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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Mode clarge Town charge			pplicable Please	C Name of organization Veridian Credit Union	01-01-2009	and ending 12-31-20	09	D Employer	ident	ification number
The company states For Part Association Part	☐ Add	Iress ch	ange use IRS							her
Name	_		type. Se					1		
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Waterlow, N. 507013639 F. Nerne and address of principal efficer 1827 A missbarrough Waterlow, 16, 50701 H(a) It this a group return for saffiliates? Types Flow 1827 A missbarrough Waterlow, 16, 50701 H(b) Are all affiliates included? Types Flow F									· · ·	
F. Name and address of principal officer Jana Training San Training Type The principal officer Jana Training Type The principal officer Jana Training Type The principal officer Type The principal officer Type					ntry, and ZIP +	4				
Jean Trainor 1927 An Sporough Waterfoot (A. 50701) Williams to 1927 (15 No. 1927) Williams to 1927 (15 No. 1927) Website P. www.vendancu.org	J App	olication			1 66			_		
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Take-exempt status Solid 14 4 (reset to) 4947(a)(1) or 527 11 (Po.) attach a list (see instructions) 1				-						
Tanze-exempt status							1			
	I Tax	x-exem	pt status 🔽 501	(c) (14) ◀ (insert no)	1947(a)(1) or	527				
1 Summary	J W	ebsit e	: 🕨 www veridiai	ncu org						
To provide a variety of low or no cost a service, low low name at the services, low low name at the services in central, east central and north east lows 2 Check this box P if 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)				ration Trust Association	Other 🕨		L Year of f	ormation 1934	M S	tate of legal domicile IA
To provide a variety of low or no coat services, low loan rates and higher savings rates to our members, and to fulfill our philoso of people ship patenage with our members to create successful financial futures. Our current field of membersh 35 counties in central, east central and north east Tawa	Pa									
3 Number of voting members of the governing body (Part VI, line 1a) 3 4 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 5 5 5 5 5 5 5	nance	_	To provide a var of "people helpin	riety of low or no cost serving people" by partnering wi	ıces, low loai ıth our memb	n rates and higher sav eers to create success				
3 Number of voting members of the governing body (Part VI, line 1a) 3	ξ									
7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 2,192 7b 66.0, 4 7b 7b 7b 66.0, 4 7b 7b 7b 7b 7b 7b 7b		2	Check this box	If the organization disc	continued its	operations or dispose	d of more than	25% of its n	et as	sets
7a 7a 7a 7a 7a 7a 7a 7a	న ఆ	3								
7a 7a 7a 7a 7a 7a 7a 7a	Ħ Ħ	-		_	_		1b)	•		
7a 7a 7a 7a 7a 7a 7a 7a	ទ្ធ								5 <u> </u>	581
Book Not unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year	•								7a	
8									7b	660,803
9 Program service revenue (Part VIII, line 2g)							Pri	or Year		Current Year
12 Total revenue weard lines 5 through 11 (must equal Part VIII, column (A), lines 1-3) 98,328,218 107,705,11 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 0 15 Salaires, other compensation, employee benefits (Part IX, column (A), lines 5 10) 0 16 Professional fundraising fees (Part IX, column (A), line 11e) 0 17 Other expenses (Part IX, column (D), line 25) 0 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 87,753,330 90,582,8 19 Revenue less expenses Subtract line 18 from line 12 10,574,888 17,122,3 20 Total assets (Part X, line 16) 1,430,923,931 1,689,420,4 1,430,923,931 1,689,420,4 1,230,220,391 1,539,092,70 21 Total limbilities (Part X, line 26) 1,303,220,391 1,539,092,70 22 Net assets or fund balances Subtract line 21 from line 20 127,703,540 150,327,7 Part III Signature Block Under penalties of peguny, 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's adentifying number (see instructions)	a)					•		+	0	
12 Total revenue weard lines 5 through 11 (must equal Part VIII, column (A), lines 1-3) 98,328,218 107,705,11 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 0 15 Salaires, other compensation, employee benefits (Part IX, column (A), lines 5 10) 0 16 Professional fundraising fees (Part IX, column (A), line 11e) 0 17 Other expenses (Part IX, column (D), line 25) 0 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 87,753,330 90,582,8 19 Revenue less expenses Subtract line 18 from line 12 10,574,888 17,122,3 20 Total assets (Part X, line 16) 1,430,923,931 1,689,420,4 1,430,923,931 1,689,420,4 1,230,220,391 1,539,092,70 21 Total limbilities (Part X, line 26) 1,303,220,391 1,539,092,70 22 Net assets or fund balances Subtract line 21 from line 20 127,703,540 150,327,7 Part III Signature Block Under penalties of peguny, 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's adentifying number (see instructions)	en		_					_	82,563,188	
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	歪						•	·		
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0							ne			
14 Benefits paid to or for members (Part IX, column (A), line 4)		12							+	107,705,189
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5- 10 16a Professional fundraising fees (Part IX, column (A), line 11e)									+	0
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)							5-			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	8		•					· · · · · · · · · · · · · · · · · · ·	+-	29,120,673
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<u>₹</u>					e 11e)			0	0
18	五		=		-	11f-24f)		61 757 02		61 462 160
19 Revenue less expenses Subtract line 18 from line 12			-			•				90,582,842
Part II Signature Block Under penalities of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign 2010-04-22			•	·	•				_	17,122,347
Part II Signature Block Under penalities of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign 2010-04-22	20 S						_	_		End of Year
Part II Signature Block Under penalities of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign 2010-04-22	Set San	20	Total assets (P	art X. line 16)					1	1.689.420.447
Part II Signature Block Under penalities of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign 2010-04-22	A AS								_	1,539,092,707
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. 2010-04-22	<u> </u>	22	Net assets or f	und balances Subtract lin	e 21 from lın	e 20		127,703,54	0	150,327,740
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 2010-04-22	Par	t II								
Firm's name (or yours of self-employed), address, and ZIP + 4 Signature of officer Date										
Firm's name (or yours if self-employed), address, and ZIP + 4 Signature of officer Date	Sian	1					2010	1-04-22		
Preparer's signature Preparer's Use Only Preparer's Signature Preparer's Signature Preparer's Signature Date Check if Self-empolyed Firm's name (or yours if self-employed), address, and ZIP + 4 Date Check if Self-empolyed Firm's name (or yours if self-employed), address, and ZIP + 4 Phone no Firm's name (or yours if self-employed), address, and ZIP + 4			Signature of off	icer						
Preparer's signature Preparer's Signature Firm's name (or yours if self-employed), address, and ZIP + 4 Date Check if self-empolyed Preparer's identifying number (see instructions) EIN Phone no										
Paid Preparer's Use Only Firm's name (or yours if self-employed), address, and ZIP + 4 EIN Phone no Phone no P			Type or print na	ame and title						
Preparer's Use Only Seff-employed), address, and ZIP + 4 EIN Phone no						Date	self-	(see instruct		ng number
Use Only If self-employed), address, and ZIP + 4 Phone no		arer ⁱ e	, , , , , , , , , , , , , , , , , , ,	b			empolyed 🕨		-	
Phone no P	•		ıf self-employed),	•				EIN 🕨		
	(-··· <i>y</i>	address, and ZIP +	4				Phone no 🕨		
May the IRS discuss this return with the preparer shown above? (see instructions)	M ~ · · ·	he IP	S discuss this :-	turn with the property of the	wn shous? /-	ae instructions			г	Yes No

