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Form	330	

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Dep Inter	artment of nal Reven	f the Treasury nue Service	► Information about Form 990 and its instructions is at www.irs.g	•	o. O.	Inspect	ion			
\overline{A}	For the	2014 cale	ndar year, or tax year beginning , 2014, and ending		<u>. </u>	, 20				
В		applicable	C Name of organization SOUTHEASTERN REGIONAL CREDIT UNION SCHOOLS		D Employ	er identification nu	mber			
		change	Doing business as			54-1427746				
	Name ch	-	Number and street (or P O box if mail is not delivered to street address) Room/suite	•	E Telephone number					
	Initial ret	_	PO BOX 11469			(434) 237-9600				
$\overline{\sqcap}$		m/terminated	City or town, state or province, country, and ZIP or foreign postal code			(434) 237-3000_				
$\overline{\Box}$	Amende		LYNCHBURG, VA 24506-1469	- ~	G Gross re	ecelnīts \$	378,268			
$\overline{\Box}$			F Name and address of principal officer	H(a) Is this a a		subordinates? Yes	√ No			
	пррисис	don ponding	Richard D. Pillow, 1207 Fenwick Drive, Lynchburg, VA 24502	1	•	sincluded? Yes	_			
	Tay-eye	mpt status	✓ 501(c)(3)			list (see instruction				
<u>;</u>	Website		w.srcus.org	H(c) Group			·			
K			✓ Corporation Trust Association Other L Year of formatio			of legal domicile	VA			
	art I	Summ		1307	1 IVI OTATO	or regal dorriene	VA			
	1		escribe the organization's mission or most significant activities:							
ø	'		ary goal of the school is to educate employees and volunteers of credit union	e in the co	uthoact re	arion of the US				
anc			he use of specific training schools.	13 111 1116 30	unicastii	gion of the os				
E	2		is box ▶☐ if the organization discontinued its operations or disposed of	more than	25% of	its net assets				
Š	3		of voting members of the governing body (Part VI, line 1a)		3		٥			
8	4		of independent voting members of the governing body (Part VI, line 1b)	• • •			9			
es	5		and the second of the second o			-	<u>s</u>			
Activities & Governance	6		nber of volunteers (estimate if necessary)		6					
Act	7a		elated business revenue from Part VIII, column (C), line 12		7a		0			
	Ь		ated business taxable income from Form 990-T, line 34		7b		0			
_				Prior Ye		Current Ye				
	8	Contribu	tions and grants (Part VIII, line 1h)		0					
Ž	9		service revenue (Part VIII, line 2g)		131,249		377,421			
Revenue		10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)								
č	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0		847			
	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		132,035	·	378,268			
	13		nd similar amounts paid (Part IX, column (A), lines 1-3)		11,995		15,000			
	14		paid to or for members (Part IX, column (A), line 4)		0		0			
S	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)	-	0		0			
Expenses	16a		onal fundraising fees (Part IX, column (A), line 11e)		0	•	0			
g	ь		draising expenses (Part IX, column (D), line 25)							
ũ	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		84,807		348,306			
	18		penses. Add lines 13-17 (must equal Part IX, column (A), line 25):	J	96,802		363,306			
	19	Revenue	less expenses. Subtract line 18 from line 12 . 3	701	35,233		14,962			
ets or	1	-	APR 29 2008	eginning of Cu		End of Ye				
sets	20	Total ass	sets (Part X, line 16)	1 1	245,629		282,221			
Net Asse	21	Total liab	bilities (Part X, line 26)	:	0		21,630			
ž	22	Net asse	ts or fund balances. Subtract line 21 from line 20	;	245,629		260,591			
P	art II	Signa	ture Block							
U	nder pena	alties of perju	ry, I declare that I have examined this return, including accompanying schedules and statem	nents, and to	the best of	my knowledge and	belief, it is			
tru	ie, correc	ct, and comp	lete Declaration of preparer (other than officer) is based on all information of which preparer	has any know	ledge					
			Stretion to Hallow, hecosur		05	1-82-15				
	gn	Sign	nature of officer	Da	ate					
He	ere	 	NICHARD D. TILLOW, PREMSURER							
		<u> </u>	e or prnt name and title							
Pá	aid	Print/Ty	pe preparer's name Preparer's signature Dat	e	Check	☐ if PTIN				
	epare	er			self-em					
	se On		name >	Firm	n's EIN ▶					
		Firm's a	address ▶	Pho	one no.					
Ma	ay the l	HS discus	s this return with the preparer shown above? (see instructions)			□Yes	No No			

For Paperwork Reduction Act Notice, see the separate instructions.



