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Return of Organization Exempt From Income Tax

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

Information about Form 990 and its instructions is at 101010 175 good form 990.

and ending

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Check if applicable

Initial

Activities & Governance

SCANNED JUN 2 3

A For the 2013 calendar year, or tax year beginning

Do not enter Social Security numbers on this form as it may be made public

D Employer identification number C Name of organization THE CONNECTICUT CREDIT UNION Address change CHARITABLE FOUNDATION, 06-1029942 Name change Doing Business As Room/surte E Telephone number Number and street (or P 0 box if mail is not delivered to street address) 203 265-5657 Termin-1064 EAST MAIN STREET 201 97,862. Amended return G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Applica-MERIDEN, CT 06450 H(a) Is this a group return pendina Yes X No F Name and address of principal officer: NICHOLAS MOALLI for subordinates? Yes No SAME AS C ABOVE H(b) Are all subordinates included? I Tax-exempt status: X 501(c)(3) 501(c) ((insert no) 4947(a)(1) or L If "No," attach a list. (see instructions) H(c) Group exemption number ▶ J Website: ► N/A K Form of organization X Corporation L Year of formation 1980 M State of legal domicile CT Trust Association Other > Part I Summary Briefly describe the organization's mission or most significant activities: TO MAKE DONATIONS TO OTHER NONPROFIT ORGANIZATIONS ESTABLISHED FOR PUBLIC CHARITABLE AND If the organization discontinued its operations or disposed of more than 25% of its net assets 10 Number of voting members of the governing body (Part VI, line 1a) 8 4 Number of independent voting members of the governing body (Part VI, line 1b) 0 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7Ь b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 13,175. 7,274. Contributions and grants (Part VIII, line 1h) Ō. 0 Program service revenue (Part VIII, line 2g) 77. 51. Investment income (Part VIII, column (A), lines, 3,747, and 7d)

59,851. 54,653. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 61,978. 73,103. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,417 32,450. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) Ō. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 0. 0. 16a Professional fundraising fees (Part IX, column (A), tine 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 750. 726. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) $3,\overline{167}$ 33,176. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 58,811. 39,927. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 58

Assets (Balanc 146,503 185,904. 20 Total assets (Part X, line 16) 646. ,172. 21 Total liabilities (Part X, line 26) 331 145, 22 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, correc	t, and complete Declaration of preparer (other than offic	er) is based on all information of which prep	arer has any knowledge				
Sign Here	Signature of officer NICHOLAS MOALLI, TREAS Type or print name and title	Date //3//4					
Paid Preparer	Print/Type preparer's name LOUIS A. CRISCUOLO	Preparer's signature Social Q, Cuscive E, C.P.A.'S	Date 5/9/14 Check If self-employed	PTIN P01215715 06-0530830			
Use Only	Time in the second seco						
May the II	RS discuss this return with the preparer shown ab	ove? (see instructions)		Yes No			

LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 10-29-13

Form 990 (2013)

	1990 (2013) CHARTIABLE FOUNDATION, INC. 00-102	7772	Page Z
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	TO MAKE DONATIONS TO OTHER NONPROFIT ORGANIZATIONS ESTABLISHED	FOR	
	PUBLIC CHARITABLE AND EDUCATIONAL PURPOSES.		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.	00	۰۰۰ کیا
_			X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	res	LA∐ NO
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	expenses	i .
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex	(penses, a	and
	revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$ 32,450 • Including grants of \$ 32,450 •) (Revenue \$	59,	851.)
	TO PROVIDE FUNDRAISING OPPORTUNITIES TO MEMBERS OF A RELATED 5		
	ORGANIZATION IN ORDER TO PROVIDE GRANTS TO OTHER UNRELATED		<u> </u>
	NOT-FOR-PROFIT ORGANIZATIONS.		
	MOI-FOR-FROFII ORGANIZATIONS.		
			
4b	(Code) (Expenses \$)
4c	(Code) (Expenses \$)
	/ Cook /		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$		
<u>4e</u>	Total program service expenses ► 32,450.		
		Form 9	90 (2013)

Form 990 (2013) CHARITABLE F
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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	_8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> X</u>
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		<u>X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a		<u>X</u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
_	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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			Х
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40.		Х
_	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	406		v
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		
U	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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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		Х
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	х	
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	х	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		\overline{x}
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			990	(2013)

Part IV Checklist of Required Schedules (continued)

CHARITABLE FOUNDATION, INC.

