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# Form **990**

### **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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

For the 2011 calendar year, or tax year beginning 20 11 2011, and ending D Employer identification number C Name of organization VERIDIAN CREDIT UNION Check if applicable Doing Business As 42-1132695 Address change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change  $\Box$ 319-236-5600 Initial return 1827 Ansborough City or town, state or country, and ZIP + 4 Terminated G Gross receipts \$ Amended return Waterloo, IA 50701-3629 F Name and address of principal officer H(a) Is this a group return for affiliates? Yes No Jean Trainor Application pending H(b) Are all affiliates included? Yes No 1827 Ansborough, Waterloo, IA 50701 If "No," attach a list (see instructions) 501(c)(3) √ 501(c) ( 14 ) 
√ (insert no ) 
√ 4947(a)(1) or Tax-exempt status Website: ▶ www.veridiancu.org H(c) Group exemption number ▶ Form of organization Corporation Trust Association ☐ Other ▶ L Year of formation M State of legal domicile 1934 Part I Summary Briefly describe the organization's mission or most significant activities: 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 Activities & Governance our members to create successful financial futures. Our current field of membership is 35 counties in central, east central and north east lowa. 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . . . . 15 Number of independent voting members of the governing body (Part VI, line 1b) 4 15 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 608 Total number of volunteers (estimate if necessary) . . . . . . . 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 584.763 Net unrelated business taxable income from Form 990-T, line 34 7b 147,281 **Current Year** Contributions and grants (Part VIII, line 1h) 0 Program service revenue (Part VIII, line-29 83,424,631 83,022,930 10 867,865 1,423,714 11 27,280,947 26,274,255 12 111,573,443 110,720,899 Grants and similar amoun social (Ran IX, column (A), Junes 11-3) 13 O 0 Benefits paid to or for members (Part IX, column (A), line 4) 14 n 0 Salaries, other compensation employee benefits (PartiX, column (A), lines 5–10)
Professional fundraising fees (PartiX, column (A), line 11e)

Total fundraising expenses (PartiX, column (D), line 25) ▶ 0 15 30,089,493 31,449,625 16a 0 b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 56,484,672 54,185,997 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 86,574,165 85,635,622 Revenue less expenses. Subtract line 18 from line 12 19 24,999,278 25,085,277 End of Year **Beginning of Current Year** 20 Total assets (Part X, line 16) 1,783,758,774 2,019,601,224 21 Total liabilities (Part X, line 26) . 1,815,478,486 1,608,302,406 22 Net assets or fund balances. Subtract line 21 from line 20 175,456,368 204,122,738 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Keith J Mesch, VP - Financial Operations Type or print name and title Print/Type preparer's name Preparer's signature Date Check | if Paid self-employed Preparer Firm's EIN ▶ Firm's name ► **Use Only** Phone no Firm's address ▶ May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2011)



Form 9	90 (2011)	Page 2
Part		
		esponse to any question in this Part III $\ldots \ldots \ldots \ldots \ldots$
1	Briefly describe the organization's missi	
		ces, low loan rates and higher savings rates to our members, and to fulfill our
		partnering with our members to create successful financial futures. Our current field of
	membership is 35 counties in central, eas	central and north east lowa.
2	Did the organization undertake any sign	ficant program services during the year which were not listed on the
		· · · · · · · · · · · · · · · · · · ·
	If "Yes," describe these new services or	
3		, or make significant changes in how it conducts, any program
	services?	
	If "Yes," describe these changes on Sci	
4	expenses. Section 501(c)(3) and 501(c)	vice accomplishments for each of its three largest program services, as measured by 4) organizations and section 4947(a)(1) trusts are required to report the amount of expenses, and revenue, if any, for each program service reported.
	(Code: ) (Expenses \$	o including grants of \$ o) (Revenue \$ o)
70		y 165,849 members at our convenient branch locations. Veridian Credit Union had over
		nes in 2011, which included 19,608 new memberships. Total loans and deposits at
		32,542, respectively.
		·
4b	(Code: ) (Expenses \$	including grants of \$ ) (Revenue \$ )
		,
4c	(Code: ) (Expenses \$	including grants of \$ ) (Revenue \$ )
	•••••	
		······································
4d	Other program services (Describe in Sch	
_	(Expenses \$ 0 including g	
4e	Total program service expenses ▶	0

art	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	168	<b>NO</b> ✓
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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		<b>√</b>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<b>✓</b>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<b>✓</b>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	✓	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
	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? <i>If "Yes," complete Schedule D, Part VIII</i> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11c	✓	
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.  Did the organization report an amount for other assets in Part X, line 15 that is 3% of 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	11d 11e	1	✓_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f	<b>√</b>	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	✓	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>✓</b>
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<b>-</b>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		1
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 United States? If "Yes," complete Schedule F, Parts II and IV	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	_	✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		<b>√</b> _
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<b>/</b>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		L

Part	Checklist of Required Schedules (continued)		<del></del> -	<del></del>
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization		Yes	No
~ '	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
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		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	1	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) 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	24d 25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	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		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
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 b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<b>√</b>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<b>√</b>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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	•••	1
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? If "Yes," complete Schedule R, Part I	33		1
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	1	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b	<b>√</b>	
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,			
38	Part VI	37	<b>√</b>	<b>✓</b>
		<del></del>	990	(2011)

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Part				_
	Check if Schedule O contains a response to any question in this Part V	<u> </u>	Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 16			
1a b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
•	reportable gaming (gambling) winnings to prize winners?	1c	1	ma .
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 608			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<b>√</b>	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	<b>-</b>	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			1
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			1
	account)?	4a		<u>*</u>
b	If "Yes," enter the name of the foreign country: ► See instructions for 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		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		✓_
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 services provided to the payor?	7a 7b		
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10		
·	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		ļ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
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	<u> </u>	-
9	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?	9a		
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<del>                                     </del>
10	Section 501(c)(7) organizations. Enter:			<del>                                     </del>
a	Initiation fees and capital contributions included on Part VIII, line 12	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	]		1
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	1		
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	<u> </u>	
. b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		<del> </del>
а	Is the organization licensed to issue qualified health plans in more than one state?	.58	<del>                                     </del>	1
ь	Enter the amount of reserves the organization is required to maintain by the states in which			1
-	the organization is licensed to issue qualified health plans			1
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
h	to the state of th	14b		1

Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.			
	Check if Schedule O contains a response to any question in this Part VI			
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		: -	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
ь 2	Enter the number of voting members included in line 1a, above, who are independent .   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		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓_
6	Did the organization have members or stockholders?	6	✓	ļ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	1	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		٠	
а	The governing body?	8a	<b>√</b>	<u> </u>
ь	Each committee with authority to act on behalf of the governing body?	8b	✓	ļ
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		<b>✓</b>
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
40-	Cidate annualization beneficial character bronches on officiates?	100	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a	<b>∀</b>	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a	<b>∨</b>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	114	- <del></del> -	+
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	^_	' '
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1	
13	Did the organization have a written whistleblower policy?	13	1	
14	Did the organization have a written document retention and destruction policy?	14	✓	
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	✓	<u> </u>
b	Other officers or key employees of the organization	15b	✓	ļ
16a				
b	with a taxable entity during the year?	16a	✓_	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	-	
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ►  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(	c)(3)s	only)
19	Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	f inte	rest p	oolicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: ► Keith J Mesch, (319)236-6774	of the	•	

Form 990 (2011)

Part VII	Compensation of Officers, Directo	s, Trustees, Key Employees	s, Highest Compensated Employees, and
	Independent Contractors		

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Check this box if heither the organization his	Ji dily Toldio	L O.g.	ui iiz		C)	ompo	1100		T OTTICOT, GII GORO	1, 0, (100,00.
(A)	(B)			Pos	ition			(D)	(E)	(F)
Name and Title	Average					than one of the second		Reportable	Reportable	Estimated
	hours per					or/trust		compensation	compensation from	
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Scott Anderson										
Board of Director	6	1						1,072	0	0
Pam Ayres										
Board of Director	6	✓						0	0	0
Roland Cayouette										
Board of Director	6	✓						0	0	0
Thomas DeLong										
Board of Director	6	✓			_			214	0	0
Paul Gengler		ĺ		ľ	ľ	ĺ		ľ	ĺ	
Board of Director	6	1						0	0	0
DeLon Gobeli	_							1		
Board of Director	6	✓	_					0	0	0
Jim Kacher									İ	
Board of Director	6	<b>✓</b>			<u> </u>		<u> </u>	1,287	0	0
Bob Kressig										
Board of Director	6	<b>/</b>	<u> </u>				_	0	0	0
Bill Boevers		١.			ŀ					
Board of Director	6	<b>✓</b>	_					1,521	0	0
David Schultz		١,								
Board of Director	6	/			<u> </u>		<u> </u>	0	0	0
Ginger Shirley		,					l			
Board of Director	6	<b>✓</b>	<b>—</b>	$\vdash$	<u> </u>	_	⊢	682	0	0
Roosevelt Taylor		,						1		
Board of Director	6	<b>✓</b>	_	$\vdash$	<u> </u>		<u> </u>	0	0	0
Creston Van Wey	{	,							}	}
Board of Director	6	<b>-</b>	<u> </u>	$\vdash$			<u> </u>	1,565	0	0
Elizabeth Caven		,					1			
Board of Director	6	✓	<u> </u>	لــا			L	250	0	0

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

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

				((	C)					
(A)	Bootson					(D)	(E)	(F)		
(A) Name and Title	(B) Average		not check more than one				Reportable	Reportable	(F) Estimated	
Name and Title	hours per		box, unless person is both an officer and a director/trustee)					compensation	compensation from	amount of
	week (describe				_			from the	related organizations	other compensation
	hours for	divid	stitu	Officer	y e	ghe	Former	organization	(W-2/1099-MISC)	from the
	related	Individual trustee or director	Institutional trustee	٦	Key employee	Highest compensated employee	4	(W-2/1099-MISC)		organization and related
	organizations in Schedule	T tag	<u>a</u>		уеє	ğ				organizations
	O)	e e	uste		٦	ensa				_
			ă			n n n n				
Couley Wideel										
Gaylen Witzel  Board of Director	6	1						0	ا	(
Ican Trainer		<del>                                     </del>	-		-		-			
CEO	50			1			ł	401,545	اه	13,149
Monte Dese	· ·			Ť			-	401,343		13,146
Senior Vice President-Finance	50	ŀ		✓				218,476	اها	13,541
Doug Gilbertson	- 30		$\vdash$	Ť	_	_	$\vdash$	210,470	<del>-</del>	10,04
Senior Vice President-Operations	50			1			1	204,818	ol	6,30
Renee Christoffer	30			Ė				204,010		
Senior Vice President-Administration	50			1				163,209	اها	10,507
DyAnn Longseth	+							100,200		
Senior Vice President-Communications	50			1				166,188	l	11,108
Nick Evens	1									•
CUSO President	50			✓				158,668	اه	5,53
Chris McGovern										
Manager of Credit Administration	50				1			172,390	o	371
Lynn Widdel								-		
VP Business Services	50					✓		122,226	o	10,052
Mark Koppedryer										
VP Branches	50					<b>✓</b>		116,298	o	1,659
Robert Borcherding										
Mortgage Loan Originator	50					✓		113,295	0	12,902
Angle Hamilton										
Mortgage Loan Originator	50					✓		117,501	0	9,436
Stacy Koontz		]								
Mortgage Loan Originator	50	l			1	✓		138,707	l ol	9,815