Form **990** (2014)

Cat No 11282Y

Form 990 (2014)

Form 990 (2014)

Part	Checklist of Required Schedules		1	
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	Yes	No
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	•	✓
4	candidates for public office? If "Yes," complete Schedule C, Part I	4		✓
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
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		✓
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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
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		✓
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		√
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.		城镇	
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		✓
	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		✓
С	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		✓
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 Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		√
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		✓
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
ь	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		✓
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		✓
_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		✓
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 (see instructions)	17		✓
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		✓
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		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b	000	1 (00 : ::
		For	n 990	(2014)

Part	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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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	_	✓
-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		√
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		√
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		✓
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 "Yes," complete Schedule L, Part II	26		✓
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		✓
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):	1,114		**************************************
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		✓
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		<u> </u>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
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		\
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? <i>If "Yes," complete Schedule R, Part I </i>	33		→
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		✓
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
20	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	20		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		_
<i>3,</i>	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	27		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		
	19? Note. All Form 990 filers are required to complete Schedule O	38		✓

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			П
	,,,,,,,,,,,,,,,,,,,		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 17			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	1	
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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	MR	
	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?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			,
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
e -	(FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		✓
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	— 	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-30		
-	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	-		Ť
	gifts were not tax deductible?	6b		l
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			1 }
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			l
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			<u> </u>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f -	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		/
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		/
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
•	sponsoring organization have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			$\overline{}$
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		✓
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b N/A			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40	against amounts_due_or_received_from_them.)		712	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a	MIX	
12				
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a	Ala.	├─┤
a	Note. See the instructions for additional information the organization must report on Schedule O.	138	LW.	\vdash
b	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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		
		Forr	n 990	(2014)

Part							
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Scheck if Schedule O contains a response or note to any line in this Part VI						
Secti	on A. Governing Body and Management	• •	•	. <u>V</u>			
	on a comming body and management		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a						
	If there are material differences in voting rights among members of the governing body, or	1					
	if the governing body delegated broad authority to an executive committee or similar						
	committee, explain in Schedule O.						
- р	Enter the number of voting members included in line 1a, above, who are independent . 1b	1		i			
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?	_					
3	Did the organization delegate control over management duties customarily performed by or under the direct	2		/			
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		/			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1			
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1			
6	Did the organization have members or stockholders?	6		1			
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?							
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	l		1			
8	stockholders, or persons other than the governing body?	7b		ļ ·			
	the year by the following:						
а	The governing body?	8a	1	<u>-</u>			
b	Each committee with authority to act on behalf of the governing body?	8b	V				
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	✓				
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	nue C					
			Yes	No			
10a b	Did the organization have local chapters, branches, or affiliates?	10a		✓			
U	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a		1			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1		\ <u> </u>			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		1			
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"						
	describe in Schedule O how this was done	12c		<u> </u>			
13	Did the organization have a written whistleblower policy?	13		/			
14 15	Did the organization have a written document retention and destruction policy?	14		V			
.0	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a		1			
b	Other officers or key employees of the organization	15b		1			
	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		٥				
_	with a taxable entity during the year?	16a		1			
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					
Secti	on C. Disclosure	100		L.			
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	n 501	(c)(3)s	only)			
	available for public inspection. Indicate how you made these available. Check all that apply.		•				
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	terest	policy	y, and			
20	financial statements available to the public during the tax year.		_				
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	: ▶				

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

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

1a Complete this table for all persons required to be listed. 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.

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

Officer this box in flertifier the organization flor	arry relate	u oigi	u: 112	uilo		viiipo	,,,,,,,	ica arry currer	c omoon, andotto	, 01 11 40 100 1
·				(0)					
(A)	(B)			Pos	ition			(D)	(E)	(F)
* *	1					e than o				
Name and Title	Average					is both		Reportable	Reportable	Estimated
	hours per	office	er and	dad	rect	or/trust	<u> </u>	compensation from	compensation from related	amount of other
	week (list any hours for	익글	2	Q	줐	3 ₹	Former	the	organizations	compensation
	related	₽₹	#	Officer	%	호물	ΙĒ	organization	(W-2/1099-MISC)	from the
	organizations	協문	吉	4	Ä	ye st	1 4	(W-2/1099-MISC)		organization
	below dotted		ă		Key employee	ြ မို		ľ		and related
	line)	5	📻		è	뒃	1			organizations
	l	8	Institutional trustee			ء				
			ď		İ	Highest compensated employee				
(1) Ann Cochran, Director	1		1				ł			
		✓						0	0	. 0
(2) Patrick LaPine, Director	1									
		✓						0	0	0
(3) Wendell Lyons, Director	1			İ		ĺ				1
	T	✓	1				ł	o) o	O
(4) Mike Mercer, Director	1						Ī			
() White Mercer, Director	† '	1						0	0	a
(5)			\vdash	⊢			1			<u></u>
(5) John Radebaugh, Director	ļ <u>1</u>	١.				1				
		/	<u> </u>	!	ــــــ	<u> </u>	_	0	0	0
(6) Fred Robinson, Chairman	1			ļ						
	T			1			1	o	0	d
(7) Charles Elliot, Vice Chairman	1		1	<u> </u>	\vdash	— —				
(1) Orlanes Linot, vice Orlanman	† :	1	1	1			1			d
(0)	_	 	╁	₩.		 	+	ļ. <u> </u>	•	
(8) Richard Pillow, Secretary/Treasurer	11	.		١.	•	ł	1			
		ļ		✓	ļ	ļ	1	0	0	C
(9) Karima Freeman, Assistant Secretary/Treasure	2]	1	Į.	ļ			İ	
	T		1	✓				l 0	o	l
	· · · · · ·				\vdash	1	1			
	 	1								
(11)		 	1				+			
<u> </u>	 	1				1	1			
(12)		<u> </u>	 	+	\vdash	+	+			
(12)	†	1								
(13)	 	 	T		\vdash		T			
<u> </u>	†	1								
(14)	 	<u> </u>	T	T	\vdash	†	t	1		
(17)	†	1								
								i e	1	i e