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

To provide a variety of low or no cost services, low loan rates and higher savings rates to our members, and to fulfill our philosophy of "people helping people" by partnering with our members to create successful financial futures. Our current field of membership is 35 counties in central, east central and north east Iowa

2			ant program services during the	e year which were not listed on	┌ Yes ┌ No
	If "Yes," describe these r	new services on S	chedule O		
3	Did the organization ceas	- /	make significant changes in how	tit conducts, any program	┌ Yes ┌ No
	If "Yes," describe these o	hanges on Sched	ule O		
4	Section 501(c)(3) and 50	01(c)(4) organizat	s for each of the organization's tions and section 4947(a)(1) tru ind revenue, if any, for each prog	usts are required to report the a	
4a	(Code) (Expenses \$	0 including grants of	\$ 0)(Revenue	\$ 0)
			our 24 convenient branch locations Ve aberships Total loans and deposits out		
4b	(Code) (Expenses \$	including grants of s	\$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of s	\$) (Revenue \$)
4d	Other program services	•	•		
	(Expenses \$	0 inc	luding grants of \$	O) (Revenue \$	0)
4e	Total program service e	xpenses - \$	0		
			<u> </u>		Form 000 (2000)

Part IV	Checklist	of Red	uired	Sche	dules

			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		Νο
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		Νο
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? <i>If "Yes," complete Schedule D, Part II</i>	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	Yes	
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? 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, line10? 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	
12 A	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			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		N o
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	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		Νο
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 ? <i>If "Yes," complete Schedule F, Part III</i>	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		Νο
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		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t 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? If "Yes," complete Schedule I, Parts I and II	21		No
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? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete Schedule J	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 questions 24b-24d and complete Schedule K. If "No," go to line 25	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? 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	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? If "Yes," complete Schedule L, Part II	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? If "Yes," complete Schedule L, 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, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νο
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		No
С	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? If "Yes," complete Schedule L, Part IV	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? If "Yes," complete Schedule M	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</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
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 11 and 19?	38	Yes	

	" Statements Describes Other IDS Filings and Tax Compliance			Page
Pal	rt V Statements Regarding Other IRS Filings and Tax Compliance			
1_	Enter the number reported in Boy 2 of Form 1006. Applied Cummery and Transmitted		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	1a 26			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		100	
	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 this return (see	2b	Yes	
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this			
	return?	3a	Yes	
	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		Νo
Ь	If "Yes," enter the name of the foreign country 🕒			
	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
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		110
С	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	6a		Νo
_	organization solicit any contributions that were not tax deductible?			
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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		
h	services provided to the payor?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
Ī	file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
Ī	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	7h		
8	required?	- '''-		
_	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 a	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 10b			
U	facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12D	1	i	i

233 Fisher Drive Waterloo, IA 50701 (319) 236-6774

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.

