DLN: 93493132024730 OMB No 1545-0047 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 Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019 D Employer identification number B Check if applicable AMERICAN ASSOCIATION OF CREDIT UNION □ Address change LEAGUES 75-6046595 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite ☐ Amended return 99 M STREET SE NO 300 ☐ Application pending (202) 508-6762 City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20003 G Gross receipts \$ 739,194 Name and address of principal officer H(a) Is this a group return for BRAD MILLER ☐Yes ☑No subordinates? 99 M STREET SE NO 300 H(b) Are all subordinates WASHINGTON, DC 20003 ☐ Yes ☐No included? Tax-exempt status □ 527 501(c)(3) **✓** 501(c) (6) **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► N/A L Year of formation 1942 M State of legal domicile WI **K** Form of organization \square Corporation \square Trust $oldsymbol{Y}$ Association \square Other \triangleright Summary 1 Briefly describe the organization's mission or most significant activities TO ASSIST IN DEVELOPMENT OF ITS MEMBERS AND TO ADVISE AND MAKE RECOMMENDATIONS TO MANAGEMENT AND POLICY MAKERS WITHIN THE CREDIT UNION MOVEMENT REGARDING THE FORMULATION AND IMPLEMENTATION OF POLICY TO FURTHER THE INTERESTS Activities & Governance OF CREDIT UNIONS AND ASSOCIATIONS OF CREDIT UNIONS Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 0 5 62 **6** Total number of volunteers (estimate if necessary) . . . 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 39 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . Program service revenue (Part VIII, line 2g) . 805,432 736,425 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 2,469 2,769 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Ω 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 807,901 739,194 12,500 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), line 4) . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 285,591 248,362 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 386,230 439,923 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 671,821 700,785 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 136,080 38,409 19 Revenue less expenses Subtract line 18 from line 12 . Assets or displaying End of Year **Beginning of Current Year** 1,187,711 20 Total assets (Part X, line 16) . 1,106,322 21 Total liabilities (Part X, line 26) 158,752 201,732 Net assets or fund balances Subtract line 21 from line 20 947,570 985,979 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 2020-05-04 Signature of officer Date Sign Here BRAD MILLER EXECUTIVE DIRECTOR Type or print name and title Preparer's signature Print/Type preparer's name Check \Box if P00188889 **Paid** self-employed Firm's name CLIFTONLARSONALLEN LLP Firm's EIN > 41-0746749 Preparer Use Only Firm's address ▶ 8215 GREENWAY BOULEVARD SUITE 600 Phone no (608) 662-8600 MIDDLETON, WI 53562 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2019) Cat No 11282Y

| Form | 990 (2019) | | | | Page 2 |
|-------------|------------------------------|-------------------------------|--|--|------------------------|
| Pa | rt III Statement | of Program Service Ac | complishments | | |
| | Check If Sche | dule O contains a response o | r note to any line in this Part III . | | 🗹 |
| 1 | Briefly describe the o | organization's mission | | | |
| AND | POLICY MAKERS WITH | | EMENT REGARDING THE FORMUL | ADVISE AND MAKE RECOMMENDA ATION AND IMPLEMENTATION OF | |
| 2 | Did the organization | undertake any significant pro | gram services during the year wh | nich were not listed on | |
| | the prior Form 990 o | r 990-EZ? | | | ☐ Yes 🗹 No |
| | If "Yes," describe the | ese new services on Schedule | 0 | | |
| 3 | Did the organization | cease conducting, or make s | gnificant changes in how it condu | icts, any program | |
| | services? | | | | 🗌 Yes 🗹 No |
| | If "Yes," describe the | ese changes on Schedule O | | | |
| 4 | Section 501(c)(3) an | | required to report the amount o | largest program services, as meas f grants and allocations to others, | |
| 4a | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | See Additional Data | | | | · |
| 4b | (Code See Additional Data |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| 4c | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | | | | | |
| 4d | Other program servi | ces (Describe in Schedule O) | grants of \$ |) (Revenue \$ |) |
| 4e | Total program serv | | - · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | |
| | . star program ser | expenses r | | | Form 990 (2019) |

Form 990 (2019) Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete No 1 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . No Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates Nο 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 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 🛸 . . Yes 5 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 No 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Nο 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II 💙 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Nο

- 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
- No 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Nο permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable
- a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Nο 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Yes 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸
- Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its No 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 😼 d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Nο 11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

20a

20h

21

Yes

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Yes

Yes

Nο

Nο

No

Nο

No

No

Nο

No

Nο

Nο

No

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete

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

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

20a Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🥦

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII.

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

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|------|--|-----|-----|---------------|
| Par | Checklist of Required Schedules (continued) | | | |
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | No |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| C | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | |
| 26 | Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | | No |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | No |
| C | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | No |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | No |
| b | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. | | | |

| | | l 1 | | |
|----|---|-----|-----|----|
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |
| Pa | tV Statements Regarding Other IRS Filings and Tax Compliance | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part V \ldots | | | |
| | | | | |

Yes No 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . 1a 0 **b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

1c

Yes Form **990** (2019)

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| Pa | Statements Regarding Other IRS Filings and Tax Compliance (continued) | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | <u> </u> |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | No |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | |
| | 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)? If "Yes," enter the name of the foreign country | 4a | No |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | No |
| С | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | |
| 7 | • | | |
| | 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? | 7a | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | |
| | If "Yes," indicate the number of Forms 8282 filed during the year | | li li |
| | | 7e 7f | |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as | / | |
| _ | required? | 7g | |
| " | 1098-C? | 7h | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | |
| 10 | Section 501(c)(7) organizations. Enter | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | |
| 11 | Section 501(c)(12) organizations. Enter | | |
| | Gross income from members or shareholders | | |
| D | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | |
| Ь | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | 13a | |
| | 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 | | |
| | Enter the amount of reserves on hand | 14a | No |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14a | 140 |
| | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? | 15 | No |
| 16 | If "Yes," see instructions and file Form 4720, Schedule N Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | No |
| | If "Yes," complete Form 4720, Schedule O | | |

