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2015

Open to Public Inspection

Form 990

Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

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

- Do not enter social security numbers on this form as it may be made public
- Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

## A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

B Check if applicable

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization LEAGUE OF SOUTHEASTERN CREDIT UNIONS		D Employer identification number 94-3458406	
Doing business as		E Telephone number (850) 576-8171	
Number and street (or P O box if mail is not delivered to street address) 3692 COOLIDGE COURT		F Gross receipts \$ 5,073,700	
City or town, state or province, country, and ZIP or foreign postal code TALLAHASSEE, FL 32311		G Gross receipts \$ 5,073,700	
F Name and address of principal officer PATRICK LA PINE 3692 COOLIDGE COURT TALLAHASSEE, FL 32311		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

I Tax-exempt status  501(c)(3)  501(c) ( 6 )  (insert no)  4947(a)(1) or  527J Website: ► [WWW.LSCU.COOP](http://WWW.LSCU.COOP)K Form of organization  Corporation  Trust  Association  Other ►

H(b) Are all subordinates included?  Yes  No  
If "No," attach a list (see instructions)

H(c) Group exemption number ►

L Year of formation 2008 M State of legal domicile AL

## Part I Summary

1 Briefly describe the organization's mission or most significant activities

THE ADVANCEMENT AND SUCCESS OF THE CREDIT UNION MOVEMENT IN FLORIDA AND ALABAMA AND OF CREDIT UNION OPERATIONS

2 Check this box ►  if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	4	16
4 Number of independent voting members of the governing body (Part VI, line 1b)	5	0
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	6	138
6 Total number of volunteers (estimate if necessary)	7a	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7b	0
b Net unrelated business taxable income from Form 990-T, line 34		0

Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	0	14,170
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,433,782	4,515,651
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	27,158	52,584
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	273,353	322,244
		4,734,293	4,904,649
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	188,798	218,523
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ► 0		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,453,676	4,572,015

Expenses	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	4,642,474	4,790,538
	19 Revenue less expenses Subtract line 18 from line 12	91,819	114,111

Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	6,674,896	7,355,284
	21 Total liabilities (Part X, line 26)	2,774,620	3,365,444
	22 Net assets or fund balances Subtract line 21 from line 20	3,900,276	3,989,840

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	*****	2016-11-03
	Signature of officer	Date
PATRICK LA PINE PRESIDENT		
Type or print name and title		

Paid Preparer Use Only	Print/Type preparer's name MICHAEL C CARTER	Preparer's signature MICHAEL C CARTER	Date	Check <input type="checkbox"/> if self-employed	PTIN P00292302
	Firm's name ► CARR RIGGS & INGRAM LLC			Firm's EIN ► 72-1396621	
	Firm's address ► 1713 MAHAN DRIVE TALLAHASSEE, FL 32308			Phone no (850) 878-8777	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2015)

**Part 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**

THE ADVANCEMENT AND SUCCESS OF THE CREDIT UNION MOVEMENT IN FLORIDA AND ALABAMA AND OF CREDIT UNION OPERATIONS

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**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  No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  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. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code  ) (Expenses \$  including grants of \$  ) (Revenue \$  )  
 RESEARCH, INFORMATION, AND TECHNICAL SERVICES ECONOMIC NEWSLETTER TO CREDIT UNIONS & OFFICIALS DEVELOPING CREDIT UNION PROGRAMS  
 AVAILABLE TO CREDIT UNIONS CRISIS TEAM ASSISTANCE AVAILABLE TO CREDIT UNIONS

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**4b** (Code  ) (Expenses \$  including grants of \$  ) (Revenue \$  )  
 COMMUNICATIONS, PUBLIC RELATIONS, PLANNING BI-WEEKLY GENERAL INFORMATION LETTER TO CREDIT UNIONS AND OFFICIALS STRATEGIC PLANNING  
 SESSIONS FOR CREDIT UNIONS AROUND STATES NEWS RELEASES AND ISSUES AFFECTING CREDIT UNIONS

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**4c** (Code  ) (Expenses \$  including grants of \$  ) (Revenue \$  )  
 HUMAN RESOURCE DEVELOPMENT AND EDUCATION

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**4d** Other program services (Describe in Schedule O )  
 (Expenses \$  including grants of \$  ) (Revenue \$  )

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**4e Total program service expenses ►**

**Part IV Checklist of Required Schedules**

	<b>Yes</b>	<b>No</b>
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>1</b>	No
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	<b>2</b>	No
<b>3</b> 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	<b>3</b>	No
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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	<b>4</b>	
<b>5</b> 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	<b>5</b>	Yes
<b>6</b> 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	<b>6</b>	No
<b>7</b> 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	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	No
<b>9</b> 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	<b>9</b>	No
<b>10</b> 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	<b>10</b>	Yes
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>11a</b>	Yes
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<b>11b</b>	Yes
<b>c</b> 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	<b>11c</b>	No
<b>d</b> 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	<b>11d</b>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11e</b>	Yes
<b>f</b> 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	<b>11f</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b>	No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	<b>12b</b>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	<b>14b</b>	No
<b>15</b> 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	<b>15</b>	No
<b>16</b> 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	<b>16</b>	No
<b>17</b> 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)	<b>17</b>	No
<b>18</b> 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	<b>18</b>	Yes
<b>19</b> 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	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20a</b>	No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	

**Part IV Checklist of Required Schedules (continued)**

<b>21</b>	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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<b>21</b>	Yes	
<b>22</b>	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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<b>22</b>	No	
<b>23</b>	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? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b>	Yes	
<b>24a</b>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K</i> <i>If "No," go to line 25a</i> . . . . .	<b>24a</b>	No	
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>		
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>		
<b>26</b>	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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>	No	
<b>27</b>	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? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>	No	
<b>28</b>	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)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>	No	
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>	No	
<b>c</b>	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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>	No	
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>	No	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>	No	
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>	No	
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>	No	
<b>33</b>	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> . . . . .	<b>33</b>	No	
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	<b>34</b>	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	Yes	
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b>	No	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>		
<b>37</b>	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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	<b>37</b>	No	
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . . .	<b>1a</b>	34	
<b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	<b>1b</b>	0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	Yes	
<b>2a</b> 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 . . . . .	<b>2a</b>	0	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	No	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	<b>3b</b>		
<b>4a</b> 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)? . . . . .	<b>4a</b>	No	
<b>b</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 (FBAR)			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>	No	
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	No	
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>		
<b>6a</b> 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 deductible as charitable contributions? . . . . .	<b>6a</b>	No	
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>	<b>7a</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7b</b>		
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7c</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7d</b>		
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7e</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7f</b>		
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7g</b>		
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7h</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>8</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b>	<b>9a</b>		
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>9b</b>		
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .			
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .			
<b>10 Section 501(c)(7) organizations.</b> Enter	<b>10a</b>		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10b</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
<b>11 Section 501(c)(12) organizations.</b> Enter	<b>11a</b>		
<b>a</b> Gross income from members or shareholders . . . . .	<b>11b</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	<b>13a</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	<b>13b</b>		
<b>b</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 . . . . .	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>	No	
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>		

**Part VI Governance, Management, and Disclosure**

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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**

**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

**1b** Enter the number of voting members included in line 1a, above, who are independent

**2** Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .

**3** Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .

**4** Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .

**5** Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .

**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 more members of the governing body? . . . . .

**b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .

**8** Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

**a** The governing body? . . . . .

**b** Each committee with authority to act on behalf of the governing body? . . . . .

**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 . . . . .

	Yes	No
<b>1a</b>	16	
<b>1b</b>	16	
<b>2</b>		No
<b>3</b>		No
<b>4</b>		No
<b>5</b>		No
<b>6</b>	Yes	
<b>7a</b>	Yes	
<b>7b</b>	Yes	
<b>8a</b>	Yes	
<b>8b</b>	Yes	
<b>9</b>		No

**Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)**

**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, 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? . . . . .

