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Form

990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
IH MISSISSIPPI VALLEY CREDIT UNION

Doing Business As

Number and street (or P O box if mail is not delivered to street address)
2121 47TH STREET PO BOX 1010

Room/suite

City or town, state or country, and ZIP + 4
MOLINE, IL 61265

D Employer identification number
36-2523206

E Telephone number
(309) 793-6200

G Gross receipts \$ 90,797,050

F Name and address of principal officer
BRIAN LAUFENBERG
2121 47TH STREET PO BOX 1010
MOLINE,IL 61265

H(a) Is this a group return for affiliates?
☐ Yes ☒ No

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

H(c) Group exemption number ▶ 3149

I Tax-exempt status ☒ 501(c) (14) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ IHMVCU.ORG

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1934

M State of legal domicile IL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
PROVIDE CONSUMER, MORTGAGE, AND BUSINESS LOANS AND DEPOSIT SERVICES TO OVER 98,000 MEMBERS

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) 3

4 Number of independent voting members of the governing body (Part VI, line 1b) 4

5 Total number of employees (Part V, line 2a) 5 29

6 Total number of volunteers (estimate if necessary) 6 1

7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 193,80

7b Net unrelated business taxable income from Form 990-T, line 34 7b

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g) 31,214,545 41,061,952

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 7,908,429 7,362,348

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 9,570,803 3,792,729

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 48,693,777 52,217,029

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 101,180 90,339

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) 11,454,148 12,882,327

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶⁰

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) 37,135,556 29,715,570

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 48,690,884 42,688,236

19 Revenue less expenses Subtract line 18 from line 12 2,893 9,528,793

Net Assets or Fund Balances

20 Total assets (Part X, line 16) Beginning of Current Year End of Year 673,553,213 774,067,803

21 Total liabilities (Part X, line 26) 618,512,307 708,910,728

22 Net assets or fund balances Subtract line 21 from line 20 55,040,906 65,157,075

Part II Signature Block

Sign Here

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

Signature of officer BRIAN LAUFENBERG EVP/CFO Date 2010-10-26

Paid Preparer's Use Only

Preparer's signature Date Check if self-employed Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 CLIFTON GUNDERSON LLP EIN Phone no (309) 671-4500

1 Briefly describe the organization's mission

PROVIDE CONSUMER, MORTGAGE, AND BUSINESS LOANS AND DEPOSIT SERVICES TO OVER 98,000 MEMBERS

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$
	PROVIDE CONSIDERABLE LOANS TO MEMBERS		TOTAL CONSUMER AND BUSINESS LOANS PROVIDED WERE 46,961	TOTAL MORTGAGE LOANS PROVIDED WERE 3,969

4b	(Code) (Expenses \$	including grants of \$) (Revenue \$
	PROVIDED 176,613 DEPOSITORY ACCOUNTS TO APPROXIMATELY 98,947 MEMBERS			

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses \$

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	No
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	Yes
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	No
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
	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.		
	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.		
	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.		
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	No

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	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) and 501(c)(4) organizations. 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>	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? <i>If "Yes," complete Schedule L, Part I</i>	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	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>	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	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35		No
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	27,395	
	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 (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	295	
	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 this return (see instructions)	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
	b	If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	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
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	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?	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 Organizations that may receive deductible contributions under section 170(c).				
a	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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.				
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter				
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

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.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a	9	
b	Enter the number of voting members that are independent	1b	9	
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 organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	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? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		No
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13		No
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶IL
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 make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ BRIAN LAUFENBERG 2121 47TH STREET MOLINE, IL 61265 (309) 793-6200

1b	Total	1,344,992	0	16,442
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 8

		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>		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>	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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		
	(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 in compensation from the organization 0		