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|-----|---|----------------|---------|---------------|
| Par | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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 | o" respo | onse to | lines |
| Se | ction A. Governing Body and Management | | | |
| _ | | | Yes | No |
| la | Enter the number of voting members of the governing body at the end of the tax year 5 | | | |
| | 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 | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 5 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? • | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | No |
| 6 | Did the organization have members or stockholders? | 6 | Yes | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | Yes | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | Yes | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| а | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8 b | Yes | |
| 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? <i>If "Yes," provide the names and addresses in Schedule O</i> | 9 | | No |
| Se | ction B. Policies (This Section B requests information about policies not required by the Internal Revenu | e Code | ⊋.) | |
| | | \blacksquare | Yes | No |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | No |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | No |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | No |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | No |
| 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? | | | |
| | The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| Ь | Other officers or key employees of the organization | 15b | | No |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | |
| | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | No |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | |
| Se | ction 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-A 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 ►EDDIE RIVERA 5710 MINERAL POINT ROAD MADISON, WI 53705 (608) 231-4371 | | | |

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|------------------------|--|---|-----------------------------------|-----------------------|--------------------|------------------------------|---------------------------------|----------|----------------------|---|--|
| Part VII | Compensation of Officers, D and Independent Contracto | , | stees, | Ke | y Er | npl | oyee | s, H | lighest Compei | nsated Employ | ees, |
| | Check if Schedule O contains a resp | ponse or note to | any lii | ne in | this | Par | t VII . | | | | 🗆 |
| Section | A. Officers, Directors, Truste | es, Key Emp | loyee | s, aı | nd H | lig | hest | Con | npensated Emp | loyees | |
| year ● Lıst all | e this table for all persons required to of the organization's current officer ation Enter -0- in columns (D), (E), (a) | s, directors, tru | stees (\ | wheth | ner II | ndıv | ıduals | | , | | ganızatıon's tax |
| | of the organization's current key em | ` ' | • | | | • | | tion | of "kev employee | ıı. | |
| • List the who receive | e organization's five current highest of ed reportable compensation (Box 5 of n and any related organizations | compensated er | nployee | es (ot | her | thar | n an of | fficer | , director, trustee | or key employee) | |
| | of the organization's former officers, e compensation from the organization | | | | | pen | sated | emp | loyees who receive | ed more than \$100 |),000 |
| | of the organization's former directo n, more than \$10,000 of reportable co | | | | | | | | | | |
| See instruct | tions for the order in which to list the | persons above | | | | | | | | | |
| ☐ Check | this box if neither the organization no | or any related o | rganıza | tion c | omp | ens | ated a | any c | urrent officer, dire | ctor, or trustee | |
| | (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | than o | ne b | ox, un of tor/t | t ch unle fice rust | r and a tee) | son a | (D) Reportable | (E) Reportable compensation from related organizations (W-2/1099- MISC) | (F) Estimated amount of other compensation from the organization and |
| | | | Individual trustee or director | Institutional Trustee | Officei | key employee | Highest compensated employee | Former | | | related organizations |

| (A) Name and title | (B) Average hours per week (list any hours | | ne bo | ox, ι n of | t ch unle: ficei | ss pers | son | n compensation from the organization | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation from the |
|---|---|-----------------------------------|-----------------------|---------------|------------------------|------------------------------|--------|--|--|---|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099- MISC) | (W-2/1099- MISC) | organization and related organizations |
| (1) SCOTT SIMPSON | 5 00 | х | | | | | | o | 0 | 0 |
| CHAIRMAN (2) PATRICK CONWAY SECRETARY/TREASURER | 2 00 | X | | | | | | 0 | 0 | 0 |
| (3) JEFF OLSON AT-LARGE DIRECTOR | 2 00 | × | | | | | | 0 | 0 | 0 |
| (4) DIANA DYKSTRA VICE CHAIRMAN | 2 00 | Х | | | | | | 0 | 0 | 0 |
| (5) DEBBIE PAINTER AT-LARGE DIRECTOR | 2 00 | Х | | | | | | 0 | 0 | 0 |
| (6) BRAD MILLER EXEC DIRECTOR (EX-OFFICIO) | 20 00 | | | Х | | | | 156,620 | 0 | 22,436 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | Form 990 (2019) |

| ivaine and title | hours per week (list any hours | | ne bo | ox, u n of | inles ficer | s pers and a | on | compensation from the organization (W-2/1099- MISC) | compensation from related organizations (W-2/1099- MISC) | amount of other compensation from the |
|------------------|---|-----------------------------------|-----------------------|---------------|----------------|------------------------------|--------|---|--|--|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | | | organization and related organizations |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| 1b Sub-Total | | | > | | | |
|--|------|-----|-------------|---------|---|--------|
| c Total from continuation sheets to Pa | | ▶ [| | | | |
| d Total (add lines 1b and 1c) | | | • | 156,620 | 0 | 22,436 |

| | Total (add lines 1b and 1c) | 0 | | 22,436 |
|---|--|---|-----|--------|
| 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 ▶ 1 | | | |
| | | | Yes | No |
| 3 | Did the organization list any former 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? If "Yes," complete Schedule J for such individual | | | |
| | muvidual | 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? If "Yes," complete Schedule J for such person | | | |

| | | | Yes | No |
|---|---|---|-----|----|
| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | 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? If "Yes," complete Schedule J for such | | | |
| | ındıvıdual | 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? If "Yes," complete Schedule J for such person | 5 | Yes | |

| 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? If "Yes," complete Schedule J for such individual | 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? If "Yes," complete Schedule J for such person | | | | | | |
| Se | | | | | | | |
| 1 | Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation | | | | | | |

| 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? If "Yes," complete Schedule J for such | | | | | | |
|----|---|--------|-------|--|--|--|--|
| | ındıvıdual | 4 | Yes | | | | |
| 5 | 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | | | | | | |
| Se | ection B. Independent Contractors | | | | | | |
| 1 | Complete this table for your five highest compensated independent contractors that received more than \$100,000 of confrom the organization. Report compensation for the calendar year ending with or within the organization's tax year. | mpensa | ition | | | | |

| | services rendered to the organization? If "Yes," complete Schedule J for such person | | 5 | Yes | | | | |
|---|--|--|---|-----|--|--|--|--|
| Se | 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 Description of services | | | | | | | | |

| 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 | | | | | |
| | | | | | | | | |

Form **990** (2019)