**b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .

**12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .

**b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .

**c** Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .

**13** Did the organization have a written whistleblower policy? . . . . .

**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?

**a** The organization's CEO, Executive Director, or top management official . . . . .

**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 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 exempt status with respect to such arrangements? . . . . .

	Yes	No
<b>10a</b>	Yes	
<b>10b</b>	Yes	
<b>11a</b>	Yes	
<b>12a</b>	Yes	
<b>12b</b>	Yes	
<b>12c</b>	Yes	
<b>13</b>	Yes	
<b>14</b>	Yes	
<b>15a</b>		No
<b>15b</b>		No
<b>16a</b>		No
<b>16b</b>		

**Section C. Disclosure**

**17** List the States with which a copy of this Form 990 is required to be filed ►

**18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (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 interest policy, and 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 records  
►SHAWN WOLBERT 3692 COOLIDGE COURT TALLAHASSEE, FL 32311 (850) 558-1032

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest 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, or 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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
See Additional Data Table		Officer	Key Employee	Highest compensated	Employee	Former			

**Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

c Total from continuation sheets to Part VII, Section A . . . . ►

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 0

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

## **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0

**Part VIII Statement of Revenue**

Check if Schedule O contains a response 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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b> Membership dues . . . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>				
	<b>d</b> Related organizations . . . . .	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	14,170			
	<b>g</b> Noncash contributions included in lines 1a-1f \$					
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . . ►		14,170			
<b>Program Service Revenue</b>	<b>2a</b> DUES	Business Code				
		900099	3,200,016	3,200,016		
	<b>b</b> ANNUAL CONVENTION REVENUE	900099	702,921		702,921	
	<b>c</b> EDUCATION PROGRAMS	900099	563,544	563,544		
	<b>d</b> REGISTRATION FEES	900099	24,950		24,950	
	<b>e</b> OTHER PROGRAMS	900099	24,220	24,220		
	<b>f</b> All other program service revenue					
	<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . . ►		4,515,651			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ►		52,164		52,164	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . . ►					
	<b>5</b> Royalties . . . . . . . . . . . ►		23,355		23,355	
	<b>6a</b> Gross rents	(i) Real	(ii) Personal			
	<b>b</b> Less rental expenses					
	<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss) . . . . . . . . . . . ►					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	420					
<b>b</b> Less cost or other basis and sales expenses	0					
<b>c</b> Gain or (loss)	420					
<b>d</b> Net gain or (loss) . . . . . . . . . . . ►			420		420	
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a	384,782				
<b>b</b> Less direct expenses . . . . .	b	159,769				
<b>c</b> Net income or (loss) from fundraising events . . . . . ►			225,013		225,013	
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	a					
<b>b</b> Less direct expenses . . . . .	b					
<b>c</b> Net income or (loss) from gaming activities . . . . . ►						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	a	25,165				
<b>b</b> Less cost of goods sold . . . . .	b	9,282				
<b>c</b> Net income or (loss) from sales of inventory . . . . . ►			15,883	15,883		
Miscellaneous Revenue	Business Code					
<b>11a</b> MISCELLANEOUS	900099	57,993	57,993			
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue . . . . .						
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . . ►		57,993				
<b>12</b> <b>Total revenue.</b> See Instructions . . . . . ►		4,904,649	3,861,656	0	1,028,823	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
<b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . . .	218,523			
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .				
<b>9</b> Other employee benefits . . . . .				
<b>10</b> Payroll taxes . . . . .				
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	2,605			
<b>c</b> Accounting . . . . .	22,322			
<b>d</b> Lobbying . . . . .	238,830			
<b>e</b> Professional fundraising services See Part IV, line 17				
<b>f</b> Investment management fees . . . . .	11,926			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	103,483			
<b>12</b> Advertising and promotion . . . . .	66,395			
<b>13</b> Office expenses . . . . .	206,697			
<b>14</b> Information technology . . . . .	9,016			
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .				
<b>17</b> Travel . . . . .	348,557			
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	829,664			
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	15,976			
<b>23</b> Insurance . . . . .	34,043			
<b>24</b> 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 )				
<b>a</b> BUSINESS AGREEMENT EXPE	2,687,222			
<b>b</b> DUES & SUBSCRIPTIONS	164,921			
<b>c</b> CHAPTER SUPPORT PROGRAM	41,359			
<b>d</b> STAFF TRAINING	22,718			
<b>e</b> All other expenses	-233,719			
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	4,790,538			
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X 

		<b>(A)</b> Beginning of year	<b>(B)</b> End of year
Assets	<b>1</b> Cash—non-interest-bearing	1	
	<b>2</b> Savings and temporary cash investments	4,689,354	<b>2</b> 5,382,292
	<b>3</b> Pledges and grants receivable, net	3	
	<b>4</b> Accounts receivable, net	27,935	<b>4</b> 23,356
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		
		5	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		
		6	
	<b>7</b> Notes and loans receivable, net	7	
	<b>8</b> Inventories for sale or use	8	
	<b>9</b> Prepaid expenses and deferred charges	11,925	<b>9</b> 20,659
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 707,585	
	<b>b</b> Less accumulated depreciation	10b 668,402	10c 39,183
	<b>11</b> Investments—publicly traded securities		<b>11</b>
	<b>12</b> Investments—other securities See Part IV, line 11	1,847,950	<b>12</b> 1,847,950
	<b>13</b> Investments—program-related See Part IV, line 11		<b>13</b>
	<b>14</b> Intangible assets		<b>14</b>
	<b>15</b> Other assets See Part IV, line 11	59,300	<b>15</b> 41,844
	<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	6,674,896	<b>16</b> 7,355,284
Liabilities	<b>17</b> Accounts payable and accrued expenses	1,668,844	<b>17</b> 1,718,998
	<b>18</b> Grants payable		<b>18</b>
	<b>19</b> Deferred revenue	939,413	<b>19</b> 1,466,232
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		<b>22</b>
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	0	<b>24</b> 0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		
		166,363	<b>25</b> 180,214
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25	2,774,620	<b>26</b> 3,365,444
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
	<b>27</b> Unrestricted net assets	3,900,276	<b>27</b> 3,989,840
	<b>28</b> Temporarily restricted net assets		<b>28</b>
	<b>29</b> Permanently restricted net assets		<b>29</b>
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.</b>		
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund		<b>31</b>
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>
	<b>33</b> Total net assets or fund balances	3,900,276	<b>33</b> 3,989,840
	<b>34</b> Total liabilities and net assets/fund balances	6,674,896	<b>34</b> 7,355,284