	•		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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		
25a	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		X
b	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		X
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,	ĺ	lli	
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	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
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u>X</u>
c	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	1		
	Schedule N, Part II	32		<u>X</u>
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	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X
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	35b		
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	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	_37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	l	,,	
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990 ((2013)

06-1029942

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Form 990 (2013) CHARITABLE FOUNDATION, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		Check if Schedule O contains a response or note to any line in this Part V					
b Enter the number of Forms W2G included in the 1s. Enter of Indi applicable on Did the organization comply with backing withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2b Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filled for the calledndry pay ending with original winnings to prize winners? 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3b If the organization have unrelated business gross incorne of \$1,000 or more during the year? 3c If Yee, I and the organization have unrelated business gross incorne of \$1,000 or more during the year? 3c If Yee, I are filed a Form 990 of Tot this year? If Yeo, I to line 3b, provide an explanation in Schedule O 4c A far y 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, secrities account, or ther financial account)? 4c A fairly time of the foreign country. If Yeo, I to line 3b, provide an explanation in Schedule O 5d Was the organization a party to a prohibited tax eheller transaction at any time during the tax year? 5d Was the organization a party to a prohibited tax eheller transaction at any time during the tax year? 5d Was the organization in a party to a prohibited tax eheller transaction at any time during the tax year? 5d Did any taxole party nority the organization file Form 8886-17 6d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charibate contributions? 5d If Yes, I did the organization include with every solicitation an express statement that such contributions or grits were not tax deductibles and exhaust an express statement that such contributions or grits were not tax deductibles and exhaust and the such as the such as a						Yes	No
Did the organization comply with backup withhiotoling rules for reportable payments to vendors and reportable gaming (gambhing) winnings to prize winners? 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 If led for the calendar year ending with or within the year covered by this return Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) B If at least one is reported on line 2b, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) B If Yes, has it filed a Form 990-T for this year? If Y\0., to this 3b, provide an explanation in Schedule O If Yes, has it filed a form 990-T for this year? If Y\0., to this 3b, provide an explanation in Schedule O If Yes, a children is a form 990-T for the year? If Y\0., to this 3b, provide an explanation in Schedule O If Yes, a children is a form 990-T for this year? If Y\0., to this 3b, provide an explanation in Schedule O If Yes, a children is a form 990-T for file year? See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Yes, the organization aparty to a prohibated an interest in, or a signature or other authority over, a financial account, a foreign country. Yes, to line Sa or 5b, did the organization file Form 8898-T? So Deas the organization aparty to a prohibated to a schedule form 950-T year year. Yes, to line Sa or 5b, did the organization file Form 8898-T? B If Yes, did the organization to include with every solicitation an explanation and party for goods and services provided to the payor? Yes, a file of the organization state of the poods or services statement that such contributions or grifts were not tax deductible? Yes, did the organization state in clude on the file of the schedule organizatio	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	2			
(gambling) winnings to prize winners. 8 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. 8 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 8 Note. If the sum of lines 1 and 2a greater than 250, you may be required for the federal employment tax returns? 8 If If vest, in an if filed a form 990 Tr for this year If If "Not," for the 3b, orwarde an explanation in Schedule 0 8 If If vest, and if filed a form 990 Tr for this year If If "Not," for the 3b, orwarde an explanation in Schedule 0 9 If vest, enter the name of the foreign country (such as a bank account, securines account, or other financial account)? 9 If vest, enter the name of the foreign country (such as a bank account, securines account, or other financial account)? 9 If vest, enter the name of the foreign country is the securines account, or other financial accounts. 9 If vest, enter the name of the foreign country is the securines account, or other financial accounts. 9 If vest, enter the name of the foreign country is the securines account, or other financial accounts. 9 If vest, enter the name of the foreign country is the securines account, or other financial accounts. 9 If vest, enter the name of the foreign country is the securines account, or other financial accounts. 9 If vest, enter the name of the foreign country is the securines account or other securines account or other securines. 9 If vest, enter the securines are secured to the country is the securines. 9 If vest, enter the security of the defence of the security of the security of the comparization receive a payment in excess of \$75 made partly as a contribution or approach to the foreign accounts of the proparization receive and protectly or indirectly, to pay premums on a personal benefit contract? 10 If the organization received a contribution of same accounts and the security of th	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
(gambling) winnings to prize winners. 8 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. 8 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 8 Note. If the sum of lines 1 and 2a greater than 250, you may be required for the federal employment tax returns? 8 If If vest, in an if filed a form 990 Tr for this year If If "Not," for the 3b, orwarde an explanation in Schedule 0 8 If If vest, and if filed a form 990 Tr for this year If If "Not," for the 3b, orwarde an explanation in Schedule 0 9 If vest, enter the name of the foreign country (such as a bank account, securines account, or other financial account)? 9 If vest, enter the name of the foreign country (such as a bank account, securines account, or other financial account)? 9 If vest, enter the name of the foreign country is the securines account, or other financial accounts. 9 If vest, enter the name of the foreign country is the securines account, or other financial accounts. 9 If vest, enter the name of the foreign country is the securines account, or other financial accounts. 9 If vest, enter the name of the foreign country is the securines account, or other financial accounts. 9 If vest, enter the name of the foreign country is the securines account, or other financial accounts. 9 If vest, enter the name of the foreign country is the securines account or other securines account or other securines. 9 If vest, enter the securines are secured to the country is the securines. 9 If vest, enter the security of the defence of the security of the security of the comparization receive a payment in excess of \$75 made partly as a contribution or approach to the foreign accounts of the proparization receive and protectly or indirectly, to pay premums on a personal benefit contract? 10 If the organization received a contribution of same accounts and the security of th	¢	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gamıng			
filled for the cellendary year ending with or within the year covered by this return Part Part Part Part Part					1c	X	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 38 bit the organization have unrelated blusness gross morem of \$1,000 or more during the yeal? 39 bit Yes, *has it filed a Form 990-Ti for this year? If *N0,* *to line 3b, provide an explanation in Schedule 0 39 bit Yes, *has it filed a Form 990-Ti for this year? If *N0,* *to line 3b, provide an explanation in Schedule 0 30 bit Yes, *has it filed a Form 990-Ti for this year? If *N0,* *to line 3b, provide an explanation in Schedule 0 30 bit Yes, *to line 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. 50 Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 51 Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 52 Does the organization aparty to a prohibited tax sheller transaction? 53 Was the organization aparty to a prohibited tax sheller transaction at any time during the tax year? 54 Dit any taxabile party notify the organization that it was or is a party to a prohibited tax sheller transaction? 55 Was the organization aparty to a prohibited tax sheller transaction? 56 Was the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 56 Was the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 57 Organizations that may receive deductible contributions under section 170(c). 58 Did the organization receive a payment in excess of \$75 made party as a contribution of quantitation for the value of the goods or services provided? 58 Did the organization receive any funds, directly or inderectly, to pay premiums on a personal benefit contract? 59 Did the organization receive any funds, directly or inderectly, to pay premiums on a	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-the (see instructions) 3		filed for the calendar year ending with or within the year covered by this return	2a_	0			
3 but the organization have unrelated business gross income of \$1,000 or more during the year? 4 If Yes, *has it filed a Form 990-T for this year? If *No, * to live 3b, provide an explanation in Schedule O 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account, in a foreign country (such as a bank account, securities account, or other financial account)? 5 If *Yes, * there the name of the foreign country* ► ● ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	ь	If at least one is reported on line 2a, did the organization file all required federal employment tax retuin	ns?		2b		
b if "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly? 4b If "Yes," enter the name of the foreign country; □ 5ce instructions for filing requirements for Form TD F 902-21, Report of Foreign Bank and Financial Accounts. 5ce with the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5ce in 1 "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chariable contributions? 5c Wash the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles as chariable contributions? 5c Wash of the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c). 5c View, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8 bit "Yes," did the organization notify the donor of the value of the goods or services provided? 9 bit "Yes," did the organization notify the donor of the value of the goods or services provided? 1c Wash organization and notify the donor of the value of the goods or services provided? 1d "Yes," indicate the number of Forms 8282 filed during the year 1d If "Yes," indicate the number of Forms 8282 filed during the year 1d If "Yes," indicate the number of Forms 8282 filed during the year 1d If "Yes," indicate the number of Forms 8282 fil		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Spensoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Spensoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from them sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b if 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 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 c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year?					70		x
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06-1029942 CHARITABLE FOUNDATION, INC. Form 990 (2013) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response tq 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 Section A. Governing Body and Management Yes No 10 1a Enter the number of voting members of the governing body at the end of the tax year 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 8 b Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a more members of the governing body? **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X 8a a The governing body? 8b **b** Each committee with authority to act on behalf of the governing body? 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 13 Х 14 14 Did the organization have a written document retention and destruction policy? 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? Х a The organization's CEO, Executive Director, or top management official 15a X 15b **b** Other officers or key employees of the organization 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 Х 16a taxable entity during the year? 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 16b exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CT Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Other (explain in Schedule O) ☐ Own website Another's website Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial 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: JOAN CAPONE - 203 608-7062 1064 EAST MAIN STREET, SUITE 201, MERIDEN, CT 06450