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 15			
ь 2	Enter the number of voting members that are independent			
2	other officer, director, trustee, or key employee have a family relationship or a business relationship with any	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		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
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	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?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		105	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ction B. Policies (This Section B requests information about policies not required by the Internal venue Code.)			
- 110	volue douci,		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
	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	Yes	
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	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	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	Yes	
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		No
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 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			
19	Own website Another's website Vupon request 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	ie orga	nızatıor	ı -
	Keith J Mesch			

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	Name and Title A verage hours			ched pply	ckal)	I		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Highest compensated employee Key employee Officei Institutional Trustee or director		Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations		
See add'l data										

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 ►12

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> 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 individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Wellmark Blue Cross Blue Shield of Iowa PO Box 10353 Des Moines, IA 50306	Health insurance provider	2,510,848
National Business System 2919 West Service Road Eagan, MN 55121	Statement processing	1,040,429
Corilliancom PO Box 100893 Atlanta, GA 30384	Software services	721,127
Primus 2000 Progress Drive Hiawatha, IA 52233	Construction services	941,736
Black Hawk County Treasurer 316 E Fifth Street Waterloo, IA 50703	Property taxes	957,034
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►43) who received more than	

107,705,189

105,512,600

Form 990 (2009) Page 10										
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).										
			(B), (C), and	(D).	(D)					
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses		Fundraising expenses					
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV , line 21 $$	0								
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0								
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0								
4	Benefits paid to or for members	0								
5	Compensation of current officers, directors, trustees, and key employees	1,562,399								
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0								
7	Other salaries and wages	19,720,134								
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,597,347								
9	Other employee benefits	3,808,718								
10	Payroll taxes	1,432,075								
11	Fees for services (non-employees)	1,432,073								
		0								
a	Management									
D	Legal	57,401								
С	Accounting	256,562								
d	Lobbying	0								
е	Professional fundraising See Part IV, line 17	0								
f	Investment management fees	0								
g	Other	0								
12	Advertising and promotion	2,083,976								
13	Office expenses	4,297,310			_					
14	Information technology	1,785,467								
15	Royalties	0								
16	Occupancy	2,325,669								
17	Travel	195,054								
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0								
19	Conferences, conventions, and meetings	357,890								
20	Interest	29,690,138								
21	Payments to affiliates	0								
22	Depreciation, depletion, and amortization	2,780,918								
23	Insurance	0								
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)									
а	Provision for Loan Loss	7,150,096								
ь	Loan Servicing	3,045,649								
c	Share Draft and Visa	2,215,281	-		_					
d	NCUSIF Insurance	1,969,743								
e		1,630,104								
f	All other expenses	1,620,911								
25	Total functional expenses. Add lines 1 through 24f	90,582,842		0	0					
26	Joint costs. Check here ► ☐ If following SOP 98-2	30,302,042	 							
20	Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation									
_										

Pa	rt X	Balance Sheet						
					(A) Beginning of year		(B) End of year	
	1	Cash—non-interest-bearing			25,706,147	1	12,023,815	
	2	Savings and temporary cash investments			23,762,667	2	87,900,654	
	3	Pledges and grants receivable, net			0	3	0	
	4	Accounts receivable, net			4,175,136	4	11,999,417	
	5	Receivables from current and former officers, directors, trustee highest compensated employees. Complete Part II of	s, key					
		Schedule L	0	5	0			
	6	Receivables from other disqualified persons (as defined under spersons described in section 4958(c)(3)(B) Complete Part II (4958(f)(1)) and				
		Schedule L			0	6	0	
Assets	7	Notes and loans receivable, net			1,074,562,859	7	1,223,430,474	
88	8	Inventories for sale or use			0	8	0	
⋖	9	Prepaid expenses and deferred charges			1,193,617	9	1,140,398	
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	51,259,214				
	ь	Less accumulated depreciation	10b	26,163,769	25,339,893	10c	25,095,445	
	11	Investments—publicly traded securities			0	11		
	12	Investments—other securities See Part IV, line 11	.	0	12			
	13	Investments—program-related See Part IV, line 11		258,336,099	13	305,083,009		
	14	Intangible assets		0	14	0		
	15	Other assets See Part IV, line 11		17,847,513	15	22,747,235		
	16	Total assets. Add lines 1 through 15 (must equal line 34) .	ssets. Add lines 1 through 15 (must equal line 34)					
	17	Accounts payable and accrued expenses .		17,139,312	17	18,960,104		
	18	Grants payable						
	19	Deferred revenue			2,000	19	499,536	
	20	Tax-exempt bond liabilities			0	20	0	
Se)	21	Escrow or custodial account liability Complete Part IV of Schedu	ıle D .	. [4,880,430	21	4,097,151	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	У					
Lia		persons Complete Part II of Schedule L			0	22	0	
	23	Secured mortgages and notes payable to unrelated third parties	s .		15,009,493	23	30,054,863	
	24	Unsecured notes and loans payable to unrelated third parties	Unsecured notes and loans payable to unrelated third parties					
	25	Other liabilities Complete Part X of Schedule D			1,266,189,156	25	1,485,481,053	
	26	Total liabilities. Add lines 17 through 25			1,303,220,391	26	1,539,092,707	
Fund Balances		Organizations that follow SFAS 117, check here ► and comp through 29, and lines 33 and 34.	plete li	nes 27				
ank	27	Unrestricted net assets				27		
89	28	Temporarily restricted net assets	ļ		28			
7	29	Permanently restricted net assets	ļ		29			
Fur		Organizations that do not follow SFAS 117, check here ▶ 🔽 as	nd com	plete				
or		lines 30 through 34.						
	30	Capital stock or trust principal, or current funds	•	ļ	0	30	0	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			0	31	0	
	32	Retained earnings, endowment, accumulated income, or other for	unds	ļ	127,703,540	32	150,327,740	
Net	33	Total net assets or fund balances		[127,703,540	33	150,327,740	
–	34	Total liabilities and net assets/fund balances	•		1,430,923,931	34	1,689,420,447	