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f						
Program Service Revenue			Business Code					
	2a	INTEREST ON LOANS	522,100	28,404,925	28,404,925			
	b	FEE INCOME	522,100	12,435,953	12,435,953			
	c	INSURANCE	524,298	111,403		111,403		
	d	ATM SURCHARGE FEES	522,100	109,671		109,671		
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		41,061,952				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		6,671,767			6,671,767	
	4	Income from investment of tax-exempt bond proceeds . . .						
	5	Royalties						
	6a	(i) Real		(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	(i) Securities		(ii) Other				
		38,314,011		956,591				
		37,980,301		599,720				
		333,710		356,871				
	d	Net gain or (loss)		690,581	356,871		333,710	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a				
		Less direct expenses		b				
	c	Net income or (loss) from fundraising events . . .						
	9a	Gross income from gaming activities See Part IV, line 19		a				
Less direct expenses		b						
c	Net income or (loss) from gaming activities . . .							
10a	Gross sales of inventory, less returns and allowances		a					
	Less cost of goods sold		b					
c	Net income or (loss) from sales of inventory . . .							
Miscellaneous Revenue		Business Code						
11a	REVERSAL OF PY NCUSIF		522,100	3,820,000	3,820,000			
b	K-1 CNBS, LLC		541,900	-27,271		-27,271		
c								
d	All other revenue							
e	Total. Add lines 11a-11d			3,792,729				
12	Total revenue. See Instructions			52,217,029	45,017,749	193,803	7,005,477	

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	90,339			
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,361,434			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	8,711,279			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	2,809,614			
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying	10,840			
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	1,019,365			
12	Advertising and promotion	785,387			
13	Office expenses	3,714,642			
14	Information technology				
15	Royalties				
16	Occupancy	1,561,826			
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	27,391			
20	Interest	14,829,206			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,067,622			
23	Insurance				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	VISA CARD EXPENSES	2,687,877			
b	PROGRAM/SERVICES EXPENS	948,475			
c	MISCELLANEOUS EXPENSE	862,458			
d	EDUCATION/TRAINING	475,927			
e	ATM EXPENSES	364,788			
f	All other expenses	359,766			
25	Total functional expenses. Add lines 1 through 24f	42,688,236			
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			6,062,215	1	77,649,321
	2	Savings and temporary cash investments			38,280,786	2	9,345,000
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net			458,020,383	7	506,796,883
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			499,138	9	
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a	28,544,787			
	b	Less accumulated depreciation	10b	8,342,996	17,113,093	10c	20,201,791
	11	Investments—publicly traded securities			137,476,140	11	141,569,679
	12	Investments—other securities. See Part IV, line 11			12,519,938	12	12,438,904
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			3,581,520	15	6,066,225
	16	Total assets. Add lines 1 through 15 (must equal line 34)			673,553,213	16	774,067,803
Liabilities	17	Accounts payable and accrued expenses			6,568,321	17	5,864,888
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			18,000,000	23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			593,943,986	25	703,045,840
	26	Total liabilities. Add lines 17 through 25			618,512,307	26	708,910,728
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets				27	
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			0	30	0
	31	Paid-in or capital surplus, or land, building or equipment fund			0	31	0
	32	Retained earnings, endowment, accumulated income, or other funds			55,040,906	32	65,157,075
	33	Total net assets or fund balances			55,040,906	33	65,157,075
	34	Total liabilities and net assets/fund balances			673,553,213	34	774,067,803

Part XI **Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? . .		No
b Were the organization's financial statements audited by an independent accountant? 	Yes	
c If "Yes," to 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 . . .		No
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
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? 		No
b 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 . .		

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

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

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization IH MISSISSIPPI VALLEY CREDIT UNION	Employer identification number 36-2523206
--	--

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	▶ \$ 10,840
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 funtion activities	▶ \$ 10,840
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$ 10,840
4	Did the filing organization file Form 1120-POL for this year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5	State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made 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) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
CREDIT UNION POLITICAL ACTION COMMITTEE	1807 W DIEHL ROAD PO BOX 3107 NAPERVILLE,IL 605667107		10,840	

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

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															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		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		
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?		<input type="checkbox"/> Yes	<input type="checkbox"/> 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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable 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)).

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

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

Part III-B

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a	Current year		
b	Carryover from last year		
c	Total		
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	

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
Part I-A, Line 1	Organizations Direct and Indirect Political Campaign Activities	CONTRIBUTED FUNDS TO THE CREDIT UNION POLITICAL ACTION COMMITTEE (CUPAC)

SCHEDULE D
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization IH MISSISSIPPI VALLEY CREDIT UNION	Employer identification number 36-2523206
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

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

1	Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Preservation of an historically importantly land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space</div>											
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>2a</td><td></td></tr><tr><td>2b</td><td></td></tr><tr><td>2c</td><td></td></tr><tr><td>2d</td><td></td></tr></table>		Held at the End of the Year	2a		2b		2c		2d	
	Held at the End of the Year											
2a												
2b												
2c												
2d												
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____											
7	Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
9	In Part XIV, 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" to Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items	
a	Revenues included in 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 accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ 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 XIV