**Part XI Reconciliation of Net Assets**

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) . . . . .	1	4,904,649
2 Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	4,790,538
3 Revenue less expenses Subtract line 2 from line 1 . . . . .	3	114,111
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	3,900,276
5 Net unrealized gains (losses) on investments . . . . .	5	-34,576
6 Donated services and use of facilities . . . . .	6	
7 Investment expenses . . . . .	7	
8 Prior period adjustments . . . . .	8	10,029
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	3,989,840

**Part XII Financial Statements and Reporting**

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



1 Accounting method used to prepare the Form 990  Cash  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?  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis

2b Were the organization's financial statements audited by an independent accountant?  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis

2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

## Additional Data

**Software ID:**  
**Software Version:**

**EIN:** 94-3458406

**Name:** LEAGUE OF SOUTHEASTERN CREDIT UNIONS

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
JERRY BOLDUC DIRECTOR	1 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional Trustee <input type="checkbox"/> Officer <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated <input type="checkbox"/> Employee <input type="checkbox"/> Key employee	0	0	0
SHARON DOWNING DIRECTOR	1 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional Trustee <input type="checkbox"/> Officer <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated <input type="checkbox"/> Employee <input type="checkbox"/> Key employee	0	0	0
MARIE FERNGREN DIRECTOR	1 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional Trustee <input type="checkbox"/> Officer <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated <input type="checkbox"/> Employee <input type="checkbox"/> Key employee	0	0	0
BRAD GREEN DIRECTOR	1 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional Trustee <input type="checkbox"/> Officer <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated <input type="checkbox"/> Employee <input type="checkbox"/> Key employee	0	0	0
CARYL GREENE DIRECTOR	1 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional Trustee <input type="checkbox"/> Officer <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated <input type="checkbox"/> Employee <input type="checkbox"/> Key employee	0	0	0
KEVIN JOHNSON DIRECTOR	1 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional Trustee <input type="checkbox"/> Officer <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated <input type="checkbox"/> Employee <input type="checkbox"/> Key employee	0	0	0
JEANETTE KELLER DIRECTOR	1 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional Trustee <input type="checkbox"/> Officer <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated <input type="checkbox"/> Employee <input type="checkbox"/> Key employee	0	0	0
ANICE PROSSER DIRECTOR	1 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional Trustee <input type="checkbox"/> Officer <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated <input type="checkbox"/> Employee <input type="checkbox"/> Key employee	0	0	0
RON SUMMERALL DIRECTOR	1 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional Trustee <input type="checkbox"/> Officer <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated <input type="checkbox"/> Employee <input type="checkbox"/> Key employee	0	0	0
LINDA WALKER DIRECTOR	1 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional Trustee <input type="checkbox"/> Officer <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated <input type="checkbox"/> Employee <input type="checkbox"/> Key employee	0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Or director	Individual trustee	Institutional trustee	Former		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHIL BOOZER	0 50		<input checked="" type="checkbox"/>			0	0
BIRMINGHAM DIRECTOR	.....		<input checked="" type="checkbox"/>			0	0
GEORGE GLASSER	3 00		<input checked="" type="checkbox"/>			0	0
BROWARD PRESIDENT	.....		<input checked="" type="checkbox"/>			0	0
DOUG LEEVER	2 00		<input checked="" type="checkbox"/>			0	0
BROWARD VICE PRESIDENT	.....		<input checked="" type="checkbox"/>			0	0
JERRY RYAN	3 00		<input checked="" type="checkbox"/>			0	0
BROWARD TREASUER	.....		<input checked="" type="checkbox"/>			0	0
DAN WALKER	2 00		<input checked="" type="checkbox"/>			0	0
BROWARD DIRECTOR	.....		<input checked="" type="checkbox"/>			0	0
FRED ROSA	2 00		<input checked="" type="checkbox"/>			0	0
BROWARD DIRECTOR	.....		<input checked="" type="checkbox"/>			0	0
NANCY BOURDON-MEYER	2 00		<input checked="" type="checkbox"/>			0	0
BROWARD DIRECTOR	.....		<input checked="" type="checkbox"/>			0	0
SCOTT MEYER	2 00		<input checked="" type="checkbox"/>			0	0
BROWARD DIRECTOR	.....		<input checked="" type="checkbox"/>			0	0
DAVID HILL	1 00		<input checked="" type="checkbox"/>			0	0
CENTRAL FLORIDA DIRECTOR	.....		<input checked="" type="checkbox"/>			0	0
KEVIN JONES	1 00		<input checked="" type="checkbox"/>			0	0
CENTRAL FLORIDA DIRECTOR	.....		<input checked="" type="checkbox"/>			0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Compensated Employees, and Independent Contractors						
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)
		Former Employee	Highest compensated employee	Officer or Director	Individual trustee or Institutional Trustee	(F) Estimated amount of other compensation from the organization and related organizations
CASSIE ROACH ..... CENTRAL FLORIDA DIRECTOR	1 00 .....	X				0 0 0
DAN KELLEY ..... CENTRAL FLORIDA DIRECTOR	1 00 .....	X				0 0 0
GINA TURNER ..... CHEHA DIRECTOR	5 00 .....	X				0 0 0
RACHAEL LEE ..... CHEHA DIRECTOR	5 00 .....	X				0 0 0
NETTIE STUDDARD ..... CHEHA DIRECTOR	5 00 .....	X				0 0 0
ANGIE CUNNINGHAM ..... CHEHA DIRECTOR	5 00 .....	X				0 0 0
LISA WARNICK ..... GULF COAST DIRECTOR	1 00 .....	X				0 0 0
KENNY RAY MITCHELL ..... GULF COAST DIRECTOR	1 00 .....	X				0 0 0
DIANE LONG ..... GULF COAST DIRECTOR	1 00 .....	X				0 0 0
THETA LOLLEY ..... GULF COAST DIRECTOR	1 00 .....	X				0 0 0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			(D) Reportable compensation from the organization (W-2/1099- MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