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees			lighe	st C	ompensated E	mployees (c	ontinue	ed)		
					(C Pos) :t:00			1					
	(A)	(B)			eck	more	than o		(D)	(E)		-	F)	
	Name and title	Average hours per					ıs both or/trusi						nated unt of	
		week (list any hours for		_	_			–	from the	related organization			her osation	_
		related	divid	stıtu	Officer	Key employee	ghes	Former	organization	(W-2/1099-MI		compe from	n the	•
		organizations below dotted	ctor	tiona	,	nplo	yee yee	1	(W-2/1099-MISC)				ızatıon elated	
		line)	Individual trustee or director	Institutional trustee		уее	тре					organi		\$
				stee	_		Highest compensated employee				_			
(4.5)							8				_			
(15)														
(16)								 		-				
1		 	1			ĺ								
(17)						h			 					
			<u> </u>											
(18)			Į											
41.51			<u> </u>	ļ										
(19)		 	ł					-						
(20)						_		├						
32.07		 												
(21)			-					T -						
(22)	·	ļ												
(0.0)						ļ		<u> </u>						
(23)		 	1											
(24)						-		-			-			
35.77		 												
(25)														
1b	Sub-total							▶	0		0			0
C	Total from continuation sheets to Part			-	-	-			0		_0			0
d	Total (add lines 1b and 1c)							<u> </u>	0	·	0	- 4		0
2	Total number of individuals (including bu reportable compensation from the organ			nose	e IIS	ea	abov	e) w	no receivea m	ore than \$10	0,000	ot		
	Topolication from the organ	124110117 0											Yes	No
3	Did the organization list any former of									nest comper	sated			
	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ind	ivid	ual					3		✓
4	For any individual listed on line 1a, is the													
	organization and related organizations individual									nedule J for	such			اا
5	Did any person listed on line 1a receive of									 zation or indi	· ·	4		✓
3	for services rendered to the organization											5		7
Section	on B. Independent Contractors	· · · · · · · · · · · · · · · · · · ·	•						·					
1	Complete this table for your five highest													
	compensation-from-the-organization. Re	port compe	ensati	on f	or ti	he c	alenc	dar	year ending wi	th or within t	he orga	anizatio	n's ta	ЭX
	year.		_					_						
	(A) Name and business add	dress							(B) Description of s	services	,	(C) Compensa	ation	
None								\vdash						
None								╁						
-								\dagger		-				
								Γ						
2	Total number of independent contract							o tl	hose listed ab	ove) who				
	received more than \$100,000 of compen	sation from	the c	rga	niza	tion	▶		0					

Part	: VIII	Statement of Revenue					
		Check if Schedule O contains a resp	oonse or note to	any line in this	Part VIII		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns 1a					-
ira our	b	Membership dues 1b	0				
s, C	С	Fundraising events 1c	0	į			}
Sift Iar	d	Related organizations 1d	0				
in is	_ e	Government grants (contributions) 1e	0				
r S	f	All other contributions, gifts, grants,					1
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not included above 1f	o				
d it	g	Noncash contributions included in lines 1a-1f: \$	0		:		
g g	h	Total. Add lines 1a-1f	🕨	0			ļ
ue			Business Code				
Ze .	2a	Registrations and tuition fees	522100	377,421	377,421		
æ	b			0		· ==	
je Je	С			0			
Ser	d			0			
Ë	e			0			
Program Service Revenue	f	All other program service revenue.		0			
<u> </u>	g	Total. Add lines 2a-2f		377,421			
	3	Investment income (including divide					
	1	and other similar amounts)	1	847			847
	4	Income from investment of tax-exempt bo		0			
	5	Royalties	<u> ▶</u>	0			
		(ı) Real	(II) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)			··· , <u>- · · · - · · · · · · · · · · · · · · </u>		
	d	<u> </u>	▶	0			
	7a	Gross amount from sales of (i) Securities	(II) Other				
		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses .					
	C	Gain or (loss)					ļ
	d	Net gain or (loss)	•	0			ļ
evenue	8a	Gross income from fundraising events (not including \$					
Other Re		of contributions reported on line 1c). See Part IV, line 18		i			
δ	1	Less: direct expenses b Net income or (loss) from fundraising	ovente		ļ		·
		Gross income from gaming activities.	events . ►			 	
	34	See Part IV, line 19 a					
	<u> </u>	Less: direct expenses b					
		Net income or (loss) from gaming acti	vities ▶				
	1	Gross sales of inventory, less	VILICS P	0			
	100	returns and allowances a					
	h	Less: cost of goods sold b					
		Net income or (loss) from sales of inve					
	<u> </u>	Miscellaneous Revenue	Business Code	0			
	11a					· · · · · · · · · · · · · · · · · · ·	ļ
	b			0			_
	C			0			
	ď	All other revenue		0			-
	e	Total. Add lines 11a–11d		0			
	12	Total revenue See instructions		0			