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 | VII | Statement | of F | Revenue | | | | | | - Tage 3 |
|---|-----|--|----------------|----------------------------|---------------|---------------------|-------------------|---|--------------------------------|--|
| | | Check if Scheo | dule | O contains a | a respo | nse or note to a | (A) Total revenue | (B) Related or exempt function | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections |
| | 1 | a Federated campa | aigns | · . | 1a | | | revenue | | 512 - 514 |
| ants | | b Membership due: | s. | | 1 b | | _ | | | |
| 67.0 m | | c Fundraising even | nts . | | 1c | | _ | | | |
| ifts, ar A | | d Related organiza | tions | • | 1 d | | _ | | | |
| E | | e Government grants | (con | tributions) | 1e | | _ | | | |
| ions | | f All other contribution and similar amounts | ns, g s not | ııfts, grants, ıncluded | 1f | | | | | |
| but | | above g Noncash contribution | ns in | cluded in | | | _ | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | lines 1a - 1f \$ | | | 1 g | | _ | | | |
| <u>ة</u> ك | | h Total. Add lines | 1a-1 | f | | > | | | | |
| | _ | MEMBER DUEC | | | | Business Code | 575,954 | 575,954 | | |
| - | 28 | MEMBER DUES | | | | 9000 | 99 | | | |
| Ven | b | MEMBERSHIP MEETIN | NGS | | | 9000 | 125,471 | 125,471 | | |
| Program Service Revenue | c | SPONSORSHIPS | | | | 9000 | 35,000 | | | 35,000 |
| rMC | | | | | | 7000 | | | | |
| 33 | c | i | | | | | | | | |
| gran | e | | | | | | | | | |
| Pro | | | | | | | | | | |
| | | All other program | | | | | | | | |
| | | Investment income | | | | 736,4 | | T | <u> </u> | |
| | ! | sımılar amounts) . | | | • | | 2,76 | 9 | | 2,769 |
| | | Income from invest Royalties | men | | mpt bo | ond proceeds | > | | | |
| | • | Royaldes I I I | Ċ | (ı) Rea | al | (II) Persona | | | | |
| | 6: | a Gross rents | 62 | | | | | | | |
| | | Less rental | оа | | | | | | | |
| | | expenses | 6b | | | | | | | |
| | С | Rental income or (loss) | 6с | | | | | | | |
| | • | d Net rental income | or | | | | > | | | |
| | 7- | Gross amount | | (ı) Secur | ities | (II) Other | | | | |
| | , | from sales of assets other | 7a | | | | | | | |
| | | than inventory | | | | | | | | |
| | b | Less cost or other basis and sales expenses | 7b | | | | | | | |
| | | · | _ | | | | | | | |
| | | Gain or (loss) d Net gain or (loss) | 7c | | | | <u> </u> | | | |
| 4/ | | Gross income from fu | ındra | ısıng events | | | | | | + |
| n us | | (not including \$ contributions reported | d on | line 1c) | | | | | | |
| leve | | See Part IV, line 18 | | | 8a | | | | | |
| Other Revenue | | b Less direct expen c Net income or (los | | | 8b ina eve | ents | | | | |
| oth | | e recembering or (100 | 33) 11 | om ranarais | | j | <u> </u> | | | |
| | 9a | Gross income from See Part IV, line 19 | gam • | ing activities | 9a | | | | | |
| | ı | b Less direct expen | ises | | 9b | | | | | |
| | • | c Net income or (los | ss) fr | om gaming | actıvıtı | es 🕨 | <u> </u> | | | |
| | 10 | aGross sales of inve | entoi | rv, less | | | | | | |
| | | returns and allowa | nce | s | 10a | | | | | |
| | | b Less cost of good | | | 10 b | | | | | |
| | • | Net income or (los Miscellaneo | _ | | invent | ory • Business Cod | le l | | | |
| | 11 | | | _ | | | | | | |
| | | | | | | | | | | |
| | ı | b | | | | | | | | |
| | | | | | | | | | | |
| | • | С | | | | | | | | |
| | | d All other revenue | _ | | | | | | | |
| | | e Total. Add lines 1 | | | | • | · | | | + |
| | 12 | 2 Total revenue. S | ee ır | nstructions | | | 720.10 | | | |
| | | | | | | | 739,19 | 4 701,425 | 1 | 0 37,769 Form 990 (2019) |

| Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must co | omplete all columns | All other organizati | ons must complete col | umn (A) |
|----------------|--|---------------------|------------------------------|--------------------------------------|-----------------|
| | Check if Schedule O contains a response or note to an | | _ | | umm (A) |
| | include amounts reported on lines 6b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising |
| | ents and other assistance to domestic organizations and mestic governments. See Part IV, line 21 | 12,500 | · | | • |
| | nnts and other assistance to domestic individuals. See t IV, line 22 | | | | |
| gov | ents and other assistance to foreign organizations, foreign vernments, and foreign individuals See Part IV, lines 15 | | | | |
| | nefits paid to or for members | | | | |
| | mpensation of current officers, directors, trustees, and remployees | 179,055 | | | |
| Cor def | mpensation not included above, to disqualified persons (as ined under section 4958(f)(1)) and persons described in tion 4958(c)(3)(B) | | | | |
| | ner salaries and wages | 28,112 | | | |
| B Per | nsion plan accruals and contributions (include section 401 and 403(b) employer contributions) | | | | |
| | ner employee benefits | 41,195 | | | |
| | roll taxes | | | | |
| | es for services (non-employees) | | | | |
| | nagement | + | | | |
| | pal | - | | | |
| _ | · | 10,960 | | | |
| | counting | 10,900 | | | |
| | | | | | |
| | fessional fundraising services See Part IV, line 17 | | | | |
| | estment management fees | | | | |
| | ner (If line 11g amount exceeds 10% of line 25, column amount, list line 11g expenses on Schedule O) | | | | |
| . Adv | vertising and promotion | | | | |
| Off | ice expenses | 10,381 | | | |
| Info | ormation technology | | | | |
| Roy | /alties | | | | |
| Occ | cupancy | | | | |
| Tra | vel | 99,088 | | | |
| | ments of travel or entertainment expenses for any eral, state, or local public officials | | | | |
| Cor | nferences, conventions, and meetings | 237,390 | | | |
| | erest | | | | |
| | ments to affiliates | | | | |
| | preciation, depletion, and amortization | | | | |
| | urance | 3,037 | | | |
| Oth mis | ner expenses Itemize expenses not covered above (List scellaneous expenses in line 24e If line 24e amount seeds 10% of line 25, column (A) amount, list line 24e | 3,657 | | | |
| | penses on Schedule O) OCATOR FEE | 50,000 | | | |
| | | | | | |
| | ONATIONS | 15,325 | | | |
| c d | | | | | |
| e A | II other expenses | 13,742 | | | |
| | tal functional expenses. Add lines 1 through 24e | 700,785 | | | |
| Joi rep | nt costs. Complete this line only if the organization orted in column (B) joint costs from a combined icational campaign and fundraising solicitation | | | | |
| | eck here If following SOP 98-2 (ASC 958-720) | | | | |