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" to 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 XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance				
b	Contributions				
c	Investment earnings or losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ %

b

Permanent endowment ▶ %

c

Term endowment ▶ %

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

4

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

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land			
b	Buildings			
c	Leasehold improvements			
d	Equipment			
e	Other	28,544,787	8,342,996	20,201,791
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				20,201,791

Schedule D (Form 990) 2009

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	152,217,029
2	Total expenses (Form 990, Part IX, column (A), line 25)	242,688,236
3	Excess or (deficit) for the year Subtract line 2 from line 1	39,528,793
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	8587,376
9	Total adjustments (net) Add lines 4 - 8	9587,376
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10,116,169

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	152,292,081
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d47,781	
e	Add lines 2a through 2d	2e47,781
3	Subtract line 2e from line 1	352,244,300
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b-27,271	
c	Add lines 4a and 4b	4c-27,271
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	552,217,029

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	145,259,236
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d2,571,839	
e	Add lines 2a through 2d	2e2,571,839
3	Subtract line 2e from line 1	342,687,397
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b839	
c	Add lines 4a and 4b	4c839
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	542,688,236

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
Part XI, Line 8 - Other Adjustments		STATE REGULATED ADJUSTMENT FOR RESERVE FOR LOAN LOSS -2514570 K-1 PASSTHRU LOSS CNSB, LLC 28110 UNREALIZED GAIN ON SECURITIES HELD FOR SALE 2882311 PRE-MERGER NET INCOMES(LOSSES) FROM MERGED CREDIT UNIONS -9488 EQUITY ACQUIRED IN MERGERS 200469 OTHER ADJUSTMENT 544
Part XII, Line 2d - Other Adjustments		PRE-MERGER INCOME FROM MERGED CREDIT UNIONS 47781
Part XII, Line 4b - Other Adjustments		K-1 PASSTHROUGH CNBC, LLC -27271
Part XIII, Line 2d - Other Adjustments		STATE REGULATORY LOAN PROVISION 2514570 PRE-MERGER EXPENSES FROM MERGED CREDIT UNIONS 57269
Part XIII, Line 4b - Other Adjustments		K-1 PASSTHROUGH CNBC, LLC CONTRIBUTIONS 839

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
IH MISSISSIPPI VALLEY CREDIT UNION

Employer identification number
36-2523206

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?

☐ Yes

☒ No
- 2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations

▶

3

Enter total number of other organizations

▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

[illegible]

Software ID:
Software Version:
EIN: 36-2523206
Name: IH MISSISSIPPI VALLEY CREDIT UNION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
JA800 12th Ave Moline, IL 61265	000000000		1,725				JA Bowl-A-Thon
Children's Therapy Center of the Q C1504 13th Ave Moline, IL 61265	000000000		300				2009 Chuck Long Sports Auction
AMERICAN HEART ASSOCIATION1606 BRADY STREET SUITE 213 DAVenport, IA 52803	000000000		100				GENERAL SUPPORT
Seton School1320 16th Ave Moline, IL 61265	000000000		25				5 Ann Seton Walk-A-Thon
Henry County Sheriff's Office 311 W Center Street Cambridge, IL 61238	000000000		75				Henry County Mounted Search and Rescue Unit
MDA852 Middle Road 402 Bettendorf, IA 52722	000000000		150				MDA Lock-Up
National MS Society525 West Monroe Street Chicago, IL 60661	000000000		25				Walk MS
Komen Q C Race for the Cure 306 West River Drive Davenport, IA 52801	000000000		375				GENERAL SUPPORT
MJL FoundationPO Box 78 Donahue, IA 52746	000000000		25				Walk for Hope
Gilda's Club1234 E River Drive Davenport, IA 52803	000000000		25				GENERAL SUPPORT