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (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	on nor any related (B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one han		(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) PAUL DORNER	2.00									
CHAIRMAN		X		X		<u> </u>	<u> </u>	0.	0.	0.
(2) ABIGAIL STAMLER	2.00	,,							16 006	1 202
EXECUTIVE DIRECTOR		X		X	<u> </u>			0.	46,086.	4,283.
(3) NICHOLAS MOALLI	2.00	x		x				0.	83,105.	13,015.
TREASURER	1.00	^		^	_	-		0.	03,103.	13,013.
(4) CLINT BRAMLETT	1.00	X				ļ		0.	0.	0.
TRUSTEE (5) ANNETTE JANOVIC	1.00	^		-	-	 				
TRUSTEE	1.00	X						0.	0.	0.
(6) JOHN E. KEET, JR.	1.00					┢				
TRUSTEE	1.00	X			İ			0.	0.	0.
(7) ANDREW KLIMKOSKI	1.00									
TRUSTEE	-	X						0.	0.	0.
(8) BOB ARESTI	1.00		П							
TRUSTEE		X						0.	0.	0.
(9) GAIL TODD	1.00							_		_
TRUSTEE		X			_	<u> </u>		0.	0.	0.
(10) ERIKA BROWN	1.00	ļ								
TRUSTEE		X		ļ <u>.</u>	_	<u> </u>	_	0.	0.	0.
(11) SHARON MALONEY	1.00	ļ.,		Ì						
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(12) GARY GIZOWSKI	1.00	Į,		١				_	0.	0.
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Form 990 (2013)