Form 990 (2019)

Assets 30

31

32

33

Page **11**

| check if Schedule o contains a response of note to any line in this Part ix | | | |
|---|---------------------------------|---|---------------------------|
| | (A) Beginning of year | | (B) End of year |
| Cash-non-interest-bearing | · | 1 | |

| 2 Savings and temporary cash investments | 979,127 | 2 | 1,076,603 |
|---|---------|---|-----------|
| 3 Pledges and grants receivable, net | | 3 | |
| 4 Accounts receivable, net | 27,195 | 4 | 8,108 |
| 5 Loans and other payables to any current or former officer, director, trustee, | | _ | |

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 6

Notes and loans receivable, net Assets 8 Inventories for sale or use Prepaid expenses and deferred charges . . . 0 9

3,000 10a Land, buildings, and equipment cost or other 10a basis Complete Part VI of Schedule D 10b 10c b Less accumulated depreciation 11 Investments—publicly traded securities . 11

100.000 12 Investments—other securities See Part IV, line 11 . 12 100.000 13 13 Investments-program-related See Part IV, line 11 . 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 . . .

1,106,322 16 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . 17 Accounts payable and accrued expenses . 158,752 17 18 18 Grants payable . 19 19 Deferred revenue

20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D

1,187,711 201,732 Liabilities 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23

24 24 Unsecured notes and loans payable to unrelated third parties . 25 25 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 158.752 201.732 26 **Total liabilities.** Add lines 17 through 25 . . 26

Organizations that follow FASB ASC 958, check here ▶ complete lines 27, 28, 32, and 33.

27 Net assets without donor restrictions 947,570 27 985,979 28 28 Net assets with donor restrictions .

Fund Balances

Organizations that do not follow FASB ASC 958, check here ▶ complete lines 29 through 33. ō 29 29

30

31

32

33

985,979

1,187,711

Form 990 (2019)

947,570

1,106,322

Capital stock or trust principal, or current funds

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building or equipment fund . . .

| Form | 990 (2019) | | | | Page 12 |
|------|---|---------|----|-----|----------------|
| Pa | Reconcilliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | <u></u> | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | 739,194 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 700,785 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | | 38,409 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | | 947,570 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 0 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | | | 985,979 |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| | Accounting method used to prepare the Form 990 | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | No |
| | If `Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both | on a | | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Yes | |
| | If `Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both | basıs, | | | |
| | ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | | |
| С | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 2c | Yes | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sche | dule O | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Audit Act and OMB Circular A-133? | ngle | 3a | | No |
| Ь | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | red | 3b | | |

Form **990** (2019)

Additional Data

Software ID:

Software Version: EIN: 75-6046595

Name: AMERICAN ASSOCIATION OF CREDIT UNION LEAGUES

Form 990 (2019)

orm 990 (2019)

Form 990, Part III, Line 4a:

FEE SUPPORTED SERVICES - PROVIDE SERVICES AS AN INFORMATION, EDUCATION AND TRAINING FORUM FOR MANAGEMENT STAFF OF LEAGUE SERVICE CORPORATIONS AND THEIR RELATED ORGANIZATIONS

Form 990, Part III, Line 4b: DUES SUPPORTED SERVICES - ASSISTING WITH THE DEVELOPMENT, EDUCATION AND TRAINING OF STAFF WORKING IN THE DUES SUPPORTED AREA OF LEAGUES

SCHEDULE C

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

Political Campaign and Lobbying Activities

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

DLN: 93493132024730

OMB No 1545-0047

Open to Public

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

EZ)

(Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Go to www.irs.gov/Form990 for instructions and the latest information.

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

Inspection

| f the • S • S f the | Section 501(c)(3) organizations that Section 501(c)(3) organizations that | n Form 990, Part IV, Line 4, or Form 9 t have filed Form 5768 (election under s t have NOT filed Form 5768 (election un n Form 990, Part IV, Line 5 (Proxy Tax | ection 501(h)) Co ider section 501(h | omplete Par ı)) Complet | t II-A Do not e Part II-B D | com o no | plete Part II-l t complete Pa | art II-A |
|------------------------------|---|---|--|----------------------------------|---|-------------|--|--|
| Nar | Section 501(c)(4), (5), or (6) organize the organization FRICAN ASSOCIATION OF CREDIT UNION | · | | | Employer id | entii | fication nun | nber |
| | GUES | 1 | | - | 75-6046595 | | | |
| Par | t I-A Complete if the organ | nization is exempt under sectio | n 501(c) or is | a section | 527 orga | niza | tion. | |
| 1 | Provide a description of the organ "political campaign activities") | nization's direct and indirect political can | npaign activities ir | n Part IV (se | ee instruction | s for | definition of | |
| 2 | Political campaign activity expend | litures (see instructions) | | | > | \$. | | |
| 3 | Volunteer hours for political camp | · · · · · · · · · · · · · · · · · · · | | | | | | |
| | | nization is exempt under sectio | | | | | | |
| 1 | · · · · · · · · · · · · · · · · · · · | ax incurred by the organization under se | | | > | \$. | | |
| 2 3 | | ax incurred by organization managers ui tion 4955 tax, did it file Form 4720 for t | | | • | \$. | | |
| э 4а | Was a correction made? | tion 4555 tax, did it life Form 4720 for t | ins year? | | | | ☐ Yes ☐ Yes | ⊔ No □ No |
| b | If "Yes," describe in Part IV | | | | | | □ les | NO |
| | | nization is exempt under sectio | n 501(c), exce | ept sectio | n 501(c)(| 3). | | |
| 1 | Enter the amount directly expend | ed by the filing organization for section | 527 exempt funct | tion activitie | es 🕨 | \$. | | |
| 2 | Enter the amount of the filing org function activities | anızatıon's funds contributed to other o | rganızatıons for se | ection 527 e | exempt | \$. | | |
| 3 | Total exempt function expenditure | es Add lines 1 and 2 Enter here and or | Form 1120-POL, | lıne 17b | > | ¢ | | |
| 4 | Did the filing organization file For | m 1120-POL for this year? | | | | Ψ. | ☐ Yes | □ No |
| 5 | organization made payments For of political contributions received | employer identification number (EIN) of each organization listed, enter the amo that were promptly and directly delivere ee (PAC) If additional space is needed, | ount paid from the ed to a separate p | e filing organ political orga | nization's fun inization, suc | ds A | lso enter the | |
| | (a) Name | (b) Address | (c) EIN | filing or | unt paid from ganization's f none, enter -0- | | (e) Amount contributions and promp directly delives separate programments or an enter- | received only and vered to a political only. |
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 1 | | | | | | | | |
| 5 | | | | | | | | |
| 5 | | | | | | | | |
| or P | aperwork Reduction Act Notice, see t | the instructions for Form 990 or 990-EZ. | Cat | No 50084S | Schedule | C (Fo | rm 990 or 990 |)-EZ) 2019 |