	IX Statement of Functional Expenses									
Section	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).									
	Check if Schedule O contains a response or note to any line in this Part IX									
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	15,000	15,000							
2	Grants and other assistance to domestic	10,000	10,000							
_ 3_	individuals. See Part IV, line 22	0								
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0								
4 5	Benefits paid to or for members Compensation of current officers, directors,	0								
_	trustees, and key employees	0								
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0								
7	Other salaries and wages	0	·							
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0								
9	Other employee benefits	0								
10	Payroll taxes	0								
11	Fees for services (non-employees):									
а	Management	0								
b	Legal	_0								
С	Accounting	6,500		6,500	 					
d	Lobbying	0								
e	Professional fundraising services. See Part IV, line 17	0								
f	Investment management fees	0								
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0								
12	Advertising and promotion	0								
13	Office expenses	9,930	9,930							
14	Information technology	1,667	1,667							
15	Royalties	0								
16 17	Occupancy	0	24.024							
18	Payments of travel or entertainment expenses	34,694	34,694							
10	for any federal, state, or local public officials	n								
19	Conferences, conventions, and meetings .	293,285	293,285							
20	Interest	293,203	200,200							
21	Payments to affiliates	0								
22	Depreciation, depletion, and amortization .	0								
23	Insurance	0								
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 O.)									
a	SCC registration fee	25		25						
b	Years of service award	1,000		1000						
ر د		0								
d e	All other expenses Miscellaneous Expenses	1,205	1,205							
25	Total functional expenses. Add lines 1 through 24e	363,306	355,781	7,525	·					
26	Joint costs. Complete this line only if the	303,300	333,781	1,323						
	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)									

P	art X	Balance Sheet				
		Check if Schedule O contains a response or	note to any line in this Pa	rt X		🗆
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		245,629	1	282,221
	2	Savings and temporary cash investments	[0	2	0
	3	Pledges and grants receivable, net	[0	3	0
	4	Accounts receivable, net	[0	4	0
	5	Loans and other receivables from current and for				
-		trustees, key_ employees, .andhighest cor	mpensated employees			
		Complete Part II of Schedule L	1	0	5	0
S	6	Loans and other receivables from other disqualified personal 4958(f)(1)), persons described in section 4958(c)(3)(B), and sponsoring organizations of section 501(c)(9) voluntal organizations (see instructions). Complete Part II of Scheduling	0	6	0	
Assets	7	Notes and loans receivable, net		0		0
AS	8	Inventories for sale or use		0	 +	0
	9			. 0		0
	10a	Land, buildings, and equipment: cost or				
			10a N/A			
	ь	Less: accumulated depreciation	10b N/A	0	10c	0
	11			0		0
	12	Investments—other securities. See Part IV, line 1	1	0	12	0
	13	Investments-program-related. See Part IV, line	11	0	13	0
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		0	15	0
	16	Total assets. Add lines 1 through 15 (must equa	245,629	16	282,221	
	17	Accounts payable and accrued expenses		0	17	0
	18	Grants payable	0	18	0	
	19	Deferred revenue		0		21,630
	20	Tax-exempt bond liabilities		0	1 1	0
	21	Escrow or custodial account liability. Complete P		0	21	0
es	22	Loans and other payables to current and for				
≣		trustees, key employees, highest compens				
Liabilities		disqualified persons. Complete Part II of Schedul		0	_	0
_	23	Secured mortgages and notes payable to unrelat		0		0
	24	Unsecured notes and loans payable to unrelated		0	24	0
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lines of Schodule D	17-24). Complete Part X	_	25	
	00	of Schedule D		0		0
_	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958).	check here	0	20	21,630
ses	ļ	complete lines 27 through 29, and lines 33 and				
au	27	Unrestricted net assets		245,629	27	260,591
Bal	28	Temporarily restricted net assets		0	28	0
헏	29	Permanently restricted net assets		0	29	0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 95 complete lines 30 through 34.	8), check here ► ☐ and			
ţ	30	Capital stock or trust principal, or current funds		0		0
SSe	31	Paid-in or capital surplus, or land, building, or eq	uipment fund	0	_	0
Ž	32	Retained earnings, endowment, accumulated inc		0		0
Ē	33	Total net assets or fund balances		245,629		260,591
_	34	Total liabilities and net assets/fund balances .	 <u>.</u>	245,629	34	282,221
						Form 990 (2014)