Form 990 (2013) CHARITAB									06-1	029	<u>942</u>	P	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
· (A)	(B)		(C)					(D)	(D) (E)			(F)	
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable			timate	_			
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1b Sub-total	L	L	I		L		<u> </u>	0.	129,1	91.	1	7.2	98.
c Total from continuation sheets to Part VI	I Section A							0.		0.		<u>· , –</u>	0.
d Total (add lines 1b and 1c)	ii, oection A						•	0.	129,1	1	1	7.2	98.
Total number of individuals (including but n	ot limited to th	1000	lieta	ad al	hove	e) wi	ho r	J				· / -	
compensation from the organization	or minited to tr	1036	liste	su ai	5041	C) **	101	eceived more man wroc	,,ooo or reportab	10			0
Compensation from the organization												Yes	No
3 Did the organization list any former officer,	director or th	icto	a ka	w or	mole	WAA	or	highest compensated e	molovee on	[
line 1a? If "Yes," complete Schedule J for s			0, NC	-y C	пріс	Jycc	, OI	mgnest compensated e	inployee on		3		x
4 For any individual listed on line 1a, is the si				000	ation	200	d 0+	ther compensation from	the organization	}		·	
and related organizations greater than \$15									the organization	ł	4		Х
5 Did any person listed on line 1a receive or a									idual for services	,			·
rendered to the organization? If "Yes," com	•				-		Ciq	ted organization or mail	1000110130141000	· [5		X
Section B. Independent Contractors	ipiete <u>Scriedal</u>	0 0 1	<i>UI</i> 3	<u>ucii</u>	pers	3011	_		· -				
Complete this table for your five highest co	mnenested in	dene	ande	ent c	onti	racto	ore i	that received more than	\$100,000 of con	nnens	ation f	rom	
the organization. Report compensation for										репа	ution 1	10111	
(A)	tile calelidal y	-cai	enui	iig v	VILII.	OI W	71.11	(B)	year.		((<u></u>	
Name and business	address	N	INC	F.			Ì	Description of s	ervices	С	ompe		on
							_	<u>- · ·</u>					
							\dashv						
										ı			

Form **990** (2013)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

		 Check if Schedule O cont 	tains a response	or note to any line	e in this Part VIII			<u> </u>
•	,				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
2 2 1	а	Federated campaigns	1a					
	b	Membership dues	1b					
انج	С	Fundraising events	1c					
a l		Related organizations	1d					
۶ <u>۰</u> Ε		Government grants (contribut	tions) 1e					
် ကြ		All other contributions, gifts, gran						
<u> </u>		similar amounts not included abo	1 1	13,175.				
δ	g	Noncash contributions included in lines						
and Other Similar Amounts	-	Total. Add lines 1a-1f		•	13,175.			
				Business Code				7."
R 2	а							
<u> </u>	b							
8 2	c							
[8]	d							
Revenue 2	-							
ť	f	All other program service reve						
		Total. Add lines 2a-2f		•	·			
3		Investment income (including	dividends, intere	est, and				
"		other similar amounts)	, 6.7.66.165, 111.616	>	77.			77.
4		Income from investment of ta	x-exempt bond o	roceeds				
5		Royalties	oxompt bond p	•				
"		Hoyanies	(i) Real	(ii) Personal	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
٩	а	Gross rents	(ly r tour	(ii) i Gradinai				
	ь	Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)	L			Í		
1		Gross amount from sales of	(i) Securities	(ii) Other			······································	
'	a	assets other than inventory	(I) Gecunities_	(ii) Other				
		Less: cost or other basis	-					
-	U	and sales expenses						
i	_	Gain or (loss)	———					
		Net gain or (loss)	L	•		1		
	d	Gross income from fundraisir	na evente (not		iii			
	а		of					
ē		contributions reported on line						
Other Revenu		Part IV, line 18	a 10). 000	48.816.				
를		Less: direct expenses	b	48,816. 17,096.				
ਰ		Net income or (loss) from fun	-	11/0300	31,720.			31,720
		Gross income from gaming a			02,.20			
8	đ	Part IV, line 19	a a	35,794.				
İ	L	Less: direct expenses	b	7,663.				
		Net income or (loss) from gar	-	7,005.	28,131.			28,131
1.0		Gross sales of inventory, less			20/1011			
'0	a	and allowances						
	_		a b					
		Less: cost of goods sold	-					
-	<u> </u>	Net income or (loss) from sale Miscellaneous Reven		Business Code				1
4.4	_	·	<u> </u>	Pusiness Code				1
11			·			 		
	b					 		
	С.	All all an annual control					<u> </u>	
	d							
		Total Add lines 11a-11d	•		73,103.	0.	0	. 59,928
12 332009 10-29-13		Total revenue. See instructions	 '		, 3, 103.	<u> </u>		Form 990 (2013