Part XI Financial Statements and Reporting

			Yes	No
L	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	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	2c	Yes	
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			
	☐ Separate 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?	3a		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	3b		

Form **990** (2009)

Software ID: Software Version:

EIN: 42-1132695

Name: Veridian Credit Union

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

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per	(C) Position (check that apply)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	individual trustee or director	Institutional Trustee	Officei	Key employee Officer		Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Scott Anderson Board of Director	6 00	Х						2,180	0	0
Vicki Atkins Board of Director	6 00	Х						0	0	0
Roland Cayouette Board of Director	6 00	Х						0	0	0
Thomas DeLong Board of Director	6 00	Х						126	0	0
Paul Gengler Board of Director	6 00	Х						0	0	0
DeLon Gobeli Board of Director	6 00	Х						0	0	0
Jim Kacher Board of Director	6 00	Х						1,187	0	0
Bob Kressig Board of Director	6 00	Х						0	0	0
Bill Boevers Board of Director	6 00	Х						1,209	0	0
David Schultz Board of Director	6 00	Х						0	0	0
Ginger Shirley Board of Director	6 00	Х						1,219	0	0
Roosevelt Taylor Board of Director	6 00	Х						0	0	0
Creston V an Wey Board of Director	6 00	Х						2,861	0	0
Elizabeth Caven Board of Director	6 00	Х						0	0	0
Gaylen Witzel Board of Director	6 00	Х						0	0	0
Jean Trainor CEO	50 00			х				343,279	0	12,236
Mike Harvey Executive Vice President	50 00			х				210,378	0	13,375
Monte Berg Senior Vice President-Finance	50 00			х				207,171	0	10,782
Doug Gilbertson	50 00			х				184,040	0	4,887
Senior Vice President-Operations Renee Christoffer Senior Vice President-Administration	50 00			х				147,552	0	10,528
DyAnn Longseth Senior Vice President-Communications	50 00			х				159,281	0	8,286
Denny Skelton Senior Vice President-Communications Denny Skelton Senior Vice President-Strategic Planning	50 00			Х				148,664	0	12,251
Chris McGovern Manager of Credit Administration	50 00					Х		212,347	0	10,417
Keith Hartley Mortgage Loan Originator	50 00					Х		136,112	0	10,369
Vanja Todorovic Mortgage Loan Originator	50 00					Х		144,768	0	7,661
	l		<u> </u>	l	<u> </u>	<u> </u>	<u> </u>	<u> </u>		

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

	-								
(A) Name and Title	(B) A verage hours per week	1	tion at Institutional Trustee	•	Highest compensated employee	Former	(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
Robert Borcherding Mortgage Loan Originator	50 00				×		143,327	0	10,370
Stacy Koontz Mortgage Loan Originator	50 00				х		169,457	0	7,668

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

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Provision for Loan Loss	7,150,096			
Loan Servicing	3,045,649			
Share Draft and Visa	2,215,281			
NCUSIF Insurance	1,969,743			
ATM/ITS Expense	1,630,104			