Part VII	Section A. Officers, Directors, Trus	tees, Key E	mplo	yees	s, ar	nd F	lighe	st C	ompensated E	mployees (	continu	ıed)		
						C)					i			
	(A)	(B)	(do n	ot ch		ition more	than (	one	(D)	(E)			(F)	
	Name and title	Average hours per					is both		Reportable compensation	Reportabl compensation			mated ount of	
		week	<b>─</b> ─		_		or/trus	<del>_</del>	from	related		O'	ther	
		(describe hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Form	the organization	organizatio (W-2/1099-M			ensatio m the	'n
		related	ecto	Ti on	=	를	st co	Ē	(W-2/1099-MISC)	•	<i>'</i>		nization	
		organizations in Schedule	ੋ <u>ਵ</u> ੍ਹ	al to		oye e	ğ	l			1		related izations	
		O)	l ê	uste			ensa							
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		1						ŀ						
	-total				•		•	<b>•</b>	2,099,912		0		104	4,377
	Il from continuation sheets to Part	•		•	•		•	<b>•</b>	ļ		$-\!\!+\!\!$			
d Tota	al (add lines 1b and 1c)	· · · ·	<u> </u>	•	<u> </u>	<u></u>	<u>. ·                                    </u>	╮	2,099,912		0		104	4,377
	I number of individuals (including but rtable compensation from the organi			ose	list	ed a	above	e) w	no received m	ore than \$10	JU,000	) Of		
	rtable compensation from the organi	Zation		_									Yes	No
3 Did	the organization list any former of	ficer. direc	tor. c	r tr	uste	ee.	kev e	emp	olovee, or high	est compe	nsated	3 F		110
	loyee on line 1a? If "Yes," complete											3	-	Ĩ
4 For	any individual listed on line 1a, is the	sum of rep	portai	ole d	com	per	nsatio	n a	ind other comp	ensation fro	om the	•		
	nization and related organizations													
	ndual				•		•					4	✓	
	any person listed on line 1a receive o									ation or ind	ividua			
	ervices rendered to the organization	if "Yes," c	ompi	ete	Scn	eau	ile J 1	or s	sucn person	· · · ·	<u>· ·                                    </u>	5		<b>✓</b>
	Independent Contractors			1							- 6100	2000 -6		
	plete this table for your five highest opensation from the organization. Reg													· ·
year	,	on compe	iisalic	<i>7</i> 11 1C	יו וכ	16 C	aiciiu	ر الما	year ending wit	ii Oi witiiii t	116 016	yai iizalic	/11 S LC	2.
	(A)		_					I	(B)			(C)		
	Name and business add	ress							Description of sa	ervices		Compens	ation	
Wellmark B	ue Cross Blue Shield of Iowa, PO Box	10353, Des	Moine	s, I <i>F</i>	A 50			He	alth insurance p	rovider			2,82	1,640
	siness System, 2919 West Service Roa								tement process					0,398
	, 75 Remittance Dr Suite 6963, Chicago							Со	re Operating Sy	stem			845	5,869
Primus, 401	8th Avenue SE, Cedar Rapids, IA 5240	1						Ne	w Construction				1,391	1,318
The Integer	Group, 2633 Fleur Drive, Des Moines, I	A 50621							rketing Expense				894	4,477
	number of independent contracto		_					) th		ove) who				
rece	ived more than \$100,000 of compens	sation from	tne o	rgan	ıızat	ion			47					

	Statement of Reve			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
1a	Federated campaigns	1a			jovanas		
la b c d e f g h		———					
C	Fundraising events .						
d							
е	Government grants (con						
f	All other contributions, gr	ifts, grants,				İ	
	and similar amounts not inc	cluded above   1f					
g	Noncash contributions include	led in lines 1a-1f: \$					
h	Total. Add lines 1a-1	f	▶	0			
			Business Code		1		
2a	Interest Income-Loans to	Members	522130	71,884,861	71,884,861	0	
b	Interest Income-Investme	ents	522130	11,138,069	11,138,069	0	
С							
d							
е							
f	All other program ser			0	0	0]	· · · · · · · · · · · · · · · · · · ·
g		<u>f</u>	<u> </u>	83,022,930			
3	Investment income						
	and other similar amo	•	L	97,223	97,223	0	
4	Income from investmen			0	0	0	
5	Royalties		<u> ▶</u>	0	0	0	
İ		(i) Real	(II) Personal				
6a	Gross rents	337,248	0				
b	Less: rental expenses	107,473	0				
C	Rental income or (loss)		0		[	_	
_d	Net rental income or			229,775	229,775	0	
7a	*	(i) Securities	(II) Other				
١.	assets other than inventory	0	158,695,119				
ם	Less. cost or other basis						
	and sales expenses .	0	157,368,628	1			
C		0	1,000,100		4 200 404	0	-
d	Net gain or (loss) .		<u></u> . ▶	1,326,491	1,326,491		
8a	Gross income from fu						
	events (not including \$	0			1		
	of contributions reporte See Part IV, line 18 .		_	Ì	İ		
١.			0	1			
	Less: direct expenses		events .		ŀ	o	
C	Net income or (loss) f		events .	0			
98	See Part IV, line 19 .	-		į			
		_	0				
b				o	o	اه	
	Gross sales of in		VILLOG P				
IVa	returns and allowance		o				
Ь		_	0				
	Net income or (loss) f			اه	o	اه	
	Miscellaneous F		Business Code				
11a	Overdraft/NSF Fees	<del></del>	522130	7,457,829	7,457,829	o	
	Visa Interchange		522130	9,185,217	9,185,217	0	
l D	. 714 000		522130	2,720,343	2,720,343	0	
	A IIVI - PUS						
С				6.681.091	6,096,328	584,763	
	All other revenue .		•	6,681,091 26,044,480	6,096,328	584,763	