Part IX Statement of Functional Expenses											
Form 990 (2013)	CHARITABLE FOUNDATION,	INC.									
	THE CONNECTICUT CREDIT	UNION									

Section	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response			mpiete column (A).	
		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21	32,450.	32,450.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16			······································	,;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	_			
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits		 		
10	Payroll taxes				
11	Fees for services (non-employees):				
_	Management				
b	Legal		· -		-
	Accounting				
d	Lobbying Professional fundrations convices See Port IV June 17				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties	-			
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses	-			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates .				
22	Depreciation, depletion, and amortization				
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)				
а	amount, list line 24e expenses on Schedule 0) MISCELLANEOUS	726.		726.	
b	III DOLLAR IN COLUMN CO				
c					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	33,176.	32,450.	726.	0.
26	Joint costs. Complete this line only if the organization				
•	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here if following SOP 98-2 (ASC 958-720)				
					Form 990 (2013)

	t X		MDMITONY INC.			
		Check if Schedule O contains a response or note	to any line in this Part X	 		
	٠			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		146 500	_1	105 004
	2	Savings and temporary cash investments		146,503.	2	185,904.
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4		
	5	Loans and other receivables from current and fo				
		trustees, key employees, and highest compensa				
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualif				
		section 4958(f)(1)), persons described in section	1			
		employers and sponsoring organizations of sect				
sts		employees' beneficiary organizations (see instr).	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
⋖	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		····· ····· · · · · · · · · · · · · ·	9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	_10b		10c	
	11	Investments · publicly traded securities		11		
	12	Investments - other securities. See Part IV, line 1		12		
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		146,503.	15 16	185,904.
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	972.	17	446.
	17	Accounts payable and accrued expenses		18		
	18	Grants payable	}	200.	19	200.
	19	Deferred revenue			20	
	20 21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete I	Part IV of Schedule D		21	
,	22	Loans and other payables to current and former				
Liabilities	22	key employees, highest compensated employee				
Ē		Complete Part II of Schedule L	o, and disquames persons.		22	
<u>"</u>	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines				
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		1,172.	26	646.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔲 and			
S		complete lines 27 through 29, and lines 33 an	d 34.			
Š	27	Unrestricted net assets			27	
Bali	28	Temporarily restricted net assets			28	
힏	29	Permanently restricted net assets		29		
ā		Organizations that do not follow SFAS 117 (A				
ō		and complete lines 30 through 34.	145 221		105 250	
ets	30	Capital stock or trust principal, or current funds	145,331.		185,258.	
Ass	31	Paid-in or capital surplus, or land, building, or ed		0.	31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come, or other funds	145,331.		185,258.
~	33	Total net assets or fund balances		145,331.		185,236.
	34_	Total liabilities and net assets/fund balances_		140,303.	1 34	Form 990 (2013)

Form	990 (2013) CHARITABLE FOUNDATION, INC.	06-102	<u>9942 </u>	Page 12
	Reconciliation of Net Assets			
	Gheck if Schedule O contains a response or note to any line in this Part XI	,,		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	73	,103.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,176.
3	Revenue less expenses. Subtract line 2 from line 1	3		,927.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	145	,331.
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		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
, ,	column (B))	10	185	,258.
Pa	T XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			1
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,		
	consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt		1,,
	Act and OMB Circular A-133?		3a	<u>X</u> _
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	200 :== :
			Form 9	990 (2013)

SCHEDULE A (Form 990 or 990-EZ)

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. OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Information about Schedule A (Form 990 or 990-EZ) and its instructions istatuw urs gov/form990. THE CONNECTICUT CREDIT UNION CHARITABLE FOUNDATION, INC.