n	_	4	9
Pao	е		•

Part	XI Reconciliation of Net Assets			Fé	ge 12
Fait	Check 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)	<u> </u>			8,268
2	Total expenses (must equal Part IX, column (A), line 25)	2			3,306
3	Revenue less expenses. Subtract line 2 from line 1	3			4,962
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-		5,629
5	Net unrealized gains (losses) on investments	5			0
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		20	0.591
Part	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 Accrual Other			大 (河口	2 1
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	in 🤾	0 2 34	
	Schedule O.		- 10 mg	5 36 3	**
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				✓
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or 🙀		7.0
	reviewed on a separate basis, consolidated basis, or both:		100		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		227		
b	Were the organization's financial statements audited by an independent accountant?		. 2t) /	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	a i		
	separate basis, consolidated basis, or both:			制设设	
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		. 🕸		1
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	_	.		
	of the audit, review, or compilation of its financial statements and selection of an independent acco			> √	eria mada d
	If the organization changed either its oversight process or selection process during the tax year, e Schedule O.	kpiain	ın		
_		44-	منته المناه	a 1240	المنشقة
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?				,
	·		. 3	3	/
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a				
	required addit of addits, explain why in ochequie of and describe any steps taken to didergo such a	iduits.			(224.5)
			۲	orm 99 0	(2014)

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.

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Employer identification number

		ASTERN REGIONAL CREDIT UNIC					54-142			
Pa	rt I	Reason for Public Char	ity Status (All o	organizations must	complet	e this pa	art.) See instructio	ns.		
The ·	orga	anization is not a private foundat	ion because it is	: (For lines 1 through	11, chec	k only on	e box.)			
1		A church, convention of church	es, or association	on of churches describ	bed in se	ction 170	D(b)(1)(A)(i).			
2		A school described in section								
3		A hospital or a cooperative hos								
4		A medical research organization	•	njunction with a hosp	ital descr	nbed in s	ection 170(b)(1)(A)(iii). Enter the		
	hospital's name, city, and state:									
5	5 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.)									
6	6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7										
8		A community trust described in	section 170(b)	(1)(A)(vi). (Complete F	Part II.)					
9		An organization that normally r				rom cont	ributions, members	hip fees, and gross		
		receipts from activities related								
		support from gross investmen	nt income and	unrelated business t	axable ır	ncome (le	ess section 511 tax	() from businesses		
		acquired by the organization af	ter June 30, 197	5. See section 509(a)(2). (Con	nplete Pa	rt III.)			
10		An organization organized and	operated exclus	ively to test for public	safety. S	See secti	on 509(a)(4).			
11		An organization organized and o	perated exclusiv	ely for the benefit of,	to perforr	n the fun	ctions of, or to carry	out the purposes of		
		one or more publicly supported								
		the box in lines 11a through 11c	I that describes t	he type of supporting	organızat	ion and c	omplete lines 11e, 1	1f, and 11g.		
ŧ	a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.									
	o	☐ Type II . A supporting organiz	-		nection w	ith its sur	oported organization	(s), by having		
•	,	control or management of the								
		organization(s). You must co								
		☐ Type III functionally integra	=		ed in cor	nection v	with, and functionally	integrated with,		
		its supported organization(s)						, ,		
	i	\square Type III non-functionally int	egrated. A supp	oorting organization o	perated in	n connec	tion with its support	ed organization(s)		
		that is not functionally integra						an attentiveness		
		requirement (see instructions	•	_						
•	9	 Check this box if the organization functionally integrated, or Type 						I, Type III		
1	i e	Enter the number of supported o	organizations .							
9		Provide the following information		orted organization(s).						
	(i)	Name of supported organization	(iı) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of		
				(described on lines 1-9 above or IRC section		ir governing ment?	support (see instructions)	other support (see instructions)		
				(see instructions))			,	,		
					Yes	No				
(A)										
	_									
(B)										
						ļ				
(C)										
							-			
(D)										
			· ·							
(E)										