activity

1

(b)

Amount

(a)

Yes | No

| а | Volunteers? | | | | | |
|-----|--|--------|--------|-----|--------------|------|
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | 1 | | |
| С | Media advertisements? | | | 1 | | |
| d | Mailings to members, legislators, or the public? | | | | | |
| е | Publications, or published or broadcast statements? | | | | | |
| f | Grants to other organizations for lobbying purposes? | | | | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | | |
| i | Other activities? | | | | | |
| j | Total Add lines 1c through 1i | | | | | |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | 1 | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | | |
| Par | Complete if the organization is exempt under section 501(c)(4), section 501(c)(5)(5)(6). | (5), o | r sect | ion | | |
| | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | | | Yes | No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | ſ | 1 | | No |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | 2 | Yes | |
| 3 | Did the organization agree to carry over lobbying and political expenditures from the prior year? | | | 3 | | No |
| Par | t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." | | | | 01 (c |)(6) |
| 1 | Dues, assessments and similar amounts from members | 1 | | | | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | | | | |
| a | Current year | 2a | | | | |
| b | Carryover from last year | 2b | | | | |
| С | Total | 2c | | | | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | | | | |
| 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? | 4 | | | | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | 5 | | | | |
| Pa | rt IV Supplemental Information | 1 | | | | |
| | | | | | | |

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

Explanation

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference

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

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

SCHEDULE D

(Form 990)

Department of the Treasury

Internal Revenue Service

DLN: 93493132024730

Schedule D (Form 990) 2019

Cat No 52283D

OMB No 1545-0047

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Supplemental Financial Statements ▶ Complete if the organization answered "Yes," on Form 990,

2019

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

| | me of the organization ERICAN ASSOCIATION OF CREDIT UNION | | Employer identification number |
|----------|--|---|--|
| | AGUES | | 75-6046595 |
| Pa | Organizations Maintaining Donor Advi Complete of the organization answered "Ye | | r Accounts. |
| | complete if the organization answered Te | (a) Donor advised funds | (b) Funds and other accounts |
| | Total number at end of year | ` , | |
| <u>,</u> | Aggregate value of contributions to (during year) | | |
| 1 | Aggregate value of grants from (during year) | | |
| ı | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex | | vised funds are the |
| , | Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit? | | be used only for |
| Pa | rt II Conservation Easements. | | ☐ Tes ☐ No |
| | Complete if the organization answered "Ye | s" on Form 990, Part IV, line 7. | |
| - | Purpose(s) of conservation easements held by the orga | nization (check all that apply) | |
| | \square Preservation of land for public use (e g , recreation | n or education) | historically important land area |
| | Protection of natural habitat | ☐ Preservation of a c | ertified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a easement on the last day of the tax year | qualified conservation contribution in the fori | m of a conservation Held at the End of the Year |
| а | Total number of conservation easements | 1 | 2a |
| b | Total acreage restricted by conservation easements | - | 2b |
| c | Number of conservation easements on a certified histori | c structure included in (a) | 2c |
| d | Number of conservation easements included in (c) acqu | ` ' | 2d |
| u | structure listed in the National Register | Later 7723700, and not on a mistoric | Zu |
| 3 | Number of conservation easements modified, transferre tax year ▶ | d, released, extinguished, or terminated by t | the organization during the |
| ļ | Number of states where property subject to conservation | n easement is located > | |
| ; | Does the organization have a written policy regarding the and enforcement of the conservation easements it hold: | | of violations, |
| j | Staff and volunteer hours devoted to monitoring, inspec | iting, handling of violations, and enforcing co | |
| , | Amount of expenses incurred in monitoring, inspecting, \$ \\$ | handling of violations, and enforcing conserv | vation easements during the year |
| 3 | Does each conservation easement reported on line 2(d) and section $170(h)(4)(B)(ii)$? | above satisfy the requirements of section 17 | |
|) | In Part XIII, describe how the organization reports cons | | |
| | balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen | ts | |
| वा | Organizations Maintaining Collections Complete if the organization answered "Ye | s" on Form 990, Part IV, line 8. | |
| .a | If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar | public exhibition, education, or research in fu | |
| b | If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub 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, historic following amounts required to be reported under SFAS | | |
| а | Revenue included on Form 990, Part VIII, line 1 | | > \$ |
| b | Assets included in Form 990, Part X | | ▶ \$ |