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Abingdon Rotary Blue Ribbon Committee102 McClure Street Abingdon,IL 61410	000000000		30				GENERAL SUPPORT
Samaritans Purse2121 47TH STREET MOLINE,IL 61265	000000000		25				Operation Christmas Child
Roseville Fire Department 135 S Chamberlain St Roseville,IL 61473	000000000		25				GENERAL SUPPORT
Skip-A-Long Child Development Services3520 Crow Creek Road Davenport,IA 52807	000000000		25				GENERAL SUPPORT
Christ Lutheran School2121 47TH STREET MOLINE,IL 61265	000000000		25				Pancake Breakfast
OSF Holy Family Medical Center Auxiliary1000 W Harlem Ave Monmouth,IL 61462	000000000		100				Lights of Love
QC Elite Volleyball4995 Foxborough Ct Bettendorf,IA 52722	000000000		25				GENERAL SUPPORT
Toys For Tots2121 47TH STREET MOLINE,IL 61265	000000000		550				GENERAL SUPPORT
Jingle Bill's2121 47TH STREET MOLINE,IL 61265	000000000		25				GENERAL SUPPORT
Bethany for Children and FamiliesPO Box 697 Moline,IL 61266	000000000		25				Red Stocking Appeal

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Prairieland Animal Welfare Center1855 Windish Drive Galesburg,IL 61401	000000000		25				GENERAL SUPPORT
Ronald McDonald House of Iowa City2121 47TH STREET MOLINE,IL 61265	000000000		25				GENERAL SUPPORT
Sabertooth Wrestling Club 2912 262nd St DeWitt,IA 52742	000000000		100				GENERAL SUPPORT
UTHS1275 Ave of the Cities East Moline,IL 61244	000000000		25				Booster Club silent auction
Rockridge HS2121 47TH STREET MOLINE,IL 61265	000000000		50				After Prom
Galesburg HS1135 West Fremont Street Galesburg,IL 61401	000000000		25				After Prom
Calamus-Wheatland HSBox 8 Wheatland,IA 52777	000000000		25				After Prom
Sherrard HS4701-176th Ave Sherrard,IL 61281	000000000		25				After Prom
Northeast HS3690 Highway 136 Goose Lake,IA 52750	000000000		25				After Prom
West HS3505 W Locust Street Davenport,IA 52804	000000000		25				After Prom

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Cambridge HS300 South West Street Cambridge,IL 61238	000000000		25				After Prom
Bettendorf HS3333 18th Street Bettendorf,IA 52722	000000000		25				After Prom
Central HS2116 Scenic Ridge DeWitt,IA 52742	000000000		25				After Prom
Prophetstown Elementary School301 W 3rd Street Prophetstown,IL 61277	000000000		50				Parents for Students Trivia Night
Orion High School1100 13th Street Orion,IL 61273	000000000		25				Orion After Prom
Moline High School3600 Avenue of the Cities Moline,IL 61265	000000000		25				Project Graduation
Davenport NorthCentral2554 East Street Davenport,IA 52807	000000000		25				After Prom
UTHS1275 Ave of the Cities East Moline,IL 61244	000000000		25				Project Graduation
Alleman1103-40th Street Rock Island,IL 61201	000000000		25				Post Prom
Internal Training Services LLC2121 47TH STREET MOLINE,IL 61265	000000000		165				Rock Island High School

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Kiwanis Club3636 Woodview Trace Indianapolis,IN 46268	000000000			78	FMV	GIFT BASKET	GENERAL SUPPORT
QC AREA REALTOR ASSOCIATION1900 STATE STREET Bettendorf,IA 52722	000000000			94	FMV	GIFT BASKET	GENERAL SUPPORT
GRAPE VINE WINE EMPORIUM2117 State Street Bettendorf,IA 52722	000000000			111	FMV	GIFT BASKET	BETT CHAMBER AUCTION
CHAMBER622 19th Street Moline,IL 61265	000000000			304	FMV	IL/Q C CHAMBER GIFT BASKET - WALMART	IL/Q C Chamber Gift Basket
QC IL622 19th Street Moline,IL 61265	000000000			40	FMV	GIFT CERTIFICATE FOR Q C/IL GIFT BASKET	Gift Certificate for Q C/IL gift basket - D'ALESSANDRO PASTA TO GO
DEWITT PARKS520 Westbrook Drive DeWitt,IA 52722	000000000			108	FMV	GIFT BASKETS FROM HYVEE	Gift baskets DeWitt parks and Rec Softball/Baseball Program
Bettendorf Chamber2121 47TH STREET MOLINE,IL 61265	000000000			46	FMV	GIFT BASKET	GENERAL SUPPORT
DEWITT HOLIDAY EXPO 2121 47TH STREET MOLINE,IL 61265	000000000			15	FMV	Stuff for DeWitt Holiday Expo Gift Basket	DeWitt Holiday Expo
DEWITT HOLIDAY EXPO 2121 47TH STREET MOLINE,IL 61265	000000000			9	FMV	Stuff for DeWitt Holiday Expo Gift Basket - DOLLAR GENERAL STORE	Stuff for DeWitt Holiday Expo Gift Basket
MILAN CHAMBER2121 47TH STREET MOLINE,IL 61265	000000000			56	FMV	GIFT BASKET - BARNES AND NOBLE	Gift Basket for Milan Chamber Event