VALENA ALEXANDER ..... GULF COAST DIRECTOR	1 00 .....	<input checked="" type="checkbox"/> Individual trustee <input type="checkbox"/> Officer <input type="checkbox"/> Institutional Trustee	<input checked="" type="checkbox"/> Highest compensated employee <input type="checkbox"/> Former		0	0	0
MICHELLE TROHA ..... NORTHEAST FLORIDA DIRECTOR	1 00 .....	<input checked="" type="checkbox"/>			0	0	0
ANITA CREWS ..... NORTHEAST FLORIDA DIRECTOR	1 00 .....	<input checked="" type="checkbox"/>			0	0	0
SUSAN VERBECK ..... NORTHEAST FLORIDA DIRECTOR	1 00 .....	<input checked="" type="checkbox"/>			0	0	0
BRUCE FAFARD ..... NORTHEAST FLORIDA DIRECTOR	1 00 .....	<input checked="" type="checkbox"/>			0	0	0
VACANT ..... NORTHWEST DIRECTOR	1 00 .....	<input checked="" type="checkbox"/>			0	0	0
JOE ALICEA ..... PALM BEACH DIRECTOR	1 00 .....	<input checked="" type="checkbox"/>			0	0	0
VALERIE STEWART ..... PALM BEACH DIRECTOR	1 00 .....	<input checked="" type="checkbox"/>			0	0	0
ABIGAIL BOBURKA ..... PALM BEACH DIRECTOR	1 00 .....	<input checked="" type="checkbox"/>			0	0	0
VACANT ..... PALM BEACH DIRECTOR	1 00 .....	<input checked="" type="checkbox"/>			0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			(D) Reportable compensation from the organization (W-2/1099- MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
VACANT	0 00						
SARA MARA DIRECTOR	.....	X				0	0
MICHAEL WELCH SR	1 00					0	0
SOUTHERMOST DIRECTOR	.....	X				0	0
JACE REYES	1 00					0	0
SOUTHERMOST DIRECTOR	.....	X				0	0
AL ROSE	1 00					0	0
SOUTHERMOST DIRECTOR	.....	X				0	0
LEO ACOSTA	1 00					0	0
SOUTHERMOST DIRECTOR	.....	X				0	0
MARJORIE LAPORTE	2 00					0	0
TALLAHASSEE DIRECTOR	.....	X				0	0
JESSICA JOHNSON	2 00					0	0
TALLAHASSEE DIRECTOR	.....	X				0	0
TIM BROWN	2 00					0	0
TALLAHASSEE DIRECTOR	.....	X				0	0
VACANT	2 00					0	0
TALLAHASSEE DIRECTOR	.....	X				0	0
BOBBIE BERTRAM	1 00					0	0
TAMPA DIRECTOR	.....	X				0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Or director	Individual trustee	Institutional trustee	Former	Highest compensated employee	
SHAMUS MCCONOMY	1 00						0
.....	.....	X					0
TAMPA DIRECTOR							0
PATTY SARNE	1 00						0
.....	.....	X					0
TAMPA DIRECTOR							0
DONNA TRIMARCO	1 00						0
.....	.....	X					0
TAMPA DIRECTOR							0
PAM GRIFFITHS	1 00						0
.....	.....	X					0
TAMPA DIRECTOR							0
SHEA BROWN	1 00						0
.....	.....	X					0
PALM BEACH YPG DIRECTOR							0
DANIELLE VILLANUEVA	1 00						0
.....	.....	X					0
PALM BEACH YPG DIRECTOR							0
RICK WALKER	1 00						0
.....	.....	X					0
TAMPA DIRECTOR							0
JESSICA SHEPARD	1 00						0
.....	.....	X					0
TAMPA YPG GOVT RELATIONS							0
CARLA HUNT	1 00						0
.....	.....	X					0
TAMPA YPG CHAPTER LIASON							0
ALVIN COWANS	1 00						0
.....	.....		X				0
CHAIR-ELECT							0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
PAT MASON	1 00					0	0
TREASURER	.....		X			0	0
BOB STEENSMA	1 00			X		0	0
SECRETARY	.....					0	0
STEVE SWOFFORD	1 00			X		0	0
CHAIR	.....					0	0
TINA WILLIAMS	1 00			X		0	0
VICE-CHAIR	.....					0	0
MARY OTT WOOD	1 00			X		0	0
IMMEDIATE PAST CHAIR	.....					0	0
BENJAMIN TESKE	10 00			X		0	0
BIRMINGHAM YPG PRESIDENT	.....					0	0
BROOKE MORRIS	5 00			X		0	0
BIRMINGHAM YPG VICE PRESIDENT	.....					0	0
CAITLIN BROTHERS	2 00			X		0	0
BIRMINGHAM YPG SECRETARY	.....					0	0
ALISON COOKE	5 00			X		0	0
BIRMINGHAM YPG TREASURER	.....					0	0
DERRICK RAGLAND	0 50			X		0	0
BIRMINGHAM PRESIDENT	.....					0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
DAVE DAVIS ..... BIRMINGHAM VICE PRESIDENT	0 50 .....	<input type="checkbox"/> Officer <input type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Former officer <input type="checkbox"/> Former employee	0	0	0
JO ALVIS ..... BIRMINGHAM TREASURER	0 50 .....	<input type="checkbox"/> Officer <input type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Former officer <input type="checkbox"/> Former employee	0	0	0
SHELBY SAMUELL ..... BIRMINGHAM SECRETARY	0 50 .....	<input type="checkbox"/> Officer <input type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Former officer <input type="checkbox"/> Former employee	0	0	0
SONJA PURVIS ..... BIRMINGHAM DIRECTOR	0 50 .....	<input type="checkbox"/> Officer <input type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Former officer <input type="checkbox"/> Former employee	0	0	0
KENNY MINTON ..... BIRMINGHAM DIRECTOR	0 50 .....	<input type="checkbox"/> Officer <input type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Former officer <input type="checkbox"/> Former employee	0	0	0
AMY MCGRAW ..... BROWARD SECRETARY	3 00 .....	<input type="checkbox"/> Officer <input type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Former officer <input type="checkbox"/> Former employee	0	0	0
CHRISTINE BUSHEME ..... CENTRAL FLORIDA PRESIDENT	1 00 .....	<input type="checkbox"/> Officer <input type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Former officer <input type="checkbox"/> Former employee	0	0	0
JOE MCGINLEY ..... CENTRAL FLORIDA VICE PRESIDENT	1 00 .....	<input type="checkbox"/> Officer <input type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Former officer <input type="checkbox"/> Former employee	0	0	0
STEVE BROADBENT ..... CENTRAL FLORIDA TREASURER	1 00 .....	<input type="checkbox"/> Officer <input type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Former officer <input type="checkbox"/> Former employee	0	0	0
CHARLOTTE ROARK ..... GULF COAST PRESIDENT	1 00 .....	<input type="checkbox"/> Officer <input type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Former officer <input type="checkbox"/> Former employee	0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
DAVID SOUTHALL	1 00			0	0
GULF COAST VICE PRESIDENT	.....	X		0	0
DEBBI DIAL	1 00		X	0	0
GULF COAST TREASURER	.....		X	0	0
OLABODE ANISE	1 00		X	0	0
MOBILE PRESIDENT	.....		X	0	0
TINA WILLIAMS	1 00		X	0	0
MOBILE FIRST VP	.....		X	0	0
LISA CORVO	1 00		X	0	0
MOBILE SECOND VP	.....		X	0	0
PAMELA COOKS	1 00		X	0	0
MOBILE TREASURER	.....		X	0	0
RACHEL HALLSTROM	1 00		X	0	0
MOBILE SECRETARY	.....		X	0	0
LINDA WALKER	1 00		X	0	0
MONTGOMERY PRESIDENT	.....		X	0	0
CANDACE GARNER	1 00		X	0	0
MONTGOMERY FIRST VP	.....		X	0	0
JANE BOYSEN	1 00		X	0	0
MONTGOMERY SECRETARY	.....		X	0	0