Employer identification number 06-1029942

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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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). 3 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.) X An organization that normally receives: (1) more than 33 1/3% 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 33 1/3% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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. d Type III - Non-functionally integrated c Type III - Functionally integrated _ Type I **b** ____ Type II 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 organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes 11g(i) the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (vi) is the (iv) Is the organization (v) Did you notify the (iii) Type of organization (vii) Amount of monetary (ii) EIN (I) Name of supported organization in col organization in col in col (i) listed in your (i) organized in the (described on lines 1-9 support organization governing document? (i) of your support? above or IRC section (see instructions)) Yes Nο Yes Yes

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

Schedule A (Form 990 or 990-EZ) 2013

	rt II Support Schedule for (Organizations	s Described in	Sections 170	(b)(1)(A)(iv) an	d 170(b)(1)(A)	(vi)
	(Complete only if you checked	the box on line	5. 7. or 8 of Part I c	or if the organization	on failed to qualify	under Part III. If t	he organization
	fails to qualify under the tests						
Sec	tion A. Public Support		-				
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf					-	
3	The value of services or facilities					İ	
	furnished by a governmental unit to						
	the organization without charge		ļ			-	
4	Total. Add lines 1 through 3		ļ				
5	The portion of total contributions						
	by each person (other than a	i					
	governmental unit or publicly						
	supported organization) included	į .					
	on line 1 that exceeds 2% of the						
	amount shown on line 11,	į.					
	column (f)	**************************************		· · · · · · · · · · · · · · · · · · ·			
	Public support. Subtract line 5 from line 4		1	<u> </u>	<u> </u>	<u>.t.</u>	_1
	ction B. Total Support	(a) 2000	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2009	(6) 2010	(6) 2011	(d) 2012	(6) 2010	(i) i ottai
8	Gross income from interest,						
0	dividends, payments received on						
	securities loans, rents, royalties	İ					
	and income from similar sources	I					
9	Net income from unrelated business						
Ť	activities, whether or not the	I					
	business is regularly carried on	I					
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruct	tions)			12	
13	First five years. If the Form 990 is for	the organization	's first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3)	. \Box
	organization, check this box and stor						
	ction C. Computation of Publ				.		
14	Public support percentage for 2013 (column (f))		14	%
15					44 00 4/00/	15	
16a	33 1/3% support test - 2013. If the				14 IS 33 1/3% or	more, cneck this	box and
_	stop here. The organization qualifies				d line 45 = 00 4 /0	04 or more obselv	this boy
t	33 1/3% support test - 2012. If the				a iine 15 is 33 1/3	70 or more, cneck	, this box
4-	and stop here. The organization qual				0 12 160 or 165	and line 14 in 10	% or more
17a	10% -facts-and-circumstances tes and if the organization meets the "fac						
	meets the "facts-and-circumstances"					ar it now use org	▶ □
	meets the lacts and circumstances tes					r 17a, and line 15	ıs 10% or

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2013 CHARITABLE FOUNDATION, INC. 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	s to
16 to the search between the consequence of the Dood II \	

<u> </u>	qualify under the tests listed b	elow, please comp	olete Part II.)				
	ction A. Public Support			43.004	(JR 0040	(2) 2042	(A Tatal
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	, ,,,,	160	2 220	7 274	12 175	24 220
	include any "unusual grants.")	1,473.	160.	2,238.	7,274.	13,175.	24,320.
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	100,966.	92,175.	97,826.	85,008.	84,610.	460,585.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
8	Total. Add lines 1 through 5	102,439.	92,335.	100,064.	92,282.	97,785.	484,905.
	Amounts included on lines 1, 2, and	,,			-, - <u> </u>	• • • • • •	<u> </u>
, ,	3 received from disqualified persons						0.
t	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						0.
c	Add lines 7a and 7b						0.
_8	Public support (Subtract line 7c from line 6)						484,905.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	102,439.	92,335.	100,064.	92,282.	97,785.	484,905.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	72.	69.	40.	51.	77.	309.
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	72		40	51.	77.	309.
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	72.	69.	40.	51.	//•	309.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12)	102,511.	92,404.	100,104.	92,333.	97,862.	485,214.
	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3) organiz	ation,
_	check this box and stop here						▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2013 (column (f))		15	99.94 %
16				-		16	99.80 %
_	ction D. Computation of Inve						
17				ne 13, column (f))		17	.06 %
18	Investment income percentage from			- "		18	.20 %
	a 33 1/3% support tests - 2013. If the			on line 14, and line	15 is more than 3	33 1/3%, and line 1	17 is not
•	more than 33 1/3%, check this box a						► X
,	o 33 1/3% support tests - 2012. If the						and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization			•			▶□
	23 09-25-13			· —————			0 or 990-EZ) 2013

THE CONNECTICUT CREDIT UNION 06-1029942 Page 4 Schedule A (Form 990 or 990-EZ) 2013 CHARITABLE FOUNDATION, INC. Part IV Supplemental Information. 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).

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the

organization answered "Yes" to Form 990, Part IV, lines 17, 16, or 19, or organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

2013

OMB No 1545-0047

Open To Public Inspection

Name of the organization

THE CONNECTICUT CREDIT UNION

CHARITABLE FOUNDATION, INC.