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MILAN CHAMBER2121 47TH STREET MOLINE,IL 61265	000000000			16	FMV	GIFT BASKET - DOLLAR GENERAL STORE	Gift Basket for Milan Chamber Event
IL Credit Union LEAGUE 1807 West Diehl Road PO Box 3107 NAPERville,IL 605667107	000000000		15,000				'09 IMAGE AND AWARENESS CAMPAIGN
LumberKingsPO Box 1295 Clinton,IA 52733	000000000		100				DeWitt Day 2009
American Cancer Society 3727 Blackhawk Rd Rock Island,IL 61201	000000000		500				Silver sponsorship level for Knox County Relay for Life
Rock Island Fire Department PO Box 4832 Rock Island,IL 612044832	000000000		600				Donation Burn Camp Children
GALESBURG RAILROAD MUSEUM211 S SEMINARY ST GALESBURG,IL 61402	000000000		100				DONATION - GENERAL SUPPORT
Silvis Area Youth BaseballPO Box 16 Silvis,IL 61282	000000000		200				Homerun Sponsor
Retired and Senior Volunteer Program2121 47TH STREET MOLINE,IL 61265	000000000		2,000				2009 RSVP Recognition-Sponsor
Galesburg Regional Economic Dev Assoc185 S Kellogg Street/ PO Box 749 Galesburg,IL 61402	000000000		5,000				Annual Contribution 2009
Grand Mound Sportsmen's Club2690 235th Ave Grand Mound,IA 52751	000000000		500				Easter Egg Hunt

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Rock Island Police Benevolent Association Inc 316 16th Street Rock Island, IL 61201	000000000		50				Donations go towards Food Basket Program and other programs
New Kingdom Trailriders 4343 16th Street PMB305 Moline, IL 61265	000000000		100				Banquet at Circa '21
Child Abuse Council 400 16th Street Rock Island, IL 61201	000000000		100				6th Annual Auction and Dance
Quad City Credit Association PO Box 31 Moline, IL 61266	000000000		150				General Meeting Speaker Sponsorship
Susan G Komen for the Cure Quad Cities 1227 East Rusholme St Davenport, IA 52803	000000000		3,080				77 IB figurines
Rock Island County Fair Association PO Box 387 East Moline, IL 61244	000000000		300				trophy and director's chair
Paul Skeffington Memorial Race 1010 6th Ave DeWitt, IA 52742	000000000		500				Gold Sponsorship
Erie Rotary Club 907 6th Street Erie, IL 61250	000000000		500				Donation towards a warning Siren
East Moline Police Benevolent PO Box 217 East Moline, IL 61244	000000000		650				Camp Sponsorship
Hooppole Fun Days 2121 47TH STREET MOLINE, IL 61265	000000000		50				Listing

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Scott County Y3800 Tanglefoot Lane Bettendorf, IA 52722	000000000		1,000				GENERAL SUPPORT
Galesburg Kiwanis Club311 E Simmons St Galesburg, IL 61401	000000000		90				3 Cartons for Peanut Days
Angel Flight CentralCharles B Wheeler Downtown Airport 10 Richards Rd Kansas City, MO 64116	000000000		250				GENERAL SUPPORT
IL Quad City Chapter1807 West Diehl Road PO Box 3107 Naperville, IL 605667107	000000000		100				CUPAC Golf O uting sponsorship
East Moline Main Street Asso2121 47TH STREET MOLINE, IL 61265	000000000		530				Wagon Rides-Santa's Coming Event
Business and Education Partnership2117 State Street Bettendorf, IA 52722	000000000		200				GENERAL SUPPORT
IL Credit Union Foundation PO Box 3107 Naperville, IL 605667107	000000000		2,500				Annual Fund Contribution
American Cancer Society 2121 47TH STREET MOLINE, IL 61265	000000000		100				Relay for Life- Clinton County
ABWA -Golf O uting2121 47TH STREET MOLINE, IL 61265	000000000		1,500				Scholarship Donation
Family Resources Inc2800 Eastern Avenue Davenport, IA 52803	000000000		1,500				Birdie Golf Sponsorship