| Par | t III | Organizations Maintaining Co | lections of A | rt, Histori | cal T | reasures, o | r Other S | Similar As | sets (conti | nued) | |
|------------|---|--|--------------------------------|---------------|---------------------|----------------|---------------|----------------|--------------------|-----------|--------|
| 3 | | g the organization's acquisition, accessions (check all that apply) | n, and other rec | ords, check | any of | the following | that are a s | significant u | se of its coll | ection | |
| а | | Public exhibition | | d | | Loan or exch | nange progr | ams | | | |
| b | | Scholarly research | | е | | Other | | | | | |
| С | | Preservation for future generations | | | | | | | | | |
| 4 | Prov Part | ride a description of the organization's co XIII | llections and exp | olain how the | ey furtl | her the organi | ızatıon's exe | empt purpos | se in | | |
| 5 | | ng the year, did the organization solicit o ts to be sold to raise funds rather than to | | | | | | lar | ☐ Yes | □ No | o |
| Pa | 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 | | ne organization an agent, trustee, custodi ided on Form 990, Part X? | an or other inter | rmediary for | contri | butions or oth | ner assets n | ot | Yes | | D |
| ь | If "Y | es," explain the arrangement in Part XII: | and complete t | he following | table | | | Ar | nount | | - |
| c | | nning balance | · | - | | | 1c | | | | - |
| d | Addı | tions during the year | | | | | 1d | | | | _ |
| е | Dıstı | ributions during the year | | | | | 1e | | | | _ |
| f | Endı | ng balance | | | | | 1f | | | | _ |
| 2 a | Did t | the organization include an amount on Fo | orm 990, Part X, | line 21, for | escrov | v or custodial | account lial | oility? | ☐ Yes | | D |
| b | If "Y | es," explain the arrangement in Part XIII | Check here if t | he explanat: | on has | s been provide | ed in Part X | III | | | |
| Pa | rt V | Endowment Funds. | | | | | | | | | |
| | | Complete if the organization answ | vered "Yes" on (a) Current yea | | , Part Prior yea | | | (d) Three yea | rs back (a) i | our year | |
| 1a | Beain | ning of year balance | (a) Current yea | ai (b) F | TIOI yea | ii (C) IWO | years back | (u) Tillee yea | IS DACK (E) | our year | 5 Dack |
| | - | ibutions | | | | | | | | | |
| С | Net in | ivestment earnings, gains, and losses | | | | | | | | | |
| | | s or scholarships | | | | | | | | | |
| e | | expenditures for facilities rograms | | | | | | | | | |
| f | Admır | nistrative expenses | | | | | | | | | |
| g | End o | f year balance | | | | | | | | | |
| 2 | Prov | ride the estimated percentage of the curr | ent year end bal | ance (line 1 | g, colu | mn (a)) held | as | | | | |
| а | Boar | rd designated or quasi-endowment 🕨 | | | | | | | | | |
| b | Pern | nanent endowment ► | | | | | | | | | |
| С | Tem | porarily restricted endowment ► | | | | | | | | | |
| | The | percentages on lines 2a, 2b, and 2c shou | ıld equal 100% | | | | | | | | |
| 3а | | there endowment funds not in the posses inization by | ssion of the orga | nızatıon tha | t are h | eld and admir | nistered for | the | | Yes | No |
| | (i) u | unrelated organizations | | | | | | | 3a(i) | | |
| | • • | related organizations | | | | | | | 3a(ii) | | |
| | | es" on 3a(II), are the related organization | • | | | <i>?</i> | | | 3b | | |
| 4 | | cribe in Part XIII the intended uses of the | | eriaowment i | unas | | | | | | |
| Pal | rt VI | Land, Buildings, and Equipme Complete if the organization answ | | Form 990 | , Part | IV, line 11a | a. See Fori | n 990. Par | t X, line 1 | ٥. | |
| | Desci | ription of property (a) Cost or ot (investme | her basis (b) | Cost or other | | | cumulated de | | · · | ook value | , |
| 1a | Land | | | | | | | | | | |
| | | ngs | | | | | | | | | |
| | | hold improvements | | | | | | | | | |
| | | ment | | | | | | | | | |

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

| Part VII | Complete if the organization answered "Yes" on Fo | orm 990, Part IV, lı | ne 11t | .See Form 990, F | Part X, line | 12. |
|------------------------|--|-----------------------|----------|---------------------|---------------|----------------------------|
| | (a) Description of security or category (including name of security) | (b) Book value | | | d of valuatio | n |
| (1) Financia | l derivatives | | | | | |
| (3) Other _ | held equity interests | | | | | |
| (A) CREDIT (B) | UNION HOUSE, LLC | 100,000 | | | С | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| (F) | | | | | | |
| (G) | | | | | | |
| (H) | | | | | | |
| | n (b) must equal Form 990, Part X, col (B) line 12) | 100,000 | | | | |
| Part VIII | Investments—Program Related. | · | | | | |
| | Complete if the organization answered 'Yes' on Fo (a) Description of investment | orm 990, Part IV, li | ne 11c | (b) Book value | | e 13. nod of valuation |
| | , | | | | Cost or en | nd-of-year market value |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |
| (7) | | | | | | |
| (8) | | | | | | |
| (9) | | | | | | |
| Total. (Colum | n (b) must equal Form 990, Part X, col (B) line 13) | | • | | | |
| Part IX | Other Assets. Complete if the organization answered 'Yes' on Fo | rm 990, Part IV, lır | ne 11d | . See Form 990, Par | rt X, line 15 | |
| (4) | (a) Description | | | · | | b) Book value |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |
| (7) | | | | | | |
| (8) | | | | | | |
| (9) | | | | | | |
| Total. (Colu Part X | mn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. | | <u> </u> | | • | |
| | Complete if the organization answered 'Yes' on Fo (a) Descriptio | | ne 11e | or 11f.See Form | 990, Part > | X, line 25. (b) Book value |
| 1. (1) Federal | income taxes | IT OF Hability | | | | (b) book value |
| (2) | | | | | | _ |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |
| (7) | | | | | | |
| (8) | | | | | | |
| (9) | | | | | | |
| | n (b) must equal Form 990, Part X, col (B) line 25) | | | | | |
| 2. Liability fo | or uncertain tax positions In Part XIII, provide the text of | | | | ments that r | _ |
| organization | 's liability for uncertain tax positions under FIN 48 (ASC 74 | 10) Check here if the | text of | the footnote has be | en provided | l ın Part XIII 🛮 🗹 |