# 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).

Check if Schedule O contains a response to any question in this Part IX									
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and				•				
	organizations in the United States. See Part IV, line 21	0							
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0			, 1				
3	Grants and other assistance to governments,								
	organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			1				
4	Benefits paid to or for members	0			8				
5	Compensation of current officers, directors, trustees, and key employees	1,485,294							
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)								
-		20,977,931							
7 8	Other salaries and wages								
•	Other employee benefits	2,656,415			<del></del>				
9 10	Payroll taxes	4,777,573 1,552,412		<del></del>					
11	Fees for services (non-employees):	1,352,412							
''	Management	o							
b	Legal	82,261							
c	Accounting	278,180							
d	Lobbying	0							
е	Professional fundraising services. See Part IV, line 17	0		,					
f	Investment management fees	0							
g	Other	0							
12	Advertising and promotion	2,601,003							
13	Office expenses	2,348,558							
14	Information technology	1,968,069							
15	Royalties	0							
16	Occupancy	2,601,346							
17	Travel	226,933							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19	Conferences, conventions, and meetings .	0 389,159		<del></del>	<u> </u>				
20	Interest	21,634,667			<del></del>				
21	Payments to affiliates	0							
22	Depreciation, depletion, and amortization .	2,302,658							
23	Insurance	0							
24	Other expenses. Itemize expenses not covered								
	above. (List miscellaneous expenses in line 24e. If								
	line 24e amount exceeds 10% of line 25, column				1				
	(A) amount, list line 24e expenses on Schedule O.)								
а	Provision for loan loss	5,743,319							
b	NCUSIF insurance	3,865,850							
C	Payment Systems	3,712,013		<del></del>					
d	Loan servicing	3,110,606							
	All other expenses  Total functional expenses. Add lines 1 through 24e	3,321,375		0	0				
25	Joint costs. Complete this line only if the	85,635,622							
26	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)								
					Form <b>990</b> (2011)				

Balance Sheet			
	(A) Beginning of year		(B) End of year
Cash-non-interest-bearing	12,387,762	1	13,142,148
Savings and temporary cash investments	93,203,488	2	106,434,134
Pledges and grants receivable, net	0	_3	0
Accounts receivable, net	26,917,230	4	9,727,115
Receivables from current and former officers, directors, trustees, key			
employees, and highest compensated employees. Complete Part II of		- 101	nn seenend h
Schedule L	0	5	0
Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
Notes and loans receivable, net	1,270,818,941	7	1,354,185,841
nventories for sale or use	0	8	0
Prepaid expenses and deferred charges	1,148,685	9	1,205,502
_and, buildings, and equipment: cost or			
other basis. Complete Part VI of Schedule D 10a 58,699,192			
Less: accumulated depreciation 10b 30,977,821	24,836,046	10c	27,721,371
nvestments—publicly traded securities	0	11	0
nvestments-other securities. See Part IV, line 11	0	12	0
nvestments-program-related. See Part IV, line 11	330,307,247		480,427,256
ntangible assets	0	14	0
Other assets. See Part IV, line 11	24,139,375	15	26, <u>757,</u> 857
Fotal assets. Add lines 1 through 15 (must equal line 34)	1,783,758,774	16	2,019,601,224
Accounts payable and accrued expenses	24,543,952		23,253,896
Grants payable	0	18	0
Deferred revenue	447,295		692,048
Tax-exempt bond liabilities	0	20	0
Escrow or custodial account liability. Complete Part IV of Schedule D.	4,348,343	21	5,338,026
Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.		-	
Complete Part II of Schedule L	0	22	0
Secured mortgages and notes payable to unrelated third parties	0	23	0
Unsecured notes and loans payable to unrelated third parties	0	24	0
Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X	1,578,962,816		1,786,194,516
of Schedule D	1,370,302,010	25	1,700,134,310
Fotal liabilities. Add lines 17 through 25	1,608,302,406		1,815,478,486
Organizations that follow SFAS 117, check here ▶ □ and complete	1,000,302,400		1,010,410,400
ines 27 through 29, and lines 33 and 34.			
Unrestricted net assets		27	
Temporarily restricted net assets	<u>.</u>	28	
Permanently restricted net assets		29	
Organizations that do not follow SFAS 117, check here ▶ ☑ and complete lines 30 through 34.	:		
Capital stock or trust principal, or current funds	0	30	o
Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
Retained earnings, endowment, accumulated income, or other funds.	175,456,368	32	204,122,738
Fotal net assets or fund balances			204,122,738
Fotal liabilities and net assets/fund balances			2,019,601,224
Paid- Retaii Fotal	in or capital surplus, or land, building, or equipment fund	in or capital surplus, or land, building, or equipment fund	in or capital surplus, or land, building, or equipment fund

Page	1	2
		_

Part	X Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>	<u></u>		<u> </u>
	Tatal several (rough pour) (Dort VIII polymen (A) line 12)	<b>4</b>		10 72	0,899
1					5,622
2	. , , , , , , , , , , , , , , , , , , ,				5,022 5,277
3	,				
4	Total expenses (must equal Part IX, column (A), line 25)			6,368	
5	Other changes in net assets or fund balances (explain in Schedule O)	<del>-5</del>   -		3,58	1,093
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2	04,12	2,738
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		<u></u>		
				Yes	No_
1	Accounting method used to prepare the Form 990:  Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," exp Schedule O.	olain in			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		✓
b	Were the organization's financial statements audited by an independent accountant?		2b	1	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersight			
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant?	2c	✓	
	If the organization changed either its oversight process or selection process during the tax year, expected the control of the	plain in			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year issued on a separate basis, consolidated basis, or both:	ar were			
3a	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?		3a		
_			Sa	-	<del>                                     </del>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	udits	3b		
			For	n <b>99</b> 0	(2011)

### SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

VERIC	IAN CREDIT UNION		42-1132695
Par		r Advised Funds or Other Similar Fu	inds or Accounts. Complete if the
	organization answered "Yes" to Fo		
	,	(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 o		
	funds are the organization's property, subjec-	_	<del>-</del>
6	Did the organization inform all grantees, don	ors, and donor advisors in writing that gr	ant funds can be used
	only for charitable purposes and not for the		
		· · . · · · · · · · · · · · · · · · · ·	
Par	Conservation Easements. Compl	lete if the organization answered "Yes	" to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held b	• •	
	Preservation of land for public use (e.g., r	ecreation or education)   Preservation	of an historically important land area
	☐ Protection of natural habitat	☐ Preservation	of a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organizat	tion held a qualified conservation contribu	tion in the form of a conservation
	easement on the last day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements .		
b	Total acreage restricted by conservation ease	ements	
C	Number of conservation easements on a cert		
d	Number of conservation easements include		ot on a
	historic structure listed in the National Regist		· · 2d
3	Number of conservation easements modified tax year ▶	I, transferred, released, extinguished, or te	erminated by the organization during the
4	Number of states where property subject to o	paneariation assument is located	
4 5	Does the organization have a written police		espection handling of
•	violations, and enforcement of the conservati		
6	Staff and volunteer hours devoted to monitor		<del></del>
·	Name and Voluntoon from a devoted to monitor	mig, moreomig, and emercing concertains	caccine inc acting the year
7	Amount of expenses incurred in monitoring, i	inspecting, and enforcing conservation ea	sements during the year
•	<b>▶</b> \$		,
8	Does each conservation easement reported	on line 2(d) above satisfy the requirements	s of section 170(h)(4)(B)
•			· · · · · · · · T Yes   No
9	In Part XIV, describe how the organization re		ue and expense statement, and
·	balance sheet, and include, if applicable, the		
	organization's accounting for conservation ea		
Part	III Organizations Maintaining Collection	ctions of Art, Historical Treasures, o	or Other Similar Assets.
		ered "Yes" to Form 990, Part IV, line 8	
1a	If the organization elected, as permitted und	ler SFAS 116 (ASC 958), not to report in i	its revenue statement and balance sheet
	works of art, historical treasures, or other s	similar assets held for public exhibition,	education, or research in furtherance of
	public service, provide, in Part XIV, the text o	f the footnote to its financial statements the	hat describes these items.
b	If the organization elected, as permitted un	der SFAS 116 (ASC 958), to report in its	s revenue statement and balance sheet
	works of art, historical treasures, or other spublic service, provide the following amounts		education, or research in furtherance of
	(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 simil	ar assets for financial gain, provide the
	following amounts required to be reported ur		
а	Revenues included in Form 990, Part VIII, line	91	▶ \$
<u> </u>	Assets included in Form 990, Part Y		<b>&gt;</b> ¢

Pari	Organizations Maintaining C	ollections of	Art, His	torical T	reasures,	or Ot	ner Similar Ass	sets (cc	ntinu	ied)
3	Using the organization's acquisition, ac collection items (check all that apply):	cession, and ot	her recor	ds, chec	k any of the	follow	ring that are a si	gnificant	use	of its
а	☐ Public exhibition		d l		or exchange					
b	☐ Scholarly research		e	Other	, 					
C	☐ Preservation for future generations									_
4	Provide a description of the organizatio XIV.	n's collections a	and expla	in how tl	hey further t	he org	anization's exem	pt purp	ose in	Part
5	During the year, did the organization so assets to be sold to raise funds rather the	nan to be mainta	ained as p	part of the	e organizatio	n's co	llection?	□ Ye		
Part	IV Escrow and Custodial Arran	gements. Co	mplete i	f the org	anization a	nswer	ed "Yes" to Fo	rm 990	, Part	.IV,
	line 9, or reported an amount of	on Form 990, I	Part X, III	ne 21.						
1a	included on Form 990, Part X?								es 🗹	No
b	If "Yes," explain the arrangement in Part	XIV and compl	ete the fo	llowing to	able:					
							Ar	nount		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount		art X, line	21? .				✓ Ye	es 📙	No
	If "Yes," explain the arrangement in Part				«\/ .!!	0/	O Ded IV Per	40		
Par	V Endowment Funds. Complete								- V00m	back
	<del> </del>	(a) Current year	(b) Pri	or year	(c) I wo years	васк	(d) Three years back	(e) Four	years	Dack
1a	Beginning of year balance					<u></u>				
b	Contributions						<del></del> -	ļ		
С	Net investment earnings, gains, and									<b>;</b>
_	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and programs									· ·
f	Administrative expenses									
g	End of year balance					1		J		
2	Provide the estimated percentage of the	e current year er	nd balanc	e (line 1g	, column (a))	) held a	ıs:			
а	Board designated or quasi-endowment		%							
b	Permanent endowment >	%								
C	Temporarily restricted endowment ▶	%								
_	The percentages in lines 2a, 2b, and 2c							_		
3a	Are there endowment funds not in the p	oossession of th	ne organi	zation tha	at are neid a	ina aai	ministered for the	<b>3</b>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	organization by:							0-0	Yes	NO
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" to 3a(ii), are the related organiza							3b_	Щ.	
4	Describe in Part XIV the intended uses of Land, Buildings, and Equipm							- · ·		
Par		(a) Cost or of			or other basis	(a) (	Nanumulated .	(d) Boo	Ne velue	
	Description of property	(a) Cost or of			ther)		Accumulated preciation	(u) Boo	ik value	,
	Land	+	0	` <u> </u>					6 16	4,934
1a	Land		0		6,164,934 25,710,665		8,917,520		16,79	
b	Leasehold improvements	<del>-</del>	0		1,137,845		1,056,100			1,745
d	Equipment		0		25,379,168		21,004,201			4,967
a e	Other		0		306,580		21,004,201			6,580
	Add lines 1a through 1e (Column (d) mu	st equal Form 9		C column		(c).)				1.371