Part	Support Schedule for Organiza	itions Descri	ibed in Secti	ons 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(vi	i)
	(Complete only if you checked the Part III. If the organization fails to	ne box on line	5, 7, or 8 of or the tests lie	Part I or if the	e organizatio: lease comple	n failed to qua te Part III)	ality under
Section	on A. Public Support	quality dilde		DOIOW, P	.oaco oompic		
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and	\ <u></u>				·3f	
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the			-			
_	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3				-		
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly	'					
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.		<u> </u>		L		
	on B. Total Support	(-) 0040	(h) 0044	(=) 0010	(4) 0010	(=) 0014	(6) Tatal
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources						
9	Net income from unrelated business						
9	activities, whether or not the business	1					
	is regularly carried on						
10	Other income. Do not include gain or						
-	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc	. (see instructi	ons)			12	
13	First five years. If the Form 990 is for t						
	organization, check this box and stop he			<u> </u>			• _
	on C. Computation of Public Suppo			4 1 (0)		44	- 0/
14	Public support percentage for 2014 (line					14	<u>%</u>
15	Public support percentage from 2013 Sc 331/3% support test—2014. If the organ	nedule A, Part	ii, line 14 .		 d line 14 ie 22		
16a	box and stop here. The organization qua	ization dia 1101 alifies as a pub	licly supported	organization			•
h	331/3% support test—2013. If the orga						or more.
Ь	check this box and stop here. The organ	nization qualifie	es as a publicly	supported or	ganization		▶ ┌─
172	10%-facts-and-circumstances test—2					Sa, or 16b. and	line 14 is
1/8	10% or more, and if the organization me	ets the "facts-	and-circumsta	inces" test, ch	eck this box a	nd stop here.	Explain in
	Part VI how the organization meets the "	facts-and-circ	umstances" te	st. The organiz	zation qualifies	as a publicly s	upported
_	organization						▶ □
ь	10%-facts-and-circumstances test—2	.013. If the ora	anızation dıd n	ot check a bo	x on line 13, 1	6a, 16b, or 17a	ı, and lıne
-	15 is 10% or more, and if the organization	tion meets the	e "facts-and-c	rcumstances"	' test, check t	his box and st	top here.
	Explain in Part VI how the organization r	neets the "fact	s-and-circums	tances" test.	The organization	on qualifies as	a publicly
	supported organization						🕨 🛄

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

Part							_
	(Complete only if you checked th						er Part II.
	If the organization fails to qualify	under the tes	sts listed belo	w, please co	mplete Part I	l.)	
$\overline{}$	on A. Public Support		7.0044	() 2010	(0.0010	() 0044	40 T 1 1
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise						
-	sold or services performed, or facilities					1	
	furnished in any activity that is related to the	440.444	04.000	22.422	404.040	277.404	200 270
3	organization's tax-exempt purpose	113,141	94,980	92,488		_ 377,421	809,279
J	unrelated trade or business under section 513				1		
4	Tax revenues levied for the					-	
•	organization'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						
6	Total. Add lines 1 through 5	113,141	94,980	92,488	131,249	377,421	809,279
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3		ļ				
	received from other than disqualified					Ì	
	persons that exceed the greater of \$5,000				1		
	or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b	. 0	0	0	0	0	0
8	Public support (Subtract line 7c from		,	,		,	
Casti	on B. Total Support				, , ,		809,279
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	113,141	94,980	92,488	131,249	377,421	809,279
10a		113,141	54,000	02,100	101,240	077,127	000/270
	payments received on securities loans, rents,						
	royalties and income from similar sources .	554	494	758	786	847	3,439
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b	554	494	758	786	847	3,439
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or			1			
	loss from the sale of capital assets	'					
40	(Explain in Part VI.)						
13	and 12.)	112 605	95,474	93,246	132,035	378,268	812,718
14	First five years. If the Form 990 is for the	113,695 ne organization	's first, secon	d. third. fourth			
• •	organization, check this box and stop he						- -
Sect	ion C. Computation of Public Support						
15	Public support percentage for 2014 (line			3, column (f))		15	99.58 %
16	Public support percentage from 2013 Sc			<u> </u>	<u></u>	16	99.44 %
Sect	on D. Computation of Investment In						
17	Investment income percentage for 2014					17	.42 %
18	Investment income percentage from 2013	3 Schedule A,	Part III, line 17		and limber 4.5 in	18	.56 %
19a	331/3% support tests—2014. If the organ 17 is not more than 331/3%, check this box	ization did not	The organization	x on line 14, ar	na line 15 is m a publicly europ	ore man 331/35 orted organizati	%, and line on . ▶ 🔽
ı.	331/3% support tests – 2013. If the organization						
D	w 10 /0 oupport tooto - Lo Io. II the organia		Jon a box on				

line 18 is not more than 331/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and C. If you checked 11d of Fart I, complete Sections A and D, and complete F	arı v	•/		
Secti	on A. All Supporting Organizations		V	I No.	
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	Yes	No	,
2	Did the organization_have any_supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2			-
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a			j
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b			
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and If you checked 11a or 11b in Part I, answer (b) and (c) below.	4a			
Ь	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b			- management of
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c			The second second
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a			
	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b			
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c			The same of the last of the la
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8			j
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a			
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	· -		1 1 1 1
С		9c			
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a			
h	Did the organization have any excess husiness holdings in the tax year? (Use Schedule C. Form 4720, to		1	1	

determine whether the organization had excess business holdings.)

