employer identification number 06-0606505

Direct controlling entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. End-of-year assets <u>e</u> Total Income চ Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part #

(g) Section 512(b)(13) ĝ × × controlled entity? Yes Direct controlling entity X/X status (if section Public charity 501(c)(3)) CINE 9 LINE 7 Exempt Code section 501(C)(3) 501(C)(3) ত Legal domicile (state or foreign country) CONNECTICUL CONNECTICUT TO MAKE DONATIONS TO OTHER NONPROFIT ORGANIZATIONS PROGRAMS AND FAIRS TO Primary activity EDUCATION LESSONS, PROVIDE FINANCIAL MAIN STREET, SUITE 201, MERIDEN, CT 06450 FOUNDATION, INC. - 06-1029942, 1064 EAST 46-0586626, 1064 EAST MAIN STREET, SUITE CONNECTICUT FINANCIAL REALITY FAIR, INC THE CONNECTICUT CREDIT UNION CHARITABLE Name, address, and EIN of related organization 201, MERIDEN, CT 06450

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
SEE PART VII FOR CONTINUATIONS

CONTINUALIONS

Schedule R (Form 990) 2013

THE CREDIT UNION LEAGUE OF

Schedule R (Form 990) 2013 CONNECTICUT, INC.

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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

General or Percentage managing ownership .-Schedule R (Form 990) 2013 (i) Section 512(b)(13) controlled entity? Yes No Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. 3 × Code V-UBI General of P. amount in box managing c 20 of Schedule Ft (Form 1065) Yes No 100% Percentage ownership Ξ 531 Share of end-of-year assets \equiv 854 Disproportionate Yes No allocations? Ξ 233,129 Share of total Share of end-of-year assets Ð Type of entity (C corp, S corp, or trust) **e** CORP Share of total income E Direct controlling entity LEAGUE OF CT CREDIT UNION Predominant income (related, unrelated, excluded from tax under sections 512-514) ত্ত e Legal domicile (state or foreign country) 25 ত Direct controlling entity SERVICE PROVIDER TO চ Primary activity CREDIT UNIONS (c)
Legal
domicile
(state or
foreign Primary activity LEAGUE SERVICES CORP, - 06-0808594 Name, address, and EIN of related organization SUITE 201 Name, address, and EIN of related organization <u>a</u> 1064 EAST MAIN STREET, 06450 IJ 332162 09-12-13 MERIDEN, Part IV

Page 3

Schedule R (Form 990) 2013

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| Note. Complete line 1 if any entity is listed in Parts !!, !!!, or !V of this schedule. | | | | | Yes | õ |
|--|----------------------------|-------------------------------|--|----------------------------|-------|----------|
| 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? | is with one or more re | lated organizations listed ir | n Parts II-IV? | | | |
| 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) | | | | 1p | | × |
| | | | | 10 | | × |
| | | | | 7 | × | |
| | | | | | | > |
| Loans or loan guarantees by related organization(s) | | | | 9 | | ٠,,,, |
| f Dividends from related organization(s) | | | | 1 | | × |
| | | | | 19 | | × |
| | | | | = | | × |
| n Purchase of assets from related organization(s) | | | | Ŧ | _ | × |
| i Exchange of assets with related organization(s) | | | | | | () |
| j Lease of facilities, equipment, or other assets to related organization(s) | | | : | ; | | × |
| k Lease of facilities, equipment, or other assets from related organization(s) | | | | * | | × |
| Performance of services or membership or fundraising solicitations for related organization(s) | anization(s) | | | = | × | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | anization(s) | | | £ | | × |
| n Sharino of facilities, equipment, mailing lists, or other assets with related organization(s) | (s)uoi | | | ť | × | |
| Observe of could complete to the property of t | | • | | ۶ | × | |
| Sharing of paid employees with related organization(s) | | ; | | ! | | <u> </u> |
| Dometrice and to related properties (b) for expenses | | | | | | × |
| | | | | | × | |
| q Heimbursement paid by related organization(s) for expenses | | | | 2 | • | <u> </u> |
| r Other transfer of cash or property to related organization(s) | | | | + | | × |
| s Other transfer of cash or property from related organization(s) | | | | 18 | | × |
| 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 the | ns line, including covered r | elationships and transaction thresholds. | | | |
| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved | nvolved | | |
| (1) LEAGUE SERVICES CORP. | 0 | 314,964. | | | | ! |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (9) | | | | | | |
| 332163 09-12-13 | 26 | | Schedu | Schedule R (Form 990) 2013 | n 990 |) 2013 |

06-0606505

Page 4

THE CREDIT UNION LEAGUE OF

Schedule R (Form 990) 2013 CONNECTICUT, INC.

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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)? that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| that was not a related organization. See instructions regarding exclusion for certain investment partitions. | tructions regarding exclus | Sion for certain inve | esument partifersings. | | | | | | |
|--|----------------------------|----------------------------------|-------------------------------|--------------------|----------------------|-------------------------------------|--|------------------------------------|-------------------------|
| (e) | (Q) | | 9 | | (6) | ε | e | 6 | ¥ |
| Name, address, and EIN of entity | Primary activity | Legal domicile (state or foreign | (related, unrelated, 501(3) | See Share of total | Share of end-of-year | Dispropor- tonate allocatons? | Depropor Code V-UBI General or Percentage tonds amount in box 20 managing ownership allocations? | General or managing partner? | Percentage ownership |
| | | country) | under section 512-514) Yes No | No | assets | Yes No | (Form 1065) | Xes No | |
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Schedule R (Form 990) 2013