Part VII Investments—Other Securities	See Form 990 Part X. I	ine 12.	1 age C
(a) Description of security or category	(b) Book value	(c) Method of va	
(including name of security)		Cost or end-of-year n	narket value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)		-	
(C) (D)			
(E)			
(F)			
(G)			
(H)			
(I)			<u> </u>
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Relate	d. See Form 990, Part X,	line 13.	
(a) Description of investment type	(b) Book value	(c) Method of va Cost or end-of-year r	
(1) Mortgage Backed Securities	20,952,751	End-of-Year Market Value	
(2) Corporate Bonds	68,557,050	End-of-Year Market Value	
(3) Government Agencies	121,906,381	End-of-Year Market Value	<del> </del>
(4) CMO's	89,530,573	End-of-Year Market Value	
(5) Certificates of Deposit	107,996,943		<u></u>
(6) Managed Accounts/Mutual Funds		End-of-Year Market Value	
(7) Municipals		End-of-Year Market Value	
(8) Other	30,724,685	Cost	· · · · · · · · · · · · · · · · · · ·
(9)			
(10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13 ) ▶	400 407 050		
Part IX Other Assets. See Form 990, Part IX	480,427,256	l	
	a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)	- <u></u>		
(8)			
(9)			
(10)	(0) " (0)		
Total. (Column (b) must equal Form 990, Part X, c		<u> </u>	
Part X Other Liabilities. See Form 990  1. (a) Description of liability	, Part X, IIne 25.  (b) Book value	<u> </u>	<del></del>
1. (a) Description of liability  (1) Federal income taxes			
	200 000 720		
(2) Share Savings	366,632,736		
(3) Share Draft (4) Money Market	216,655,797 348,349,634		
(5) Certificates	739,743,927		
(6) IRA	114,812,422		
(7)	114,012,422		
(8)			
(9)	·	1	
(10)			
(11)		1	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25 )	1,786,194,516		
2. FIN 48 (ASC 740) Footnote. In Part XIV, provide	the text of the footnote to		ments that reports the
organization's liability for uncertain tax positions u	inder FIN 48 (ASC 740).		

Reconciliation of Change in Net Assets from Form 990 to All revenue (Form 990, Part VIII, column (A), line 12)	lines 3 aents Wi	and 9 ith Revenue per	1 2 3 4 5 6 7 8 9	110,720,899 85,635,622 25,085,277 3,581,093 0 0 0 3,581,093 28,666,370  June 112,058,807
al expenses (Form 990, Part IX, column (A), line 25)	lines 3 aents Wi	and 9 ith Revenue per	3 4 5 6 7 8 9 10 r Retu	85,635,622 25,085,277 3,581,093 0 0 0 0 0 3,581,093 28,666,370
ress or (deficit) for the year. Subtract line 2 from line 1 unrealized gains (losses) on investments rated services and use of facilities restment expenses or period adjustments er (Describe in Part XIV.) real adjustments (net). Add lines 4 through 8 ress or (deficit) for the year per audited financial statements. Combine  Reconciliation of Revenue per Audited Financial Statements ounts included on line 1 but not on Form 990, Part VIII, line 12: unrealized gains on investments reated services and use of facilities recoveries of prior year grants ret (Describe in Part XIV.) ret lines 2a through 2d	lines 3 aents Wi	and 9 ith Revenue per	4 5 6 7 8 9 10 r Retu	25,085,277 3,581,093 0 0 0 0 3,581,093 28,666,370
unrealized gains (losses) on investments nated services and use of facilities estment expenses or period adjustments er (Describe in Part XIV.) al adjustments (net). Add lines 4 through 8 ess or (deficit) for the year per audited financial statements. Combine  Reconciliation of Revenue per Audited Financial Statements ounts included on line 1 but not on Form 990, Part VIII, line 12: unrealized gains on investments enated services and use of facilities evenues of prior year grants er (Describe in Part XIV.) d lines 2a through 2d	lines 3 agents Wi	and 9 ith Revenue per	5 6 7 8 9 10 Retu	3,581,093 0 0 0 0 3,581,093 28,666,370
nated services and use of facilities estment expenses or period adjustments er (Describe in Part XIV.) al adjustments (net). Add lines 4 through 8 est or (deficit) for the year per audited financial statements. Combine  Reconciliation of Revenue per Audited Financial Statemental revenue, gains, and other support per audited financial statements ounts included on line 1 but not on Form 990, Part VIII, line 12: unrealized gains on investments ented services and use of facilities enter (Describe in Part XIV.) d lines 2a through 2d	lines 3 aents Wi	and 9 elith Revenue per	6 7 8 9 10 r Retu	0 0 0 3,581,093 28,666,370
or period adjustments	lines 3 aents Wi	and 9 i <b>th Revenue pe</b> l	7 8 9 10 r Retu	0 0 3,581,093 28,666,370
er (Describe in Part XIV.)  al adjustments (net). Add lines 4 through 8	lines 3 aents Wi	and 9 ith Revenue per	8 9 10 r Retu	0 3,581,093 28,666,370 urn
al adjustments (net). Add lines 4 through 8	lines 3 a ents Wi  2a 2b 2c 2d	ind 9	9 10 r Retu	3,581,093 28,666,370 Jrn
Reconciliation of Revenue per Audited Financial Statements. Combine Reconciliation of Revenue per Audited Financial Statemental revenue, gains, and other support per audited financial statements ounts included on line 1 but not on Form 990, Part VIII, line 12: unrealized gains on investments	lines 3 a ents Wi  2a 2b 2c 2d	ith Revenue pe	10 Retu	28,666,370 Jrn
Reconciliation of Revenue per Audited Financial Statements. Combine Reconciliation of Revenue per Audited Financial Statemental revenue, gains, and other support per audited financial statements ounts included on line 1 but not on Form 990, Part VIII, line 12: unrealized gains on investments	lines 3 a ents Wi  2a 2b 2c 2d	ith Revenue pe	Retu	ırn
al revenue, gains, and other support per audited financial statements ounts included on line 1 but not on Form 990, Part VIII, line 12: unrealized gains on investments	2a   2b   2c   2d		0 0	
ounts included on line 1 but not on Form 990, Part VIII, line 12: unrealized gains on investments	2a 2b 2c 2d		0	112,058,807
unrealized gains on investments	2b 2c 2d		0	
nated services and use of facilities	2b 2c 2d		0	
coveries of prior year grants	2c 2d		<del>-</del> 1	
er (Describe in Part XIV.)	2d		0	
d lines 2a through 2d				1
		1,093,14	4	
stract line 2e from line 1			2e	1,093,144
dract line ze nom line i			3	110,965,663
ounts included on Form 990, Part VIII, line 12, but not on line 1:				
estment expenses not included on Form 990, Part VIII, line 7b	4a		0	
er (Describe in Part XIV.)	4b	-244,76	4	
			4c	-244,764
				110,720,899
Reconciliation of Expenses per Audited Financial Statem	nents W	Vith Expenses p		eturn
			1	86,973,530
nated services and use of facilities	<del></del>			
or year adjustments	<del></del>		<b>⊣</b>	
er losses			<del>1</del>	
•				<del> </del>
			3	85,590,163
· · · · · · · · · · · · · · · · · · ·				
	_		-1	
•	1.5			
				<del></del>
	e 18.) .	<u> </u>	5	85,635,622
	Il lines 4a and 4b al revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line  Reconciliation of Expenses per Audited Financial Statem al expenses and losses per audited financial statements bunts included on line 1 but not on Form 990, Part IX, line 25: lated services and use of facilities or year adjustments er losses er (Describe in Part XIV.) Il lines 2a through 2d bunts included on Form 990, Part IX, line 25, but not on line 1: counts included on Form 990, Part IX, line 25, but not on line 1: er (Describe in Part XIV.) Il lines 4a and 4b al expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line  Supplemental Information this part to provide the descriptions required for Part II, lines 3, 5, and	Il lines 4a and 4b al revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  Reconciliation of Expenses per Audited Financial Statements Val expenses and losses per audited financial statements	Il lines 4a and 4b al revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  Reconciliation of Expenses per Audited Financial Statements With Expenses part expenses and losses per audited financial statements  Dounts included on line 1 but not on Form 990, Part IX, line 25: Dated services and use of facilities  Date of year adjustments  Deter (Describe in Part XIV.)  Deter (Describe in Part XIV.)  Dounts included on Form 990, Part IX, line 25, but not on line 1: Dounts included on Form 990, Part IX, line 25, but not on line 1: Destment expenses not included on Form 990, Part VIII, line 7b  Deter (Describe in Part XIV.)  Det	Il lines 4a and 4b