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DLN: 93493125011471

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Open to Public Inspection

ame of the organization		Emple	oyer identific	ation numbe	r
Andrean Credit Officia		42-1	132695		
organizations Maintaining Donor organization answered "Yes" to Form		unds o	r Account	s. Complet	e if the
<u> </u>	(a) Donor advised funds	(l	ס) Funds and	other accour	its
Total number at end of year					
Aggregate contributions to (during year)					
Aggregate grants from (during year)					
Aggregate value at end of year					
Did the organization inform all donors and donor action funds are the organization's property, subject to the	<u> </u>	nor advis	ed	☐ Yes	┌ No
Did the organization inform all grantees, donors, as used only for charitable purposes and not for the b		•		┌ Yes	⊏ No
conferring impermissible private benefit art II Conservation Easements. Complete	o if the organization answered "Ves"	to Form	000 Dart I		1 140
Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recre Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a queasement on the last day of the tax year	ation or pleasure) Preservation of a Preservation of a	certified	historic stru		
easement on the last day of the tax year			Held at th	e End of the	Vear
Total number of conservation easements		2a	ricia at tir	e Liid Oi tile	- Cai
Total acreage restricted by conservation easemer	nts	2b			
Number of conservation easements on a certified		2c			
Number of conservation easements included in (c)	` '	2d			
Number of conservation easements modified, transthe taxable year 🛌	sferred, released, extinguished, or terminat	ed by the	e organizatior	n during	
Number of states where property subject to conse	rvation easement is located ►				
Does the organization have a written policy regard enforcement of the conservation easements it hold		ndling of v	violations, an	^d	┌ No
Staff and volunteer hours devoted to monitoring, in	nspecting and enforcing conservation easer	ments du	rıng the year	-	
A mount of expenses incurred in monitoring, inspec	cting, and enforcing conservation easement	ts during	the year 🟲 \$		
Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	e 2(d) above satisfy the requirements of se	ction		☐ Yes	┌ No
In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation eas	of the footnote to the organization's financia				
rt III Organizations Maintaining Collect Complete if the organization answere		or Oth	er Similar	Assets.	
If the organization elected, as permitted under SFA art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its	eld for public exhibition, education or resea	rch in fur			,
If the organization elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these ite	or public exhibition, education, or research			•	
(i) Revenues included in Form 990, Part VIII, line	1		► \$		
(ii) Assets included in Form 990, Part X			► \$		
If the organization received or held works of art, hi following amounts required to be reported under Sf		for financ			
Revenues included in Form 990, Part VIII, line 1			► \$		
Assets included in Form 990, Part X			► \$		

Part	•••• Organizations Maintaining Co	ollections of Ar	t, His	tori	<u>cal Tre</u>	easu	ires, or O	the	<u>r Similar As</u>	sets (c	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	ny of th	ne foll	owing th	nat ar	e a significa	ant u	se of its collect	ion	
а	Public exhibition		d	\vdash	Loan o	rexc	hange progr	ams			
b	Scholarly research		e	Γ	Other						
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and expla	aın hov	w they	/ further	the	organization	ı's ex	empt purpose ı	n	
5	During the year, did the organization solicit assets to be sold to raise funds rather than									_ Yes	┌ No
Par	t IV Escrow and Custodial Arrang						n answere	d "Y	es" to Form 9	90,	
	Part IV, line 9, or reported an ar		•								
	Is the organization an agent, trustee, custod included on Form 990, Part X?					ions	or other ass	ets i		_ Yes	√ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	/ıng ta	able		Г				
_							-		Am	ount	
C _i	Beginning balance						-	1c			
d	Additions during the year						-	1d			
e	Distributions during the year						-	1e			
f	Ending balance							1 f			
2a	Did the organization include an amount on Fe	orm 990, Part X, lın	ne 21?						ļ	✓ Yes	┌ No
	If "Yes," explain the arrangement in Part XIV										
Pa	rt V Endowment Funds. Complete	If the organizatio		were)Prior \			<u>Form 990,</u> o Years Back			(a)Eour \	ears Back
la	Beginning of year balance	(a)Curient real	(0)	PHOL	real	(C)IW	TO TEATS DACK	(u)	Tillee fears back	(e)roui	rears back
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	r end balance held	as								
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment 🕨										
c	Term endowment ▶										
3a	Are there endowment funds not in the posse	ssion of the organiz	ation	that a	re held	and a	dministere	d for	the		
	organization by (i) unrelated organizations								3a(Yes	No
	(ii) related organizations		•	•	•	•		·	3a(i		+
ь	If "Yes" to 3a(II), are the related organization						· . · . · .	٠.	<u> </u>	-	
1	Describe in Part XIV the intended uses of th	ie organization's en	dowme	ent fu	nds					<u> </u>	
Par	t VI Investments—Land, Building	s, and Equipme	nt. S	ee F	orm 99	0, P	art X, lıne	10.		_	
	Description of investment				Cost or o (Investm		(b)Cost or of basis (othe		(c) Accumulated depreciation	(d) B	ook value
la I	and					0	5,014	,400			5,014,400
Ь	Buildings					0	23,038	,503	7,402,709	9	15,635,794
c I	_easehold improvements					0	1,107	,758	954,257	7	153,50
d I	Equipment					0	22,062	,684	17,806,803	3	4,255,881
e (Other					0	35	,869)	35,869