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		Or director	Individual trustee	Institutional trustee	Former		
					Highest compensated employee		
PAM MCILWAIN	1 00					0	0
MONTGOMERY TREASURER	.....		X			0	0
HEATH HARRELL	1 00			X		0	0
MONTGOMERY SECOND VP	.....					0	0
FRED LINDSEY	1 00			X		0	0
MUSCLE SHOALS PRESIDENT	.....					0	0
DORIS GARNER	1 00			X		0	0
MUSCLE SHOALS VICE PRESIDENT	.....					0	0
ALYSSA ASHLEY	1 00			X		0	0
MUSCLE SHOALS SECOND VP	.....					0	0
BRITTNEY BOND	1 00			X		0	0
MUSCLE SHOALS SECRETARY	.....					0	0
DANI SIMS	1 00			X		0	0
MUSCLE SHOALS SECRETARY	.....					0	0
JANICE VANDIVER	1 00			X		0	0
MUSCLE SHOALS TREASURER	.....					0	0
KEITH EDWARDS	0 50			X		0	0
NORTHEAST ALABAMA PRESIDEN	.....					0	0
ZAC HOWELL	0 50			X		0	0
NORTHEAST ALABAMA VICE-PRE	.....					0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
LESLIE STONE	0 50		X			0	0
NORTHEAST ALABAMA TREASURE	.....						
AVA MCGUFF	0 50		X			0	0
NORTHEAST ALABAMA SECRETAR	.....						
JUDY WALZ	1 00		X			0	0
NORTHEAST FLORIDA CHAIRMAN	.....						
DAVIS JOHNSTON	1 00		X			0	0
NORTHEAST FLORIDA VICE CHA	.....						
AARON LOGUE	1 00		X			0	0
NORTHEAST FLORIDA TREASURE	.....						
ANGIE COLEMAN-RAO	1 00		X			0	0
NORTHEAST FLORIDA SECRETAR	.....						
CARYL GREENE	5 00		X			0	0
NORTHWEST PRESIDENT	.....						
MICHELE WILLIAMS	3 00		X			0	0
NORTHWEST VICE PRESIDENT	.....						
STEWART RAMSEY	3 00		X			0	0
NORTHWEST TREASURER	.....						
CHRISTINA REYNOLDS	3 00		X			0	0
NORTHWEST SECRETARY	.....						

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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		Or director	Individual trustee	Institutional trustee	Former	Highest compensated employee	
SHANNON DURAN ..... PALM BEACH PRESIDENT	1 00 .....			X			0 0
CLAUDIA SALDIVAR ..... PALM BEACH VICE PRESIDENT	1 00 .....			X			0 0
DEANNA FRAME ..... PALM BEACH TREASURER	1 00 .....			X			0 0
BRYAN LEWIS ..... PALM BEACH SECRETARY	1 00 .....			X			0 0
MARIE PEET ..... SARA MARA PRESIDENT	1 00 .....			X			0 0
DAWN LINTHICUM ..... SARA MARA SECRETARY	1 00 .....			X			0 0
WENDY YANCY ..... SARA MARA TREASURER	1 00 .....			X			0 0
MICHAEL RALEY ..... SOUTHERNMOST PRESIDENT	5 00 .....			X			0 0
STEVE WEBB ..... SOUTHERNMOST VICE PRESIDEN	2 00 .....			X			0 0
BARBARA THOMAS ..... SOUTHERNMOST SECRETARY	1 00 .....			X			0 0

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MARYLEN YIRIS ..... SOUTHERN MOST TREASUER	2 00 .....	<input type="checkbox"/> Officer <input type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee <input checked="" type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee		0	0
MIKE AKERS ..... TALLAHASSEE PRESIDENT	2 00 .....	<input type="checkbox"/> Officer <input type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee <input checked="" type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee		0	0
JAN SHEFFIELD ..... TALLAHASSEE VICE PRESIDENT	2 00 .....	<input type="checkbox"/> Officer <input type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee <input checked="" type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee		0	0
KEVIN LEE ..... TALLAHASSEE TREASURER	2 00 .....	<input type="checkbox"/> Officer <input type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee <input checked="" type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee		0	0
PAULA TUTEN ..... TALLAHASSEE SECRETARY	2 00 .....	<input type="checkbox"/> Officer <input type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee <input checked="" type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee		0	0
JANETTE MCELWAIN ..... TAMPA PRESIDENT	2 00 .....	<input type="checkbox"/> Officer <input type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee <input checked="" type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee		0	0
BRIAN ROBINSON ..... TAMPA VICE PRESIDENT	2 00 .....	<input type="checkbox"/> Officer <input type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee <input checked="" type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee		0	0
JESSICA HERNANDEZ ..... TAMPA TREASURER	2 00 .....	<input type="checkbox"/> Officer <input type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee <input checked="" type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee		0	0
BETH MILLICH ..... TAMPA SECRETARY	2 00 .....	<input type="checkbox"/> Officer <input type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee <input checked="" type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee		0	0
TOMMY COBB ..... TUSCALOOSA PRESIDENT	1 00 .....	<input type="checkbox"/> Officer <input type="checkbox"/> Individual trustee <input type="checkbox"/> Institutional trustee <input checked="" type="checkbox"/> Key employee <input type="checkbox"/> Former <input type="checkbox"/> Highest compensated employee		0	0

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		Or director Individual trustee Institutional trustee	Officer Key employee	Highest compensated employee	Former		
AMY PRICE	1 00					0	0
.....	.....		X			0	0
TUSCALOOSA VICE PRESIDENT							
RANDA BUZKI	1 00					0	0
.....	.....		X			0	0
TUSCALOOSA VICE PRESIDENT							
BENSON BOLLING	1 00					0	0
.....	.....		X			0	0
TUSCALOOSA SECRETARY							
MIKE CARR	1 00					0	0
.....	.....		X			0	0
TUSCALOOSA TREASURER							
AMANDA HAHN	1 00					0	0
.....	.....		X			0	0
WIREGRASS PRESIDENT							
LISA MERRITT	1 00					0	0
.....	.....		X			0	0
WIREGRASS VICE PRESIDENT							
CORIE WARD TURNER	1 00					0	0
.....	.....		X			0	0
WIREGRASS SECRETARY/TREASU							
PATRICK LA PINE	40 00					0	484,586
.....	.....		X			0	98,531
PRESIDENT/CEO	24 00						
JARED ROSS	40 00					0	158,777
.....	.....		X			0	28,341
SENIOR VICE PRESIDENT							
COLLEEN GOOSPEAD-COOPER	1 00					0	0
.....	.....		X			0	0
PALM BEACH YPG PRESIDENT							

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DEANNA FRAME ..... PALM BEACH YPG VICE PRESIDENT	1 00 .....	<input checked="" type="checkbox"/> Key employee <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Officer <input type="checkbox"/> Individual trustee or director <input type="checkbox"/> Institutional trustee		0	0
SHASTRI ROOPNARINE ..... PALM BEACH YPG SECRETARY	1 00 .....	<input type="checkbox"/> X		0	0
FRANCINE JACQUES ..... PALM BEACH YPG TREASURER	1 00 .....	<input type="checkbox"/> X		0	0
SCOTT CALLISON ..... TAMPA YPG PRESIDENT	0 00 .....	<input type="checkbox"/> X		0	0
LORI ALLEN ..... TAMPA YPG TREASURER/SECRETARY	1 00 .....	<input type="checkbox"/> X		0	0
WINSTON STARR ..... TAMPA YPG VICE PRESIDENT	1 00 .....	<input type="checkbox"/> X		0	0
MICHAEL BRIDGES ..... SR DIRECTOR COMMUNICATIONS	40 00 .....		<input checked="" type="checkbox"/>	0	102,347
JASON NEIFIELD ..... DIRECTOR HR SERVICES	42 00 .....		<input checked="" type="checkbox"/>	0	116,364
					21,190