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			į
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	11a		i
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations			
	<u> </u>		Yes	No
1_	Did the directors, trustees, or membership of one or-more supported organizations have the power to		_	-
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	·		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
2001	arr ar 136a ir aakkariinid ardamiinina		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations	·		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the		2	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		ļ. <u></u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	ion E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	inetru	ction	e).
1 a b c	 ☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (states). 			
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	<u> </u>	<u> </u>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	- 5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recovenes of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly-in	tegrated Type III supporting	ng organization (see

Page 6

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
	on D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppo	rted	
	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
	Amounts paid to acquire exempt-use assets	-		
5_	Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions.			
<u>6</u> 7	Total annual distributions. Add lines 1 through 6.			
	Distributions to attentive supported organizations to which	h the organization is rea	noncivo	
8	(provide details in Part VI). See instructions.	ii tile organization is res	ponsive	
9	Distributable amount for 2014 from Section C, line 6			
	Line 8 amount divided by Line 9 amount			
	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
<u>d</u>				
<u>e</u>	From 2013			
<u>f</u>	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2014 distributable amount		- · · · · · · · · · · · · · · · · · · ·	
<u>i</u>	Carryover from 2009 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3ı from 3f.			
4	Distributions for 2014 from Section D, line 7:			· · · · · · · · · · · · · · · · · · ·
<u>a</u>	Applied to underdistributions of prior years			
<u> </u>	Applied to 2014 distributable amount	1		
_ <u>c</u>	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b				
c	1			
d	Excess from 2013	ļ		
<u> e </u>	Excess from 2014			
			A-4	A /E 000 000 ET 004

Schedule A (F	orm 990 or 990-EZ) 20					Page 8
Part VI	Supplemental Part III, line 12	I Information. Provi . Also complete this	de the explanation part for any add	ons required by ditional information	Part II, line 10; Part on. (See instruction	t II, line 17a or 17b; and is.)
		· 				
••						
	<u> </u>			·		
						
	·····					
	••••					

				•••••		
		·				

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No 1545-0047 20**14**

Open to Public Inspection

Employer identification number Name of the organization SOUTHEASTERN REGIONAL CREDIT UNION SCHOOLS 54-1427746 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area ☐ Preservation of a certified historic structure ☐ Protection of natural habitat ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2a Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1 \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X

Part 3	Organizations Maintaining Using the organization's acquisition,								
_	collection items (check all that apply):					,		3	J
а	☐ Public exhibition			d (☐ Loan	or exchang	je prog	rams	
b	Scholarly research			e [Other	, 			
	Preservation for future generations								
4	Provide a description of the organizat XIII.								
5	During the year, did the organization	solici	t or receive	donation	s of art,	historical tr	easure	s, or other simil	ar
_	assets to be sold to raise funds rather	than	to be mainta	ained as p	art of the	organizati	on's co	ollection?	☐ Yes ☐ No
Part	Complete if the organization 990, Part X, line 21.			" to Forn	n 990, P	art IV, line	9, or ı	reported an an	nount on Form
1a	Is the organization an agent, trustee, included on Form 990, Part X?				-				ot Yes No
b	If "Yes," explain the arrangement in Pa	art XII	and comple	ete the fo	llowing ta	able:			-
								Α	mount
C	Beginning balance						10	;	
d	Additions during the year						1d	1	
e	Distributions during the year						1e		· · · · · · · · · · · · · · · · · · ·
f	Ending balance						1f		0 M V
2a	Did the organization include an amount ff "Yes," explain the arrangement in Page 1981.								
	V Endowment Funds.	arı All	i. Check her	e ii tile ex	рынации	i ilas beeli	provide	eu III Fart XIII .	· · ·
ı Çı	Complete if the organization	ansv	vered "Yes	" to Forn	n 990. P	art IV. line	10.		
			Current year	(b) Pric		(c) Two year		(d) Three years bac	k (e) Four years back
1a	Beginning of year balance		-						
b	Contributions								
C	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance			<u> </u>		L. <u>.</u>		<u>.</u>	
2	Provide the estimated percentage of t		•		e (line 1g	ı, column (a	i)) held	as:	
a	Board designated or quasi-endowme			%					
b	Permanent endowment	%							
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2	o sho		nn%					
3a	Are there endowment funds not in th		raid oqual it		zation th	at are held	and ad	ministered for t	ne
	organization by:	- P		3					Yes No
	(i) unrelated organizations								3a(i)
	(ii) related organizations								3a(ii)
b	If "Yes" to 3a(ii), are the related organ								3b
4	Describe in Part XIII the intended use			on's endo	wment f	unds.			
Par					- 000 5	N		0 5 000	D=4 V (0 + 40
	Complete if the organization	n ansv			ſ				
	Description of property	_	(a) Cost or o			or other basis		Accumulated epreciation	(d) Book value
	Lond		· · · · · · · · · · · · · · · · · · ·	,				DOWN BOOK S	
1a h	Land						PASSES.	NAMES OF THE OWNERS OF THE OWNER.	
b	Leasehold improvements	•							
d	Equipment								
e	Other								
Total.	Add lines 1a through 1e. (Column (d) i	nust e	qual Form 9	90, Part	X, columi	n (B), line 10	Oc.) .	▶	