25,095,445

Part VII Investments—Other Securities. See		·
(a) Description of security or category	(b) Book value	(c) Method of valuation
(including name of security)	(=,====================================	Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See	Form 990, Part X, line 1	
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Mortgage Backed Securities	14,122,402	<u> </u>
Corporate Bonds	43,293,841	F
Government Agencies	21,932,880	F
CMO's	64,913,120	F
Certificates of Deposit	118,687,731	С
Managed Accounts/Mutual Funds	16,152,200	F
O ther	19,343,074	C
Municipals		
Municipals	6,637,761	<u> </u>
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	305,083,009	
Part IX Other Assets. See Form 990, Part X, lin	e 15.	
(a) Descrip	tion	(b) Book value
Accrued Interest		6,102,899
Share Insurance Deposit		13,131,623
Other Real Estate Owned Property		3,512,713
other Real Estate o Milea Property		3,512,713
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25. (b) Amount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount 47,014	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Share Savings	, line 25. (b) Amount 47,014 304,525,308	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Share Savings Share Drafts	, line 25. (b) A mount 47,014 304,525,308 161,093,142	22,747,235
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Share Savings Share Drafts Money Market	, line 25. (b) Amount 47,014 304,525,308 161,093,142 244,922,591	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Share Savings Share Drafts Money Market	, line 25. (b) A mount 47,014 304,525,308 161,093,142	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Share Savings Share Drafts Money Market	, line 25. (b) Amount 47,014 304,525,308 161,093,142 244,922,591	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Share Savings Share Drafts Money Market Certificates	, line 25. (b) A mount 47,014 304,525,308 161,093,142 244,922,591 677,085,772	22,747,235
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Share Savings Share Drafts Money Market Certificates	, line 25. (b) A mount 47,014 304,525,308 161,093,142 244,922,591 677,085,772	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Share Savings Share Drafts Money Market Certificates	, line 25. (b) A mount 47,014 304,525,308 161,093,142 244,922,591 677,085,772	22,747,235
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Share Savings Share Drafts Money Market Certificates	, line 25. (b) A mount 47,014 304,525,308 161,093,142 244,922,591 677,085,772	22,747,235
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Share Savings Share Drafts Money Market Certificates	, line 25. (b) A mount 47,014 304,525,308 161,093,142 244,922,591 677,085,772	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Share Savings Share Drafts Money Market Certificates	, line 25. (b) A mount 47,014 304,525,308 161,093,142 244,922,591 677,085,772	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Share Savings Share Drafts Money Market Certificates	, line 25. (b) A mount 47,014 304,525,308 161,093,142 244,922,591 677,085,772	22,747,235
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Share Savings Share Drafts Money Market Certificates	, line 25. (b) A mount 47,014 304,525,308 161,093,142 244,922,591 677,085,772	22,747,235
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes Share Savings Share Drafts Money Market Certificates	, line 25. (b) A mount 47,014 304,525,308 161,093,142 244,922,591 677,085,772	22,747,235

Page 4		ıle D (Form 990) 2009	Sched
	nts	XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	Par
107,705,189	1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
90,582,842	2	Total expenses (Form 990, Part IX, column (A), line 25)	2
17,122,347	3	Excess or (deficit) for the year Subtract line 2 from line 1	3
5,501,852	4	Net unrealized gains (losses) on investments	4
0	5	Donated services and use of facilities	5
0	6	Investment expenses	6
0	7	Prior period adjustments	7
0	8	Other (Describe in Part XIV)	8
5,501,852	9	Total adjustments (net) Add lines 4 - 8	9
22,624,199	10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10
	er Retu		Par
114,981,080	1	Total revenue, gains, and other support per audited financial statements	1
		A mounts included on line 1 but not on Form 990, Part VIII, line 12	2
		Net unrealized gains on investments	а
		Donated services and use of facilities	b
		Recoveries of prior year grants	c
		Other (Describe in Part XIV)	d
7,100,612	2e	Add lines 2a through 2d	e
107,880,468	3	Subtract line 2e from line 1	3
		A mounts included on Form 990, Part VIII, line 12, but not on line 1	4
		Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0	а
		Other (Describe in Part XIV)	b
-175,279	4c	Add lines 4a and 4b	c
107,705,189	5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5
	per Re	Reconciliation of Expenses per Audited Financial Statements With Expenses	
97,858,732	1	Total expenses and losses per audited financial statements	1
		A mounts included on line 1 but not on Form 990, Part IX, line 25	2
		Donated services and use of facilities	а
		Prior year adjustments	ь
		Other losses	c
		Other (Describe in Part XIV) 2d 7,275,890	d
7,275,890	2e	Add lines 2a through 2d	e
90,582,842	3	Subtract line 2e from line 1	3
		A mounts included on Form 990, Part IX, line 25, but not on line 1:	4
		Investment expenses not included on Form 990, Part VIII, line 7b 4a 0	а
		Other (Describe in Part XIV) 4b 0	b
0	4c	Add lines 4a and 4b	c
90,582,842	5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5