Schedule D, Part IV, Line 2b - 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 for property taxes and homeowner's insurance.

Schedule D, Part X, Line 2 - Income Taxes: 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 2011 or 2010. The Credit Union accounts for uncertainty in income taxes in accordance with ASC 740, which addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return, should be recorded in the financial statements. Under this guidance, the Credit Union may recognize the tax benefits from an uncertain tax position only if it is more-likely-than-not that the tax position will be sustained on examination by taxing authorities, based on technical merits of the position. The tax benefits recognized in the financial statements from such a position are being measured based on the largest benefit that has a greater than 50% likelihood of being realized upon ultimate settlement. The guidance on accounting for uncertainty in income taxes also addresses derecognition, classification, interest and penalties on income taxes, and accounting in interim periods. This standard did not have an impact on the financial statements and the Credit Union believes it does not have any uncertain tax

# Part XIV - Supplemental Information (Continued)

positions. The Credit Union recognizes interest and penalties on income taxes as a component of income tax expense. With few exceptions, the Credit Union is no longer subject to U.S. federal or state and local income tax examinations by tax authorities for years
before 2008.
Schedule D, Part XII, Line 2d - CUSO Revenue \$1,138,603; Loss - FCT Account (\$20,744); CD Fraud Loss (\$24,715)
Schedule D, Part XII, Line 4b - Depreciation Expense on Leased Space \$107,473; Loss on Sale of Fixed Assets \$19,188; OREO Loss \$118,103
Schedule D, Part XIII, Line 2d - CUSO Expenses \$1,138,603; Loss on Sale of Fixed Assets \$19,188; Depreciation Expense on Leased Space \$107,473; OREO Loss \$118,103
Schedule D, Part XIII, Line 4b - Loss on FCT Account \$20,744; CD Fraud Loss \$24,715

### **SCHEDULE J** (Form 990)

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
 Attach to Form 990.
 See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization **VERIDIAN CREDIT UNION** 

Employer identification number

42-1132695

ait	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.		. \$',	3
	<ul> <li>✓ First-class or charter travel</li> <li>✓ Travel for companions</li> <li>✓ Tax indemnification and gross-up payments</li> <li>✓ Discretionary spending account</li> <li>✓ Housing allowance or residence for personal use</li> <li>✓ Payments for business use of personal residence</li> <li>✓ Health or social club dues or initiation fees</li> <li>✓ Personal services (e.g., maid, chauffeur, chef)</li> </ul>	,	4	) ),
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	`	<i></i> <b>√</b>	
2	explain	1b 2	<b>√</b>	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.		***	/ × i
	<ul> <li>✓ Compensation committee</li> <li>✓ Independent compensation consultant</li> <li>✓ Form 990 of other organizations</li> <li>✓ Compensation survey or study</li> <li>✓ Approval by the board or compensation committee</li> </ul>		``	
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:	2	*	, i
a b	Receive a severance payment or change-of-control payment?	4a 4b		1
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		<b>√</b>
5	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.  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:	₹ ( >	У <u>~</u>	,
а	The organization?	5a		**
b	Any related organization?	5b	,	ļ
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 6b		
b	Any related organization?	OD		
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 Regulations 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 duplicate copies if additional space is needed.

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

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

(B) Breakdown of V		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation					
(А) Nате		(i) Base	(ii) Bonus & incentive	(iii) Other	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported as deferred in
				compensation				prior rom 990
Jean Trainor	€	337,917	19,221	44,407	0	5,492	407,037	0
1	€	0		0		0	0	0
Monte Berg	Θ	160,416	27,301	652'08	0	12,629	231,105	0
2	<b>(E)</b>	0		0		0	0	0
Doug Gilbertson	8	150,325	102,72	27,193	0	5,491	210,310	0
3	€	0		0		0	0	0
Renee Christoffer	6	114,152	27,301	21,756	0	10,270	173,479	0
4	(3)	0				0	0	0
DyAnn Longseth	(3)	115,043	108'12	23,844	0	9,314	175,502	0
5	<b>(E)</b>	0				0	0	
Nick Evens	) (i)	015'601	27,301	21,857	0	5,135	163,803	0
9	(E)	0			0	0	0	0
Chris McGovern	(6)	139,164	8,128	25,098	0	0	172,390	0
7	<b>E</b>	0				0	0	
	(3)							1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
8	€							
	€			11 11 11 11 11 11 11 11 11 11 11 11 11				
6	€							
	9	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						
10	Ξ							
	ε			1		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
11	(ii)							
	<b>E</b>							
12	(E)							
	8		_			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
13	<u>(E)</u>							
	<b>€</b>							
14	(ii)							
	€		9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9					
15	Ξ							
	ε							
16	€							