**SCHEDULE C**  
**(Form 990 or  
990-EZ)****Political Campaign and Lobbying Activities****2015****Open to Public  
Inspection**

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ►Complete if the organization is described below. ►Attach to Form 990 or Form 990-EZ.  
 ►Information about Schedule C (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

Department of the  
Treasury  
Internal Revenue  
Service**If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

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

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

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

**If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

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

Name of the organization LEAGUE OF SOUTHEASTERN CREDIT UNIONS	Employer identification number 94-3458406
--	--

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ► \$ \_\_\_\_\_
- 3 Volunteer hours \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ \_\_\_\_\_
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ► \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

**B** Check  if the filing organization checked box A and "limited control" provisions apply

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

**(a) Filing organization's totals****(b) Affiliated group totals****1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)


**b** Total lobbying expenditures to influence a legislative body (direct lobbying)


**c** Total lobbying expenditures (add lines 1a and 1b)


**d** Other exempt purpose expenditures


**e** Total exempt purpose expenditures (add lines 1c and 1d)


**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

**g** Grassroots nontaxable amount (enter 25% of line 1f)


**h** Subtract line 1g from line 1a If zero or less, enter -0-


**i** Subtract line 1f from line 1c If zero or less, enter -0-


**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes  No**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)

**(a)2012****(b)2013****(c)2014****(d)2015****(e) Total****2a** Lobbying nontaxable amount**b** Lobbying ceiling amount  
(150% of line 2a, column(e))**c** Total lobbying expenditures**d** Grassroots nontaxable amount**e** Grassroots ceiling amount  
(150% of line 2d, column (e))**f** Grassroots lobbying expenditures

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a)	(b)
		Yes	No
			Amount
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of		
<b>a</b>	Volunteers?		
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		
<b>c</b>	Media advertisements?		
<b>d</b>	Mailings to members, legislators, or the public?		
<b>e</b>	Publications, or published or broadcast statements?		
<b>f</b>	Grants to other organizations for lobbying purposes?		
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?		
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		
<b>i</b>	Other activities?		
<b>j</b>	Total Add lines 1c through 1i		
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912		
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	<b>Yes</b>	<b>No</b>
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b> Yes	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	No
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	No

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures ( <b>do not include amounts of political expenses for which the section 527(f) tax was paid</b> ).	2a	
a	Current year	2b	
b	Carryover from last year	2c	
c	Total	3	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	5	
5	Taxable amount of lobbying and political expenditures (see instructions)		

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference Explanation

2015

Open to Public  
Inspection**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements**

► Complete if the organization answered "Yes," on 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](http://www.irs.gov/form990).Department of the  
Treasury  
Internal Revenue ServiceName of the organization  
LEAGUE OF SOUTHEASTERN CREDIT UNIONS

Employer identification number

94-3458406

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 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 conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or education)  
 Protection of natural habitat  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

 Yes  No6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
► \_\_\_\_\_7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

 Yes  No

9 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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a 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 on Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ► \$ \_\_\_\_\_

2 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

a Revenue included on Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X ► \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets**  
*(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

<b>a</b> <input type="checkbox"/> Public exhibition	<b>d</b> <input type="checkbox"/> Loan or exchange programs
<b>b</b> <input type="checkbox"/> Scholarly research	<b>e</b> <input type="checkbox"/> Other
<b>c</b> <input type="checkbox"/> Preservation for future generations	

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table

<b>c</b> Beginning balance	<b>1c</b>
<b>d</b> Additions during the year	<b>1d</b>
<b>e</b> Distributions during the year	<b>1e</b>
<b>f</b> Ending balance	<b>1f</b>

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	<b>(a)</b> Current year	<b>(b)</b> Prior year	<b>b (c)</b> Two years back	<b>(d)</b> Three years back	<b>(e)</b> Four years back
<b>1a</b> Beginning of year balance . . . . .	1,183,548	1,190,548	1,195,548	1,203,548	549,633
<b>b</b> Contributions . . . . .					844,230
<b>c</b> Net investment earnings, gains, and losses . . . . .					
<b>d</b> Grants or scholarships . . . . .		7,000	5,000	8,000	
<b>e</b> Other expenditures for facilities and programs . . . . .					190,315
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	1,183,548	1,183,548	1,190,548	1,195,548	1,203,548

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

**a** Board designated or quasi-endowment ► 49 000 %

**b** Permanent endowment ► 28 000 %

**c** Temporarily restricted endowment ► 23 000 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

**(i)** unrelated organizations . . . . .

**(ii)** related organizations . . . . .

**b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

4 Describe in Part XIII the intended uses of the organization's endowment funds

<b>3a(i)</b>	<b>Yes</b>	<b>No</b>
<b>3a(ii)</b>		

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	<b>Description of property</b>	<b>(a)</b> Cost or other basis (investment)	<b>(b)</b> Cost or other basis (other)	<b>Accumulated (c) depreciation</b>	<b>(d)</b> Book value
<b>1a</b> Land . . . . .					
<b>b</b> Buildings . . . . .					
<b>c</b> Leasehold improvements . . . . .		81,207	74,234		6,973
<b>d</b> Equipment . . . . .		565,291	559,451		5,840
<b>e</b> Other . . . . .		61,087	34,717		26,370
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . . .					39,183

**Part VII Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b.

See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other (A) CU HOUSE LLC	260,000	C
(B) INVESTMENT IN CSSI	14,450	C
(C) INVESTMENT FSG STOCK	310,000	C
(D) LEAGUE INFOSIGHT, LL	212,500	C
(E) INVESTMENT IN SUBSIDIARY	1,051,000	C

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	4,439,311
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	-34,576
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII) . . . . .	<b>2d</b>	169,052
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	134,476
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	4,304,835
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII) . . . . .	<b>4b</b>	599,814
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	599,814
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12) . . . . .	<b>5</b>	4,904,649

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	4,365,881
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII) . . . . .	<b>2d</b>	169,051
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	169,051
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	4,196,830
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII) . . . . .	<b>4b</b>	593,708
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	593,708
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18) . . . . .	<b>5</b>	4,790,538

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Return Reference	Explanation
PART X, LINE 2	THE ORGANIZATION UTILIZES THE ACCOUNTING REQUIREMENTS ASSOCIATED WITH UNCERTAINTY IN INCOME TAXES USING THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ASC 740, INCOME TAXES USING THAT GUIDANCE, TAX POSITIONS INITIALLY NEED TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN IT IS MORE-LIKELY-THAN-NOT THE POSITIONS WILL BE SUSTAINED UPON EXAMINATION BY THE TAX AUTHORITIES IT ALSO PROVIDES GUIDANCE FOR DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION AS OF DECEMBER 31, 2015, THE ORGANIZATION HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS

**Part XIII Supplemental Information (continued)**

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	INCOME FROM CHAPTERS NOT INCLUDED IN AUDIT 599,814
PART XII, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENTS EXPENSE 159,769 COST OF GOODS SOLD 9,282
PART XII, LINE 4B - OTHER ADJUSTMENTS	EXPENSES FROM CHAPTERS NOT INCLUDED IN AUDIT 593,709 ROUNDING -1