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

Ident if ier	Return Reference	Explanat ion
SchD_P04_S00_L02b	Schedule D, Part IV, Line 2b	(1) Veridian Credit Union provides financial management services to individuals eligible to receive services through the Consumer Choice Options program. As a Financial Management Services organization, Veridian Credit Union operates as a third party agent under Section 3504 of the IRS code. Veridian Credit Union has a Medicaid provider agreement with Iowa Medicaid Enterprise and also has an FMS, Financial Management. Services agreement between the Medicaid Home and Community Based Services waiver member and their employee (s). As a third party agent, Veridian Credit Union manages the Medicaid receipts, invoice payment, payroll and other tracking of individual member budgets. (2) Veridian Credit Union collects amounts from members with real estate loans each month via their contractual payment schedule. These funds are held in escrow until they need to be disbursed in accordance with the escrow instructions for each member. Amounts held in escrow are the property taxes and homeowner's insurance.
SchD_P10_S00_L00	Schedule D, Part X	The Credit Union is exempt from income tax under Section 501 (c)(14) of the Internal Revenue Code and Section 122 of the Credit Union Act. The Credit Union's insurance brokerage subsidiary, however, is subject to state and federal income taxes. Operations of the subsidiary resulted in no income taxes for either 2009 or 2008. See additional disclosures in Note 10. In June 2006, the Financial Accounting Standards Board (FASB) issued FASB Interpretation No. 48 (FIN. 48), Accounting for Uncertainty in Income Taxes. This interpretation applies to all tax positions accounted for in accordance with SFAS. No. 109, Accounting for Income Taxes. FIN. 48 clarifies the application of SFAS. No. 109 by defining the criteria that an individual tax position must meet in order for the position to be recognized within the financial statements and provides guidance on measurement, derecognition, classification, interest and penalties, accounting in interim periods, disclosure and transition for tax positions. The Credit Union adopted this Interpretation effective January 1, 2009. There was no material impact on the financial statements upon adoption. The Credit Union recognizes a tax position as a benefit only if it is more likely than not that the tax position would be sustained in a tax examination, with a tax examination being presumed to occur. The amount recognized is the largest amount of tax benefit that is greater than 50% likely of being realized upon examination. For tax positions not meeting the more likely than not test, no tax benefit is recorded.
	Schedule D, Part XII, Line 2d	NCUSIF Adjustment \$7,100,612
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	Depreciation Expense-Lease to GMAC (\$110,836) CUSO (\$24,111) Loss-OREO (\$40,332)
SchD_P13_S00_L02d	Schedule D, Part XIII, Line 2d	NCUSIF Adjustment (\$7,100,612) Depreciation Expense- Lease to GMAC (\$110,836) CUSO (\$24,111) Loss-OREO (\$40,332)

Additional Data

Software ID: Software Version:

EIN: 42-1132695

Name: Veridian Credit Union

Form 990, Schedule D, Part VIII - Investments— Program Related

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Mortgage Backed Securities	14,122,402	F
Corporate Bonds	43,293,841	F
Government Agencies	21,932,880	F
CMO's	64,913,120	F
Certificates of Deposit	118,687,731	С
Managed Accounts/Mutual Funds	16,152,200	F
Other	19,343,074	С
Municipals	6,637,761	F

DLN: 93493125011471

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information 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.

Open to Public Inspection

Name	of	t he	organizat ion	
Veridiar	ı Cı	edit l	Union	

Employer identification number

	42-1132093			
Pa	rt I Questions Regarding Compensation			
			Yes	Νo
1a	Check the appropiate 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			
	First-class or charter travel			
	▼ Travel for companions			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision 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			
	▼ Compensation committee ▼ Written employment contract			
	Form 990 of other organizations A pproval by the board or compensation committee			
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			
а	Receive a severance payment or change-of-control payment?	4a		Νo
ь	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	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			
а	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			
а	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 accured 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-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Jean Trainor	(I) (II)	274,671 0	24,105 0	44,503 0	0 0	4,483 0	347,762 0	
Mike Harvey	(ı) (ıı)	149,247 0	28,670 0	32,460 0	0 0	8,801 0	219,178 0	
Monte Berg	(ı) (ıı)	150,262 0	28,670 0	28,239 0	0 0	10,310 0	217,481	
Doug Gilbertson	(ı) (ıı)	130,715 0	28,670 0	24,655 0	0	4,483 0	188,523 0	
Renee Christoffer	(ı) (ıı)	99,626 0	28,670 0	19,255 0	0 0	10,310 0	157,861 0	
DyAnn Longseth	(ı) (ıı)	109,006 0	28,670 0	21,605 0	0 0	7,604 0	166,885 0	
Denny Skelton	(ı) (ıı)	99,235 0	28,670 0	20,758 0	0 0	10,310 0	158,973 0	
Chris McGovern	(ı) (ıı)	173,239 0	8,191 0	30,917 0	0 0	10,310 0	222,657 0	
Vanja Todorovic	(ı) (ıı)	118,802 0	4,644 0	21,322 0	0	7,604 0	152,372 0	
Robert Borcherding	(ı) (ıı)	117,369 0	4,644 0	21,314 0	0	10,310 0	153,637 0	
Stacy Koontz	(ı) (ıı)	140,226	4,367 0	24,864 0	0	7,604 0	177,061 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

Ident if ier	Ret urn Ref erence	Explanation
	Part I, Line 1a	The Veridian Credit Union board of director travel policy allows certain travel expenses for board members and their spouse Expenses include transportation, registration, meals and lodging When the spouse of a director is also traveling, they are entitled to the same expense coverage as a director, provided the travel of the spouse has been authorized The board of director travel policy does not prohibit first-class travel Travel arrangements are always made for coach class unless a medical reason warrants first-class

Schedule J (Form 990) 2009

Software ID: Software Version:

EIN: 42-1132695

Name: Veridian Credit Union

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DLN: 93493125011471

SCHEDULE O (Form 990)

SCHEDIII E O

Supplemental Information to Form 990

2009

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Open to Public Inspection

Name of the organization Vendian Credit Union Employer identification number

42-1132695

ldentifier	Return Reference	Explanation
F990_P06_S0A_L06	Section A, Line 6	Veridian Credit Union is a not-for-profit financial cooperative that is owned by its members. Veridian Credit Union membership is open to persons living or working in 35 surrounding counties in central, east central and northeast low a Employees of the credit union's business partners are also eligible for Veridian Credit Union membership.