Inspection

Supply form 990 | Inspection

Employer identification number

06-1029942

CHARITA	BLE FOUNDATION, IN	<u> </u>			<u> 06-1029</u>	942
Part I Fundraising Activities. required to complete this part	. Complete if the organization answer.	ered "Y	'es" to	Form 990, Part IV, I	ne 17. Form 990-EZ	filers are not
 Indicate whether the organization rais a Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a written of key employees listed in Form 990, Poly If "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	e Solicita f Solicita g Special or oral agreement with any individua art VII) or entity in connection with p viduals or entities (fundraisers) purs	tion of tion of fundra (includer profess	non-g gover alsing ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or con contrib	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
		ŀ				
Takal		<u> </u>				
List all states in which the organizatio or licensing.	n is registered or licensed to solicit	contrib	outions	s or has been notified	d it is exempt from re	egistration
		-	_			
						

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ}. \\$

Schedule G (Form 990 or 990-EZ) 2013

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Schedule G (Form 990 or 990-EZ) 2013 CHARITABLE FOUNDATION, INC.

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Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE GUMBALL GOLF(add col. (a) through TOURNAMENT MACHINE col. (c)) (total number) (event type) (event type) 580 48,816. 48,236. Gross receipts 2 Less: Contributions 48,236. 580 48,816. Gross income (line 1 minus line 2) Cash prizes 4,845. 4,845. Noncash prizes Direct Expenses 10,396. 10,396. Rent/facility costs 224. 224. Food and beverages Entertainment 1,631. 1,631. Other direct expenses 17,096. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant Revenue (c) Other gaming (a) Bingo bingo/progressive bingo col. (a) through col. (c)) 35,794. 35,794. Gross revenue 2 Cash prizes Direct Expenses 4,751. 4,751. Noncash prizes Rent/facility costs 2,912. 2,912. Other direct expenses Yes Yes Yes % % X No No 6 Volunteer labor No 7,663. Direct expense summary. Add lines 2 through 5 in column (d) 28,131. Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization operates gaming activities: CT X Yes a is the organization licensed to operate gaming activities in each of these states? b If "No," explain: X No Yes 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain: ___

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Schedule G (Form 990 or 990-EZ) 2013

THE CONNECTICUT CREDIT UNION Schedule G (Form 990 or 990 EZ) 2013 CHARITABLE FOUNDATION, INC. 06-1029942 Page 3 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed Yes X No to administer charitable gaming? 13 Indicate the percentage of gaming activity operated in: 13a 100.00 a The organization's facility 13b b An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ► NICHOLAS MOALLI Address ► 1064 EAST MAIN STREET, NO. 201 - MERIDEN, CT 06450 Yes X No 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ _____ and the amount of gaming revenue retained by the third party > \$ c If "Yes," enter name and address of the third party: Address > 16 Gaming manager information: Name ► NICHOLAS MOALLI Gaming manager compensation ▶ \$_____ Description of services provided ► CONTROLS ALL ASPECTS OF RAFFLE SALES, ACCOUNTING, REPORTING AND PAY OUTS. X Director/officer Employee Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to X Yes No retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the 28,131. organization's own exempt activities during the tax year 🕨 \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2013

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	_	THE CONNEC	TICUT CREDIT	UNION	
Schedule G	(Form 990 or 990-EZ) Supplemental Inform	CHARITABLE	FOUNDATION,	INC.	06-1029942 Page 4
Part IV	Supplemental Info	rmation (continued)			
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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 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O Form 990 or 990-EZ) and its instructions is return its gon/form990.

THE CONNECTICUT CREDIT UNION Employe CHARITABLE FOUNDATION, INC.

Employer identification number 06-1029942

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EDUCATIONAL PURPOSES.
FORM 990, PART VI, SECTION A, LINE 8B:
EXPLANATION: THERE ARE NO OTHER COMMITTEES WITH AUTHORITY TO ACT ON BEHALF
OF THE GOVERNING BODY.
FORM 990, PART VI, SECTION B, LINE 11:
EXPLANATION: THE RETURN IS REVIEWED BY THE OFFICERS OF THE ORGANIZATION
PRIOR TO FILING. THE ENTIRE BOARD OF TRUSTEES WILL BE PROVIDED A FINAL
COPY OF THE RETURN FOR THEIR REVIEW BUT NOT BEFORE THE RETURN IS FILED.
FORM 990, PART VI, SECTION B, LINE 15:
EXPLANATION: THIS ORGANIZATION DOES NOT HAVE ANY PAID EMPLOYEES. THE
CREDIT UNION LEAGUE OF CONNECTICUT, INC. PROVIDES ADMINISTRATIVE SUPPORT AS
NEEDED WITHOUT CHARGE.
FORM 990, PART VI, SECTION C, LINE 19:
EXPLANATION: THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS OR ITS
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC. THE ORGANIZATION DOES NOT
HAVE A CONFLICT OF INTEREST POLICY.
SCHEDULE G, PART III, LINE 16
EXPLANATION: GAMING MANAGER RECEIVES COMPENSATION AS AN EMPLOYEE OF A
RELATED ORGANIZATION.