SCHEDULE G  
(Form 990 or 990-EZ)Supplemental Information Regarding  
Fundraising or Gaming Activities

2015

Open to Public  
InspectionComplete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the  
organization entered more than \$15,000 on Form 990-EZ, line 6a

► Attach to Form 990 or Form 990-EZ

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)Department of the Treasury  
Internal Revenue ServiceName of the organization  
LEAGUE OF SOUTHEASTERN CREDIT UNIONS

Employer identification number

94-3458406

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply

<b>a</b> <input type="checkbox"/> Mail solicitations	<b>e</b> <input type="checkbox"/> Solicitation of non-government grants
<b>b</b> <input type="checkbox"/> Internet and email solicitations	<b>f</b> <input type="checkbox"/> Solicitation of government grants
<b>c</b> <input type="checkbox"/> Phone solicitations	<b>g</b> <input type="checkbox"/> Special fundraising events
<b>d</b> <input type="checkbox"/> In-person solicitations	

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
1		Yes	No			
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

**Part II Fundraising Events.**

Complete if the organization answered "Yes" on 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>GOLF TOURNAMENT</b> (event type)	(b) Event #2 <b>CRUISE</b> (event type)	(c) Other events <b>5</b> (total number)	(d) Total events (add col (a) through col (c))
<b>Revenue</b>				
<b>1</b> Gross receipts . . . . .	299,284	56,200	29,298	384,782
<b>2</b> Less Contributions . . . . .				
<b>3</b> Gross income (line 1 minus line 2) . . . . .	299,284	56,200	29,298	384,782
<b>Direct Expenses</b>				
<b>4</b> Cash prizes . . . . .	29,866	5,000	32	34,898
<b>5</b> Noncash prizes . . . . .				
<b>6</b> Rent/facility costs . . . . .	40,892		6,371	47,263
<b>7</b> Food and beverages . . . . .	8,270		4,867	13,137
<b>8</b> Entertainment . . . . .				
<b>9</b> Other direct expenses . . . . .	45,801	16,700	1,970	64,471
<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . .				159,769
<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . .				225,013

**Part III Gaming.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<b>Revenue</b>				
<b>1</b> Gross revenue . . . . .				
<b>Direct Expenses</b>				
<b>2</b> Cash prizes . . . . .				
<b>3</b> Noncash prizes . . . . .				
<b>4</b> Rent/facility costs . . . . .				
<b>5</b> Other direct expenses . . . . .				
<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	
<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . .				
<b>8</b> Net gaming income summary Subtract line 7 from line 1, column (d) . . . . .				

**9** Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain \_\_\_\_\_  
\_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

**b** If "Yes," explain \_\_\_\_\_  
\_\_\_\_\_

**11** Does the organization conduct gaming activities with nonmembers?  Yes  No

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Yes  No

**13** Indicate the percentage of gaming activity conducted in

Yes  No

**a** The organization's facility

**13a**

%

**b** An outside facility

**13b**

%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

.....

Address ►

.....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?

Yes  No

**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

Name ►

.....

Address ►

.....

**16** Gaming manager information

Name ►

.....

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided

►

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 retain the state gaming license?

Yes  No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV 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).

Return Reference

Explanation

## Schedule I (Form 990)

## **Grants and Other Assistance to Organizations, Governments and Individuals in the United States**

**Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.**

► Attach to Form 990.

► **Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Open to Public  
Inspection**

Department of the  
Treasury  
Internal Revenue Service

Name of the organization

## LEAGUE OF SOUTHEASTERN CREDIT UNIONS

**Employer identification number**

94-3458406

## **Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Yes  No

No

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
See Additional Data Table							

6

1

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22  
Part III can be duplicated if additional space is needed

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information

**Return Reference** **Explanation**

**Additional Data****Software ID:****Software Version:****EIN:** 94-3458406**Name:** LEAGUE OF SOUTHEASTERN CREDIT UNIONS**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S MIRACLE NETWORK 205 WEST 700 SOUTH SALT LAKE CITY, UT 84101	87-0387205	501(C)(3)	11,000				OPERATING
AMERICAN CANCER SOCIETY 3363 WEST COMMERCIAL BLVD STE 100 FT LAUDERDALE, FL 33309	59-0657320	501(C)(3)	15,000				OPERATING
CHILDREN'S MIRACLE NETWORK 1600 7TH AVE S BIRMINGHAM, AL 35233	87-0387205	501(C)(3)	6,500				OPERATING

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHILDREN'S HOSPITAL 205 WEST 700 SOUTH SALT LAKE CITY, UT 84101	87-0387205	501(C)(3)	5,250				OPERATING
BIRMINGHAM YOUNG PROFESSIONAL GROUP 22 INVERNESS CNTR PKY 200 BIRMINGHAM, AL 35242	45-3148297		5,000				OPERATING
WOUNDED WARRIORS OF SOUTH FLORIDA 1335 OLD DIXIE HWY 3 LAKE PARK, FL 33403	26-2886846	501(C)(3)	12,791				OPERATING

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other) <b>(g)</b> Description of non-cash assistance <b>(h)</b> Purpose of grant or assistance
ONE PLACE OF THE SHOALS 200 WEST TENNESSEE ST FLORENCE, AL 35630	46-3842244	501(C)(3)	5,000		OPERATING

2015

Open to Public  
Inspection**Schedule J**  
(Form 990)**Compensation Information****For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
► Attach to Form 990.► Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).Department of the  
Treasury  
Internal Revenue ServiceName of the organization  
LEAGUE OF SOUTHEASTERN CREDIT UNIONS

Employer identification number

94-3458406

**Part I Questions Regarding Compensation**

	Yes	No
1a		
1b		
2		
3		
4a		No
4b	Yes	
4c	No	
5a		
5b		
6a		
6b		
7		
8		
9		

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

First-class or charter travel  Housing allowance or residence for personal use  
 Travel for companions  Payments for business use of personal residence  
 Tax indemnification and gross-up payments  Health or social club dues or initiation fees  
 Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)

**b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

Compensation committee  Written employment contract  
 Independent compensation consultant  Compensation survey or study  
 Form 990 of other organizations  Approval by the board or compensation committee

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization**a** Receive a severance payment or change-of-control payment?**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.****5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of**a** The organization?**b** Any related organization?

If "Yes," on line 5a or 5b, describe in Part III

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of**a** The organization?**b** Any related organization?