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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DHCU Community CU	000000000		360				IYLC Candy Sales
IMA Charity Golf Outing8800 NW 62nd Ave Johnston, IA 50131	000000000		300				1 golfer, Hole Sponsor
Winning Wheels2121 47TH STREET MOLINE, IL 61265	000000000		100				10th Annual "Safe wheels" Bike Rodeo and Fun Fair
Knox-Galesburg Symphony Knox College Box K-5 2 East South Street Galesburg, IL 61401	000000000		100				Annual Bus Campaign
DeWitt Police Department606 9th Street DeWitt, IA 52742	000000000		300				National Night Out
TEACHERS APPRECIATION WEEK715 6th Ave DeWitt, IA 52742	000000000			200	FMV	LUNCH - SUBWAY	Teachers Appreciation Week Lunch
Quad City Conservation Alliance2121 47TH STREET MOLINE, IL 61265	000000000		250				Woodworking & Remolding Show
The Wyoming Fair Association2121 47TH STREET MOLINE, IL 61265	000000000		75				Individual Class Sponsor
Komen Q C Race for the Cure 306 West River Drive Davenport, IA 52801	000000000		336				Corp match for Casual Day
Prophetstown Police Department339 Washington St Prophetstown, IL 61277	000000000		50				Fishing Derby

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Post Prom Committee115 W 3rd Street Prophetstown,IL 61277	000000000		250				Firecraker Classic- 3 on 3 basketball tournament
CENTRAL SABERS1308 Maplewood Ct DeWitt,IA 52742	000000000			100	FMV	SHIRTS - THE INKSMITH	Central Sabers Roundball camp shirts
Calamus Fun Days2121 47TH STREET MOLINE,IL 61265	000000000		50				GENERAL SUPPORT
Moline Police Department 1640-6th Ave Moline,IL 61265	000000000		100				B A D Business Aginst Drugs Program
Pink Ribbon Classic2121 47TH STREET MOLINE,IL 61265	000000000		340				Foursome-Kitch sets up
Silvis Fire Department1040 First Avenue Silvis,IL 61282	000000000		55				National Fire Safety Council, Inc
Living Lands and Water 17624 Route 84 North East Moline,IL 61244	000000000		500				GENERAL SUPPORT
City of Galesburg Police Department150 South Broad Street Galesburg,IL 61401	000000000		125				National Child Safty Council
Moline Booster ClubPO Box 246 Moline,IL 61265	000000000		100				09-10 Fall and Winter Sports Program-Silver Donation
Abingdon Community FestivalPO BOX 31 Abingdon,IL 61410	000000000		751				Fair Donation