Schedule R (Form 990) 2013 (g) Section 512(b)(13) Ŷ Open to Public Inspection **Employer identification number** × × OMB No 1545-0047 controlled 2013 entity? Direct controlling Yes 06-1029942 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. Direct controlling entity End-of-year assets e status (if section Public charity 501(c)(3)) CINE 7 ▶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 munics gan/form990. Total income Exempt Code ত section 501(C)(6) 501(C)(3) চ ▶ See separate instructions. Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) foreign country) CONNECTICUT CONNECTICUL SERVICES TO MEMBER CREDIT ▶ Attach to Form 990. PROGRAMS AND FAIRS TO THE CONNECTICUT CREDIT UNION PROVIDE PROGRAMS AND Primary activity Primary activity INC. EDUCATION LESSONS, PROVIDE FINANCIAL CHARITABLE FOUNDATION, UNIONS THE CREDIT UNION LEAGUE OF CONNECTICUT, INC. 201 INC. Š. Š. Name, address, and EIN (if applicable) - 06-0606505, 1064 EAST MAIN STREET, CONNECTICUT FINANCIAL REALITY FAIR, 46-0586626, 1064 EAST MAIN STREET, Name, address, and EIN of related organization of disregarded entity 201 MERIDEN, CT 06492 Name of the organization 06492 ដូ SCHEDULE R (Form 990) MERIDEN, Part # Part

Schedule R (Form 990) 2013 CHARITABLE FOUNDATION, 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

06-1029942

General or Percentage managing ownership 3 Yes No 8 Code V-UBI amount in box '20 of Schedule -K-1 (Form 1065) ϵ Disproportionate Yes No allocations? Ξ Share of end-of-year assets Ô Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) (d)
| Direct controlling entity (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization

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 freated as a corporation or trust during the tax year. Part IV

organizations freated as a corporation of trust during the tax year.	g the tax year.	(0)	Ð	(9)	€	(b)	ε	8
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling Type of entity St	Type of entity	Share of total	Share of	Percentage	Section 512(b)(13) controlled
		foreign country)		or trust)		assets	<u> </u>	Yes No
						:		
								<u>. </u>
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					-			

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Schedule R (Form 990) 2013

Schedule R (Form 990) 2013 CHARITABLE FOUNDATION, INC.

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Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				χe	Yes No.
1 During the tax year, did the organization engage in any of the following transaction:	s with one or more re	transactions with one or more related organizations listed in Parts II-IV?	n Parts II-IV?		
a Receipt of (i) interest (ii) annuties (iii) royalties or (iv) rent from a controlled entity				1a	×
b Gift, grant, or capital contribution to related organization(s)				1b	×
				10	×
				7	×
d Loans or loan guarantees to or for related organization(s)				2	():
e Loans or loan guarantees by related organization(s)				16	×
					;
f Dividends from related organization(s)			!	=	×
g Sale of assets to related organization(s)				19	×
h Purchase of assets from related organization(s)				무	×
				ï	×
j Lease of facilities, equipment, or other assets to related organization(s)			Li	į	×
k Lease of facilities, equipment, or other assets from related organization(s)				ᆂ	×
I Performance of services or membership or fundraising solicitations for related organization(s)	ınızation(s)			=	×
m Performance of services or membership or fundraising solicitations by related organization(s)	ınızatıon(s)			도 X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s) uoi			T X	
 Sharing of paid employees with related organization(s) 				t X	
				······	>
 P Reimbursement paid to related organization(s) for expenses 		•		<u>-</u>	د ا>
q Reimbursement paid by related organization(s) for expenses			- ku	<u>1</u>	×
r Other transfer of cash or property to related organization(s)			1	-	×
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	is line, including covered r	elationships and transaction thresholds.		
(а) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	pey	
(1)					
					;
(3)					
(4)					
(5)					
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CHARITABLE FOUNDATION, INC.

Schedule R (Form 990) 2013

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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.

The trace of the second			47						
(a)	o	(<u>0</u>	(d) (e)			Ē,	3	3	8
Name, address, and EIN of entrty	Primary activity	(state or foreign	Predominant income partners sec (related, unrelated, 501(c)(3) excluded from tax	Share of total	Share of end-of-year	Dispropor- tionate allocations?	Dspropor- Code V-UBI General or Percentage borate amount in box 20 managing ownership allocators? of Schedule K-1 partner?	General or managing partner?	Percentage
		1	under section 312-314) Yes No	1		Yes No	(FORTH 1065)	Yes No	
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