If "Yes," on line 6a or 6b, describe in Part III

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 PATRICK LA PINE PRESIDENT/CEO	(i) 0 ----- (ii) 484,586	0 ----- 0	0 ----- 0	0 ----- 87,747	0 ----- 10,783	0 ----- 583,116	0 ----- 0
2 JARED ROSS SENIOR VICE PRESIDENT	(i) 0 ----- (ii) 158,777	0 ----- 0	0 ----- 0	0 ----- 28,276	0 ----- 72	0 ----- 187,125	0 ----- 0

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**Return Reference**

**Explanation**

**SCHEDULE O**  
**(Form 990 or**  
**990-EZ)**

Department of the  
Treasury  
Internal Revenue  
Service

**Supplemental Information to Form 990 or 990-EZ**

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

- Attach to Form 990 or 990-EZ.
- Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

**2015****Open to Public  
Inspection**

Name of the organization  
LEAGUE OF SOUTHEASTERN CREDIT UNIONS

**Employer identification number**

94-3458406

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION HAS MEMBERS MADE UP OF CREDIT UNIONS THROUGHOUT THE STATES OF ALABAMA AND FLORIDA
FORM 990, PART VI, SECTION A, LINE 7A	THE ORGANIZATION HAS MEMBERS WHO ELECT THE GOVERNING BODY ELECTIONS ARE HELD ANNUALLY BUT NOT ALL DIRECTORS' POSITIONS ARE UP FOR ELECTION THE GOVERNING BODY HAS STAGGERED TERMS

## **990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 7B	THE MEMBERS MUST APPROVE THE ANNUAL BUDGET
FORM 990, PART VI, SECTION B, LINE 11	THE GOVERNING BODY RECEIVES A COPY OF FORM 990 BEFORE IT IS FILED

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY IS REVIEWED WITH THE BOARD ANNUALLY AND THEY SIGN A COPY OF THE POLICY
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THERE HAVE BEEN NO CHANGES
FORM 990 - GROUP EXEMPTION	BIRMINGHAM 45-3148297 BROWARD 59-0653174 CENTRAL FLORIDA 59-3036885 CHEAH A 63-0826485 GULF COAST 94-3458406 MOBILE 45-3148459 MONTGOMERY 63-6045677 MUSCLE SHOALS 63-0861337 NORTH C ENTRAL 59-3036885 NORTHEAST ALABAMA 63-0421312 NORTHEAST FLORIDA (RIBAULT) 59-1917002 NORTH WEST FLORIDA 27-1031865 PALM BEACH 59-1931205 PINELLAS 59-1219307 SARA-MANA 59-3041044 SOU THERNMOST 52-1219511 TALLAHASSEE 59-2295437 TAMPA 26-3591478 TUSCALOOSA 26-2000097 WIREGRA SS 63-1006622

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**SCHEDULE R**  
**(Form 990)**

## Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► **Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

2015

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

## LEAGUE OF SOUTHEASTERN CREDIT UNIONS

**Employer identification number**

94-3458406

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) SOUTHEASTERN CREDIT UNION FOUNDATION 3692 COOLIDGE CT  TALLAHASSEE, FL 32311 59-2252733	CHARITABLE ORGANIZATION	FL	501(C)(3)	LINE 7			No
(2)				LINE 7			No
(3) CUVOTE 3692 COOLIDGE CT  TALLAHASSEE, FL 32311 63-1252102	BUSINESS ASSOCIATION	AL	501(C)(6)				No
(4) LEAGUE OF SOUTHEASTERN CREDIT UNIONS FEDERAL POLITICAL ACTION COMMITTEE 3692 COOLIDGE CT  TALLAHASSEE, FL 32311 52-1681138	POLITICAL COMMITTEE	AL	527				No
(5) FLORIDA CREDIT UNION POLITICAL ACTION COMMITTEE 3692 COOLIDGE CT  TALLAHASSEE, FL 32311 59-1889104	POLITICAL COMMITTEE	FL	527				No
(6) ALABAMA CREDIT UNION LEGISLATIVE ACTION COUNCIL 3692 COOLIDGE CT  TALLAHASSEE, FL 32311 52-1681138	POLITICAL COMMITTEE	AL	527				No

**Part III 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 IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

**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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .
- b** Gift, grant, or capital contribution to related organization(s) . . . . .
- c** Gift, grant, or capital contribution from related organization(s) . . . . .
- d** Loans or loan guarantees to or for related organization(s) . . . . .
- e** Loans or loan guarantees by related organization(s) . . . . .
- f** Dividends from related organization(s) . . . . .
- g** Sale of assets to related organization(s) . . . . .
- h** Purchase of assets from related organization(s) . . . . .
- i** Exchange of assets with related organization(s) . . . . .
- j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .
- k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .
- l** Performance of services or membership or fundraising solicitations for related organization(s) . . . . .
- m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . .
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .
- o** Sharing of paid employees with related organization(s) . . . . .
- p** Reimbursement paid to related organization(s) for expenses . . . . .
- q** Reimbursement paid by related organization(s) for expenses . . . . .
- r** Other transfer of cash or property to related organization(s) . . . . .
- s** Other transfer of cash or property from related organization(s) . . . . .

	Yes	No
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>		No
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>	Yes	
<b>1l</b>		No
<b>1m</b>	Yes	
<b>1n</b>	Yes	
<b>1o</b>	Yes	
<b>1p</b>	Yes	
<b>1q</b>	Yes	
<b>1r</b>		No
<b>1s</b>		No

**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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)LSCU SERVICE CORPORATION	K	308,591	FMV
(2)LSCU SERVICE CORPORATION	N	454,552	FMV
(3)LSCU SERVICE CORPORATION	O	2,020,836	FMV
(4)LSCU SERVICE CORPORATION	Q	276,830	FMV
(5)LSCU SERVICE CORPORATION	L	60,195	FMV
(6)LSCU SERVICE CORPORATION	M	70,610	FMV

**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.

**Part VII      Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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**Additional Data****Software ID:**  
**Software Version:****EIN:** 94-3458406**Name:** LEAGUE OF SOUTHEASTERN CREDIT UNIONS**Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
SOUTHEASTERN CREDIT UNION FOUNDATION 3692 COOLIDGE CT TALLAHASSEE, FL 32311 59-2252733	CHARITABLE ORGANIZATION	FL	501(C)(3)	LINE 7			No
				LINE 7			No
CUVOTE 3692 COOLIDGE CT TALLAHASSEE, FL 32311 63-1252102	BUSINESS ASSOCIATION	AL	501(C)(6)				No
LEAGUE OF SOUTHEASTERN CREDIT UNIONS FEDERAL POLITICAL ACTION COMMITTEE 3692 COOLIDGE CT TALLAHASSEE, FL 32311 52-1681138	POLITICAL COMMITTEE	AL	527				No
FLORIDA CREDIT UNION POLITICAL ACTION COMMITTEE 3692 COOLIDGE CT TALLAHASSEE, FL 32311 59-1889104	POLITICAL COMMITTEE	FL	527				No
ALABAMA CREDIT UNION LEGISLATIVE ACTION COUNCIL 3692 COOLIDGE CT TALLAHASSEE, FL 32311 52-1681138	POLITICAL COMMITTEE	AL	527				No

<b>Form 990, Schedule R, Part V - Transactions With Related Organizations</b>				
	<b>(a) Name of related organization</b>	<b>(b) Transaction type(a-s)</b>	<b>(c) Amount Involved</b>	<b>(d) Method of determining amount involved</b>
<b>(1)</b>	LSCU SERVICE CORPORATION	K	308,591	FMV
<b>(1)</b>	LSCU SERVICE CORPORATION	N	454,552	FMV
<b>(2)</b>	LSCU SERVICE CORPORATION	O	2,020,836	FMV
<b>(3)</b>	LSCU SERVICE CORPORATION	Q	276,830	FMV
<b>(4)</b>	LSCU SERVICE CORPORATION	L	60,195	FMV
<b>(5)</b>	LSCU SERVICE CORPORATION	M	70,610	FMV