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Main Street East Moline912 16th Ave East Moline, IL 61244	000000000		50				Fright Night 2009
Knox County Scenic Drive 2163 E Main Street Galesburg, IL 61401	000000000		150				Scarecrow Festival
TIP Clup2121 47TH STREET MOLINE, IL 61265	000000000		110				Golf O uting
QC AREA REALTOR ASSOCIATION1900 STATE STREET Bettendorf, IA 52722	000000000		340				GENERAL SUPPORT
Moline Police Benevolent Assoc Unit 2PO Box 481 Moline, IL 61266	000000000			650	FMV	Bicycle Helmets and Thanksgiving Food Baskets	Bicycle Helmets and Thanksgiving Food Baskets
Mississippi Valley Blues Society2121 47TH STREET MOLINE, IL 61265	000000000		40				Gregg Dickerson Membership for BS
In from the Cold of the Q uad Cities IncPO Box 2285 Davenport, IA 52809	000000000		500				GENERAL SUPPORT
ProForma Albrecht and CoPO Box 3085 Rock Island, IL 61204	000000000			977	FMV	Bags for Keystone Neighborhood Newsletter	Bags for Keystone Neighborhood Newsletter
Tuesday 82121 47TH STREET MOLINE, IL 61265	000000000		25				Bowling Team
Charity Golf O uting2121 47TH STREET MOLINE, IL 61265	000000000		50				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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ICUF2121 47TH STREET MOLINE,IL 61265	000000000		200				GENERAL SUPPORT
Internal Training Services LLC620 Painter Street Media,PA 19063	000000000		1,465				Financial Material for Area Schools
Rock Island Police Benevolent Association Inc PO Box 4895 Rock Island,IL 61204	000000000		50				Food Basket Program
United Way of the Quad Cities3247 East 35th Street Davenport,IA 52807	000000000		6,000				Corporate Pledge
United Way of Warren Co107 North Main St PO Box 85 Monmouth,IL 61462	000000000		1,000				Corporate Pledge
Ptown Lions ClubPO Box 6 Prophetstown,IL 61277	000000000		42				Candy Day
United Way of Whiteside CountyPO Box 806 Sterling,IL 61081	000000000		1,000				Corporate Pledge
United Way of Clinton County 405 South Third Street Ste 200 Clinton,IA 52732	000000000		1,000				Corporate Pledge
United Way of Knox County 311 E Main Street Ste 215 PO Box 807 Galesburg,IL 61402	000000000		1,000				Corporate Pledge
Worldwide Foundation2121 47TH STREET MOLINE,IL 61265	000000000		5,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Natation Stearman Flyin2121 47TH STREET MOLINE,IL 61265	000000000		125				GENERAL SUPPORT
Muddy Water Tattoo Convention2121 47TH STREET MOLINE,IL 61265	000000000		400				GENERAL SUPPORT
Prophetstown Park District 410 W Riverside Dr Prophetstown,IL 61277	000000000		100				Tshirt Sponsor 5K Walk/Run
Bettendorf Chamber2121 47TH STREET MOLINE,IL 61265	000000000		25				Golf O uting Picnic
Abingdon Rotary Blue Ribbon Committee102 S McClure Abingdon,IL 61410	000000000		50				Turkey Trot
Internal Training Services LLC2121 47TH STREET MOLINE,IL 61265	000000000		432				Financial Material for Area Schools
DavenportOne2121 47TH STREET MOLINE,IL 61265	000000000		3,000				GENERAL SUPPORT
City of Davenport2121 47TH STREET MOLINE,IL 61265	000000000		1,000				GENERAL SUPPORT
CMN2121 47TH STREET MOLINE,IL 61265	000000000		350				GENERAL SUPPORT
Boys and Girls Clubs338 6th Street Moline,IL 61265	000000000		20				Heart of It event

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Internal Training Services LLC2121 47TH STREET MOLINE,IL 61265	000000000		125				Rock Island High School
Make-A-Wish Gala3024 104th Street Urbandale,IA 50322	000000000		50				Visa Gift Cards
Rock Island Firefighter2121 47TH STREET MOLINE,IL 61265	000000000		600				GENERAL SUPPORT
MISCELLANEOUS2121 47TH STREET MOLINE,IL 61265	000000000		17,399				GENERAL SUPPORT

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
IH MISSISSIPPI VALLEY CREDIT UNION

Employer identification number
36-2523206

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
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 the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in 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?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	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) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	
b	Any related organization?	5b	
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in 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?	6a	
b	Any related organization?	6b	
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in 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	7	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(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 reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Dennis Hall	(i)	324,411	55,094	0	12,000	1,032	392,537	0
	(ii)	0	0	0	0	0	0	0
Ann Mowry	(i)	132,120	17,824	4,803	0	216	154,963	0
	(ii)	0	0	0	0	0	0	0
Kathleen Trost	(i)	129,475	17,824	6,290	0	1,584	155,173	0
	(ii)	0	0	0	0	0	0	0
Scott Zahnle	(i)	158,456	19,304	3,216	0	552	181,528	0
	(ii)	0	0	0	0	0	0	0
Brian Laufenberg	(i)	137,775	16,325	0	0	360	154,460	0
	(ii)	0	0	0	0	0	0	0

Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 4a	457(F) DEFERRED COMPENSATION PLAN

SCHEDULE O
 (Form 990)

Department of the Treasury
 Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
 IH MISSISSIPPI VALLEY CREDIT UNION