Investment expenses not included on Form 990, Part VIII, line 7b . . 4a 4b b

Add lines **4a** and **4b** 4c

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 700.785 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 See Additional Data Table

Schedule D (Form 990) 2019

| Page 5 | | Schedule D (Form 990) 2019 | | | |
|---------------|----------------------|-----------------------------|--|--|--|
| | ormation (continued) | Part XIII Supplemental Info | | | |
| | Explanation | Return Reference | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | <u> </u> | | | | |

Schedule D (Form 990) 2019

Additional Data

Software ID: Software Version:

EIN: 75-6046595

Name: AMERICAN ASSOCIATION OF CREDIT UNION

LEAGUES

Supplemental Information

Return Reference

Explanation

PART X, LINE 2

AACUL QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(6) OF THE INTERNAL REVEN
UE CODE MANAGEMENT HAS CONCLUDED THAT AACUL HAS PROPERLY MAINTAINED THEIR EXEMPT STATUS,
ALL REVENUE WITHIN THE STATEMENT OF ACTIVITIES HAS BEEN PROPERLY IDENTIFIED AS EXEMPT FOR
THE YEARS ENDED DECEMBER 31, 2019 AND 2018, AND THERE ARE NO UNCERTAIN TAX POSITIONS AS OF
DECEMBER 31, 2019

| efile GRAPHIC print - DO | NOT PROCESS | As Filed Data - | | | | | DLN | N: 93493132024730 | |
|--|--|--|--|--|---|--------------------------|----------------|---------------------------------------|--|
| Note: To capture the full o | ontent of this d | ocument, please sel | ect landscape mode | e (11" x 8.5") whe | en printing. | | | | |
| Schedule I | | Cranto and O | thar Assistance | o to Organia | otiono | | 0 | MB No 1545-0047 | |
| (Form 990) | | | ther Assistance | | • | | 2010 | | |
| | Governments and Individuals in the United States | | | | | | | | |
| | Co | mplete if the organiza | tion answered "Yes," o | | , line 21 or 22. | | | Open to Public | |
| Department of the | | ► Co to www | ► Attach to Form v.irs.gov/Form990 for | | | | | Inspection | |
| Treasury Internal Revenue Service | | Go to www | v.irs.gov/Form990 | the latest information | on. | | | | |
| Name of the organization | | | | | | Emplo | yer identifica | ation number | |
| AMERICAN ASSOCIATION OF CR LEAGUES | EDIT UNION | | | | | 75-60 | 146595 | | |
| | nation on Grants | and Assistance | | | | | | | |
| | | | | | | | | | |
| Does the organization mail the selection criteria used | | | | | | e, and | | | |
| | _ | | | | | | | ☑ Yes 🗌 No | |
| 2 Describe in Part IV the org | , , | | | | | | | | |
| | | i estic Organizations ar can be duplicated if addi | | nts. Complete if the or | rganization answered "Yes' | on Form 990, | Part IV, line | 21, for any recipient | |
| (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) Descri noncash as | | (h) Purpose of grant or assistance | |
| (1) NATIONAL CREDIT UNION FOUNDATION 5710 MINERAL POINT ROAD MADISON, WI 53705 | 39-1383650 | 501(C)(3) | 7,500 | | | | | GENERAL SUPPORT | |
| 2 Enter total number of sect | ion 501(c)(3) and go | overnment organizations | listed in the line 1 table . | | | | • | 1 | |
| 3 Enter total number of other | er organizations liste | d in the line 1 table | | | | | . • | 0 | |
| For Paperwork Reduction Act Note | | | | Cat No 50055 | | | | edule I (Form 990) 2019 | |

| Schedule I (Form 990) 2019 | | | | | Page 2 |
|--|---------------------------------|----------------------------|-------------------------------------|---|---------------------------------------|
| Part III Grants and Other Assistance Part III can be duplicated if add | | ls. Complete if the organi | zation answered "Yes" on For | m 990, Part IV, line 22 | <u>-</u> |
| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount o | of (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| Part IV Supplemental Inform | ation. Provide the info | rmation required in Pa | rt I, line 2; Part III, colur | nn (b); and any other addition | al information. |
| | | | | | |