ldentifier	Return Reference	Explanation
F990_P06_S0A_L07a		Each member of Veridian Credit Union is an equal owner of the credit union. Each member has one vote in the election of the board of directors, regardless of how much money they have on deposit.

ldentifier Return Reference			Explanation				
F990_P	06_S0A_L07b	Form 990, Part VI, Section A, Line 7b	The following types of decisions of the governing body of Veridian Credit Union are subject to approval by its members - change in the articles of incorporation - merger - change to the credit union by-laws - change in charter status - election/removal of members of the board - dissolve the organization				

ldentifier	Return Reference	Explanation
F990_P06_S0B_L11	Form 990, Part VI, Section B, Line 11	The Form 990 and all the required schedules are reviewed by the end of March of each year by the Vice President of Financial Operations. Amounts reported on the 990 are supported with various work papers containing information obtained from the general ledger accounting software and the payroll processor. The Vice President of Financial Operations reviews all work papers to ensure amounts reported on the Form 990 are proper. After the review, any questions or comments are submitted to the preparer for responses, and then another review of those items is completed until all questions and comments are resolved. The completed Form 990 as it will be filed electronically with the IRS, is posted to Veridian's board extranet for the board members to review.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L12c		Veridian Credit Union regularly and consistently monitors and enforces compliance with its conflict of interest policy as follows. The Veridian conflict of interest policy requires annual disclosure statements to be signed by the board of directors and submitted to the CFO or Board Chair within 30 days of January 1 of each year. Any apparent conflict of interest shall be resolved by the CFO and/or Audit Committee and the individual. Veridian's Board Governance Committee also oversees this board policy. The internal audit staff monitors compliance with all policies.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	The process of determining compensation for all employees of the credit union, including the CEO and other key employees is as follows. An outside, third party consultant is engaged to help determine the pay scale and merit increases. The consultants perform market surveys each year for each of our regions to determine if any changes need to be made to the pay ranges. Veridian Credit Union's board of director's approves the range adjustments.

ldentifier	Return Reference	Explanation					
F990_P06_S0C_L19		Veridian Credit Union makes its governing documents, conflict of interest policy and financial statements available to the public upon request					

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DLN: 93493125011471

OMB No 1545-0047

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

(Form 990)

SCHEDULE R

Name of the organization **Employer identification number** Veridian Credit Union 42-1132695 Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) (c) Legal domicile (state Name, address, and EIN of disregarded entity Total income End-of-year assets Direct controlling Primary activity or foreign country) entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one Part II or more related tax-exempt organizations during the tax year.) Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Primary activity or foreign country) (if section 501(c)(3)) entity

Part III	Identific	ation of Related (Organi	zations Taxable as	s a Partnership (C	omplete if the orgar	nization answered "	Yes" on For	m 990, Part IV, lın	ne 34
	because it	had one or more r	elated	organizations treated	d as a partnership di	uring 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) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j. Gener mana partr	ig ing
							Yes	No		Yes	No
De Law Tale (1961)	- 1' C D-1-1 1 4	~		6	T -1 (C 1 - 1			1 1137	!! F 000 P-		

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
The Vendian Group Inc 1827 Ansborough Waterloo, IA50701 42-1263291	Insurance and payroll processing	IA	N/A	С	-264,102	2,093,909	1 00 %

nedule R (Form 990) 2009			Pag	ge :
Part V Transactions With Related Organizations (Complete if the organization answered "Ye	es" 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		,	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organization	nizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1	la		N
b Gift, grant, or capital contribution to other organization(s)	1	lb \	Yes	
c Gift, grant, or capital contribution from other organization(s)	1	Lc		No
d Loans or loan guarantees to or for other organization(s)	1	Ld		No
e Loans or loan guarantees by other organization(s)	1	le		N
f Sale of assets to other organization(s)	1	Lf	-	Ne
g Purchase of assets from other organization(s)	1	lg		N
h Exchange of assets	1	Lh		No
 Lease of facilities, equipment, or other assets to other organization(s) 	1	Li		N
j Lease of facilities, equipment, or other assets from other organization(s)	1	Lj		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1	lk		No
I Performance of services or membership or fundraising solicitations by other organization(s)	1	LI		No
m Sharing of facilities, equipment, mailing lists, or other assets	1	lm		N
n Sharing of paid employees	1	Ln \	Yes	
• Reimbursement paid to other organization for expenses	1	Lo		N
p Reimbursement paid by other organization for expenses	1	lp \	Yes	
q Other transfer of cash or property to other organization(s)		lq		N
r Other transfer of cash or property from other organization(s)	t	Lr		No

2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

2 If the answer to any of the above is Tes, see the instructions for information on who must complete this fine, including covered relationships and transaction thresholds						
(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved				
(1) The Veridian Group Inc	b	1,000,000				
(2) The Vendian Group Inc	n	220,035				
(3) The Vendian Group Inc	р	204,941				
(4)						
(5)						
(6)						

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity Legal domicile (state or foreign country)		organizations?			rtionate cions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	man part	(h) neral or naging irtner?	
			Yes	No		Yes	No		Yes	No
										+
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