Employer identification number
 36-2523206

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		THERE IS A SINGLE CLASS OF MEMBERS MEMBERS ARE REQUIRED TO MAINTAIN A \$5 SHARE ACCOUNT
Form 990, Part VI, Section A, line 7a		VOTING IS BASED ON A ONE MEMBER, ONE VOTE BASIS PROXIES ARE IN PLACE FOR BOARD TO VOTE SHARES
Form 990, Part VI, Section B, line 11		THE RETURN PREPARER PROVIDED A COPY OF THE FINAL VERSION OF FORM 990 TO THE CHIEF FINANCIAL OFFICER BEFORE IT WAS FILED THE CFO, BRIAN LAUFENBERG, REVIEWED THE FORM 990 BEFORE IT WAS FILED
Form 990, Part VI, Section B, line 12c		THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY BY THE BOARD
Form 990, Part VI, Section B, line 15		COMPENSATION FOR TOP OFFICIALS IS BASED ON A THIRD PARTY SOURCE FOR COMPARABLE MARKET LEVELS OF COMPENSATION
Form 990, Part VI, Section C, line 19		DOCUMENTS ARE PROVIDED UPON REQUEST
FORM 990, PART I, LINE 6	TOTAL NUMBER OF VOLUNTEERS	THERE WERE 9 VOLUNTEER BOARD MEMBERS AND 2 ADDITIONAL VOLUNTEERS ON THE SUPERVISORY COMMITTEE FOR A TOTAL OF 11 VOLUNTEERS

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
IH MISSISSIPPI VALLEY CREDIT UNION

Employer identification number
36-2523206

Part I

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

(a) Name, address, and EIN 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
MEMBERS FIANCIAL LLC 2121 47TH STREET MOLINE, IL 61265 32-0091317	HOLDING COMPANY	IL	16,693	3,450,529	
MEMBERS PROPERTY MANAGEMENT LLC 2121 47TH STREET MOLINE, IL 61265 26-0224070	PROPERTY MANAGEMENT	IL	0	0	MEMBERS FINANCIAL LLC
MEMBERS INSURANCE LLC 2121 47TH STREET MOLINE, IL 61265 32-0091314	INSURANCE	IL	0	0	MEMBERS FINANCIAL LLC
MEMBERS REALTY LLC 2121 47TH STREET MOLINE, IL 61265 27-0556139	REAL ESTATE BROKER	IL	0	0	MEMBERS FINANCIAL LLC

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

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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
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Part V

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

Note. Complete line 1 if any entity is listed in Parts II, III or IV

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 (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

Lease of facilities, equipment, or other assets to other organization(s)

j

Lease of facilities, equipment, or other assets from other organization(s)

k

Performance of services or membership or fundraising solicitations for other organization(s)

l

Performance of services or membership or fundraising solicitations by other organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

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 other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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.

[illegible]

Additional Data

Software ID:

Software Version:

EIN: 36-2523206

Name: IH MISSISSIPPI VALLEY CREDIT UNION

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	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Thomas Chip Irwin BOARD VICE CHAIR	2 00	X						0	0	0
Cathy DeFauw - Lehman BOARD CHAIRMAN	2 00	X						0	0	0
Eli McDermond BOARD SECRETARY	2 00	X						0	0	0
HARRY PARR DIRECTOR	2 00	X						0	0	0
Rick Merryman DIRECTOR	2 00	X						0	0	0
Alvin Feldhahn DIRECTOR	2 00	X						0	0	0
John O'Connell DIRECTOR	2 00	X						0	0	0
Thomas Kale DIRECTOR	2 00	X						0	0	0
Tim Considine DIRECTOR	2 00	X						0	0	0
MEGAN EARLY DIRECTOR	2 00	X						0	0	0
Dennis Hall PRESIDENT / CEO	40 00			X				379,505	0	13,032
Ann Mowry EVP SALES	40 00			X				154,747	0	216
Kathleen Trost VP ADMIN SUPPORT/HR	40 00			X				153,589	0	1,584
Laura Ernzen VP MARKETING	40 00			X				117,884	0	152
Scott Zahnle EVP SERVICE	40 00			X				180,976	0	552
Brian Laufenberg EVP SUPPORT/CFO	40 00			X				154,100	0	360
RICHARD MUCKEY VP BUSINESS SERVICES	40 00			X				102,150	0	389
ANDREW GROTHE VP RETAIL SERVICES	40 00			X				102,041	0	157

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
VISA CARD EXPENSES	2,687,877			
PROGRAM/SERVICES EXPENS	948,475			
MISCELLANEOUS EXPENSE	862,458			
EDUCATION/TRAINING	475,927			
ATM EXPENSES	364,788			