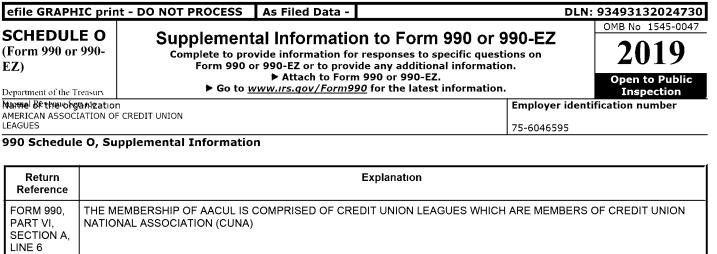
Schedule I (Form 990) 2019

| efil | e GRAPHIC pr | rint - DO NOT PROCESS | As Filed Data | a - | DLN: 93 | 49313 | 32024 | 730 | |
|--------------------------|--|---|--|---|-------------------------|----------|--------|----------|--|
| Schedule J (Form 990) | | Coi | mpensati | ion Information | OI | MB No | 1545-0 | 3047 | |
| | | For certain Officers, Directors, Trustees, Key Employees, and Highest | | | | | | | |
| | | Complete if the orga | Compensa nization answ | ited Employees vered "Yes" on Form 990, Part IV | . line 23. | 2019 | | | |
| | a | | ▶ Attach | to Form 990. instructions and the latest infor | | Open | | | |
| • | tment of the Treasury al Revenue Service | Go to <u>www.irs.gov</u> | <u>/ </u> | instructions and the latest infor | nation. | | ectio | | |
| | ne of the organiza | ation ON OF CREDIT UNION | | | Employer identifica | tion nu | ımber | | |
| | GUES | IN OF CREDIT UNION | | | 75-6046595 | | | | |
| Pa | rt I Questi | ons Regarding Compensati | on | | | | | | |
| | | | | | | | Yes | No | |
| 1a | | | | the following to or for a person liste y relevant information regarding the | | | | | |
| | | s or charter travel | | Housing allowance or residence for | • | | | | |
| | | companions | 님 | Payments for business use of perso | | | | İ | |
| | | nification and gross-up payments | 님 | Health or social club dues or initiati | | | | İ | |
| | ☐ Discretion | nary spending account | Ш | Personal services (e g , maid, chau | rreur, cner) | | | | |
| b | | | | follow a written policy regarding pay ve ⁷ If "No," complete Part III to expl | | 1b | | | |
| 2 | | | | or allowing expenses incurred by all r, regarding the items checked on Lii | 1-3 | 2 | | | |
| | directors, truste | es, officers, including the CEO/Ex | ecutive Director | r, regarding the items checked on Lii | ne la? | | | | |
| 3 | | | | ed to establish the compensation of t | he | | | | |
| | | EO/Executive Director Check all ted organization to establish compe | | CEO/Executive Director, but explain | ın Part III | | | | |
| | Compans: | ation committee | П | Written employment contract | | | | i | |
| | | ent compensation consultant | ☑ | Compensation survey or study | | | | İ | |
| | | of other organizations | | Approval by the board or compensa | ation committee | | | İ | |
| 4 | During the year related organiza | | 90, Part VII, Se | ction A, line 1a, with respect to the f | iling organization or a | | | | |
| _ | _ | | al naumant? | | | 40 | | No | |
| a b | | ance payment or change-of-contro r receive payment from, a suppler | | ified retirement plan? | | 4a 4b | | No No | |
| c | • | | • | · · | | 4c | | No | |
| | 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 | | | | | | | | |
| | | , | | | | | | | |
| 5 | |), 501(c)(4), and 501(c)(29) o | _ | must complete lines 5-9. the organization pay or accrue any | | | | İ | |
| 5 | | ontingent on the revenues of | | the organization pay or accrue any | | | | | |
| а | The organization | n? | | | | 5a | | | |
| b | Any related orga | anization? | | | | 5b | | | |
| | If "Yes," on line | 5a or 5b, describe in Part III | | | | | | | |
| 6 | | ed on Form 990, Part VII, Section ontingent on the net earnings of | A, line 1a, did t | the organization pay or accrue any | | | | | |
| а | The organization | n? | | | | 6a | | | |
| b | Any related orga | | | | | 6b | | <u> </u> | |
| | • | 6a or 6b, describe in Part III | | | | | | İ | |
| 7 | | ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Yes,' | | the organization provide any nonfixe rt III | d | 7 | | | |
| 8 | | | | red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," d | escribe | 8 | | | |
| 9 | If "Yes" on line 5 53 4958-6(c)? | 8, did the organization also follow | the rebuttable | presumption procedure described in | Regulations section | 9 | | | |
| For F | Panerwork Redu | iction Act Notice, see the Instr | uctions for Fo | orm 990 Cat No | 50053T Schedule J | (Form | 990) | 2019 | |

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

| instructions, on row (ii) | Do no | ot list any individuals that | t are not listed on Form 9 | 90. Part VII | organization on row (i) ar Part VII, Section A, line | | | at Individual | |
|---|-------------|------------------------------|---|--------------|---|----------------------------------|--|---|--|
| (A) Name and Title | | | of W-2 and/or 1099-MIS (ii) Bonus & incentive compensation | | | (D) Nontaxable benefits | (E) Total of columns (B)(I)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 | |
| 1 BRAD MILLER EXEC DIRECTOR (EX- OFFICIO) | (i) (ii) | | 10,000 | 0 0 | 9,521 | 12,915 | 179,056 0 | 0 | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | 1 (5 000) 2010 | |

| Schedule J (Form 990) 2019 | Page 3 | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| Part III Supplemental Inform | Part III Supplemental Information | | | | | | | | |
| Provide the information, explanation, or | rovide 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 | | | | | | | | |
| · | BRAD MILLER IS AN EMPLOYEE OF CREDIT UNION NATIONAL ASSOCIATION DURING 2019, HE WAS COMPENSATED A TOTAL OF \$313,241, INCLUDING \$19,041 DEFERRED COMPENSATION AND \$25,829 OF NONTAXABLE BENEFITS AND OTHER BENEFITS FOR SERVICES RENDERED TO CREDIT UNION NATIONAL ASSOCIATION (CUNA) AND THE AMERICAN ASSOCIATION OF CREDIT UNION LEAGUES (AACUL) | | | | | | | | |
| | Schedule 1 (Form 990) 2019 | | | | | | | | |



Return Explanation

FORM 990, EACH MEMBER OF AACUL IS ENTITLED TO ONE VOTE AT ANY ANNUAL OR SPECIAL MEMBERSHIP MEETING PART VI, SECTION A, LINE 7A

990 Schedule O, Supplemental Information

Return Explanation
Reference

FORM 990, PART VI, SECTION A, LINE 7B

ALL BUSINESS OF AACUL WITH THE EXCEPTION OF EXPULSION OF MEMBERSHIP, REMOVAL OF OFFICERS, AMENDMENTS OF BYLAWS, OR DISSOLUTION OF THE ASSOCIATION SHALL BE DECIDED BY MAJORITY VOTE OF AT LEAST A QUORUM OF MEMBERS

LINE 7B

Return Explanation

LINE 11B

FORM 990, PART VI, ALL MEMBERS OF THE GOVERNING BODY PRIOR TO FILING A COPY IS ALSO PROVIDED TO SECTION B.

Return Explanation
Reference

| | FORM 990, | THE CEO OF CUNA, WITH INPUT FROM THE AACUL EXECUTIVE COMMITTEE, DETERMINES THE COMPENSATIO |
|---|------------|--|
| | PART VI, | N OF THE AACUL EXECUTIVE DIRECTOR ANNUALLY KEY EMPLOYEES ARE COMPENSATED CONSISTENTLY WIT |
| | SECTION B, | H ALL EMPLOYEES HR CONDUCTS COMPARABLE COMPENSATION REVIEWS TO DETERMINE COMPENSATION TAB |
| l | LINE 15A | LES FOR ALL EMPLOYEES |

Return Explanation Reference

| FORM 990, | AACUL COPIES AND MAILS NON-PRIVILEGED OR CONFIDENTIAL CORPORATE DOCUMENTS TO MEMBERS OF THE |
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| PART VI, | PUBLIC UPON REQUEST |
| SECTION C. | |

LINE 19