Part VII	Investments—Other Securities.				
	Complete if the organization answ	ered "Yes" to For	m 990, Part IV, lir	ne 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value		hod of valuation -of-year market value
(1) Financial	derivatives				
	eld equity interests				
(3) Other					
(A)					
(B)	••••				
- (C)					
(D)					
(E)					
(F)		·•			
(G)					
(H)					············
	b) must equal Form 990, Part X, col. (B) line 12.) ▶				
Part VIII	Investments – Program Related Complete if the organization answ		m 990, Part IV, lir	ne 11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value	(c) Met	hod of valuation -of-year market value
(1)					
(2)					
(3)					· · · · · · · · · · · · · · · · · · ·
(4)					
(5)	·				
(6)					
(7)					
(8)					
(9)					
Total. (Column	b) must equal Form 990, Part X, col. (B) line 13.) ▶				
Part IX	Other Assets.				
	Complete if the organization answ	vered "Yes" to For	m 990, Part IV, Iır	ne 11d. See Form	990, Part X, line 15.
	(a)	Description	•• •		(b) Book value
_(1)					
(2)					
(3)		_			
_(4)					
_(5)					
_(6)					
(7)					
_(8)					
(9)	(h)	1 (D) line 15)			
	mn (b) must equal Form 990, Part X, co	i. (B) iine 15.)	· · · · · ·	<u> ▶</u>	
Part X	Other Liabilities. Complete if the organization answ	vered "Yes" to For	m 990 Part IV lii	ne 11e or 11f. See	Form 990 Part X
	line 25.	VOICE 105 10 101	111 000, 1 411 14, 111	110 1 10 01 1 11. 000	7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
1.	(a) Description of liability	(b) Book value			
(1) Federal i	ncome taxes		· · · · ·		
(2)	-				
(3)					
(4)					
(5)					I
(6)					
(7)		-			
(8)					ı
(9)					
	(b) must equal Form 990, Part X, col. (B) line 25.) ▶				
2. Liability fo	r uncertain tax positions. In Part XIII, provi				
organization	's liability for uncertain tax positions under	FIN 48 (ASC 740). Ch	eck here if the text o	f the footnote has bee	en provided in Part XIII

	Complete if the organization answered "Yes" to Form 990, F	Part I\	/ line 12a		
1	Total revenue, gains, and other support per audited financial statements			1	378,268
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			-	370,200
a	Net unrealized gains (losses) on investments	2a	N/A		
b	Donated services and use of facilities	2b	N/A		
c	Recoveries of prior year grants	2c	N/A		
d	Other (Describe in Part XIII.)		N/A		
e	Add lines 2a through 2d			2e	0
-3	Subtract-line 2e from line 1			3	378,268
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	-			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	N/A		
b	Other (Describe in Part XIII.)		N/A	1 1	
С	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		5	378,268
Part				r Return.	
	Complete if the organization answered "Yes" to Form 990, I				
1	Total expenses and losses per audited financial statements			1	363,306
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				, <u>i</u>
а	Donated services and use of facilities	2a	N/A		
b	Prior year adjustments	2b	N/A	1 1	
С	Other losses	2c	N/A	1	
d	Other (Describe in Part XIII.)	2d	N/A	1 1	
е	Add lines 2a through 2d			2e	C
3	Subtract line 2e from line 1			3	363,306
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		1		<u>. </u>
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	N/A		
b	Other (Describe in Part XIII.)	4b	N/A	1	
С	Add lines 4a and 4b			4c	C
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lir			5	363,306
Provid	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				e 4; Part X, line
_, ,	171, mes 24 and 45, and 1 at 711, mes 24 and 45. 7156 complete this part	•	·		

Schedule D (Form 990) 2014 Page 5							
Part XIII	Supplemental Information (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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization **Employer identification number**

SOUTHEASTERN REGIONAL CREDIT UNION SCHOOLS	54-1427746
Grants and similar amounts paid - Form 990, Part 1, Line 13 - \$15,000.00	
Carolina's Credit Union League - \$4,000.00	
Georgia Credit Union Affiliates - \$2,000.00	
Kentucky Credit Union League - \$2,000.00	
League of Southeastern Credit Unions - \$1,000.00	
Louisiana Credit Union League - \$2,000.00	
Mississippi Credit Union League - \$2,000.00	
Tennessee Credit Union League - \$2,000.00	
Officers and directors who cannot be reached at organization's mailing address - Form 990, Part VI, Lin	e 9
Anne Cochran, 824 Elmwood Park Blvd., Suite 200, Harahan, LA 70123	
Patrick LaPine, PO Box 3108, Tallahassee, FL 32315	
Wendell Lyons, 3615 Newburg Road, Louisville, KY 40218	
Mike Mercer, 6705 Sugarloaf Parkway, Suite 200, Duluth, GA 30097	
John Radebaugh, PO Box 49379, Greensboro, NC 27419	
Fred Robinson, PO Box 21550, Chattanooga, TN 37421	
Charles Elliott, PO Box 9575, Jackson, MS 39286-9575	
Governing documents and financials statements - Form 990, Part VI, Line 19	
The organizations governing documents and financial statements are available upon request at any	time