Schedule J (Form 990) 2011

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

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

2011 Open to Public

Employer identification number

OMB No. 1545-0047

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

► Attach to Form 990 or 990-EZ. Inspection

42-1132695 **VERIDIAN CREDIT UNION** Form 990, Part VI, 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 lowa-Employees of the credit union's business partners are also eligible for Veridian Credit Union membership. Form 990, Part VI, Section A, Line 7a - 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. 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 Form 990, Part VI, Section B, Line 11b - The Form 990 and all the required schedules are reviewed 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. Form 990, Part VI, Section B, Line 12c - 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. 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. Form 990, Part VI, Section C, Line 19 - Veridian Credit Union makes its governing documents, conflict of interest policy and financial statements available to the public upon request. Form 990, Part XI, Line 5 - Change in unrealized gains (losses) on investments

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

VERIDIAN CREDIT UNION

Part

# Related Organizations and Unrelated Partnerships

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

► See separate Instructions. ▶ Attach to Form 990. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

Open to Public Inspection 201

OMB No. 1545-0047

Employer Identification number

42-1132695

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2011 (f)
Direct controlling
entity Yes No Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) (f)
Direct controlling
entity (e) End-of-year assets (e)
Public chanty status
(if section 501(c)(3)) (d) Total income (d) Exempt Code section (c)
Legal domicile (state
or foreign country) Cat. No 50135Y (c)
Legal domicile (state or foreign country) (b) Primary activity (b) Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, and EIN of disregarded entity (a) Name, address, and EIN of related organization (9) Part II 9 E 2 € **©** Ξ ন ପ୍ର € ල

(h) Percentage ownership 100% (k) Percentage ownership Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) (g) Share of end-of-year assets (i) General or ŝ managing partner? 2,404,867 Yes (i)
Code V—UBI
amount in box 20 of
Schedule K-1
(Form 1065) -320,499 (f) Share of total income (e)
Type of entity
(C corp. S corp,
or trust) (h) Disproportionate allocations? ž Yes (g) Share of end-of-ပ year assets (d)
( Direct controlling entity (f) Share of total Ş income (c)
Legal domicile
(state or
foreign country) (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) ≤ (b) Primary activity Insurance and payroll processing (d)
| Direct controlling entity (c) Legal domicile (state or foreign country) (1) The Veridian Group Inc (42-1263291) (a) Name, address, and EIN of related organization Primary activity 1827 Ansborough, Waterloo, 1A 50701 ΞN (9) **(3)** Ð related organization (a) Name, address, and (2) Part IV Part III 8 3 € 2 ව €

Schedule R (Form 990) 2011

(2)

9

9

	ine 34, 35, 35a, or 36.)
	" to Form 990, Part IV, I
	s (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)
	zations (Complete if the or
	ions With Related Organiz
Schedule R (Form 990) 2011	Part V Transacti

201	066   H	R (For	Schedule R (Form 990) 2011		
					(9)
					(5)
					(4)
					(3)
					(2)
ı					(1)
					See Schedule R, Part VII, Statement 1
	mod of determina amount involved	mendo ol determinist amount involved	Amount involved	type (a–r)	Name of other organization
	9		(c)	(g)	
g.	reshol	ţi Fi	elationships and transac	ne, including covered r	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.
>		₽ +			<ul> <li>q Other transfer of cash or property to related organization(s)</li> <li>r Other transfer of cash or property from related organization(s)</li> </ul>
1					
	>	유			
>	1	9			• Reimbursement paid to related organization(s) for expenses
۶		Ę			n Sharing of paid employees with related organization(s)
>		E			m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
<u> </u>		=			Performance of services or membership or fundraising solicitations by related organization(s)
>		÷			k Performance of services or membership or fundrasing solicitations for related organization(s)
>		<b>=</b>			i Lease of facilities, equipment, or other assets from related organization(s)
/		<b>;=</b>			i Lease of facilities, equipment, or other assets to related organization(s)
>		=			
>		£			g Purchase of assets from related organization(s)
,>	1	<b>+</b>			f Sale of assets to related organization(s)
<i>/</i>		16			e Loans or loan guarantees by related organization(s)
>		<b>P</b>			d Loans or loan guarantees to or for related organization(s)
>		ဗ			c Gift, grant, or capital contribution from related organization(s)
>		9			<b>b</b> Giff, grant, or capital contribution to related organization(s)
>		-a			a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
		<u></u>	n Parts ILIV?	d organizations listed II	1 Dunng the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts IHIV?
٥N	Yes				Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Part VI 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) (b) (c) (d) (d) (e) (f) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant income (related,	(e) Are all partners section	artners ion	(f) Share of total income	(h) Disproportionate allocations?	ate Code V—UBI	() General or managing		(k) Percentage ownership
			unrelated, excluded from tax under	organizations?	(3) trons?			of Schedule K-1 (Form 1065)			
			section 512-514)	Yes	ş		Yes No	0	Yes	ş	
(1)											
(2)											
(3)											
(4)											
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(8)								:			
(6)	-										
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(12)											
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(16)	·										
								Sch	edule F	l (Form	Schedule R (Form 990) 2011

scriedule H (f	-orm 990) 2011	Page 3
Part VII	Supplemental Information  Complete this part to provide additional information for responses to questions on Schedule R (see instructions).	
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Schedule R, Part VII, Statement 1

Form Schedule R

Page. 3

Line Number: Part V Line 2

VERIDIAN CREDIT UNION 42-1132695

### Description of Covered Relationships and Transaction Thresholds

Description of Covered Relationships and Transaction Thresholds			
		Amount involved	
Name	The Vendian Group Inc	1,401,391	
Transaction type	p		
Method of determining amount involv	ed Actual cash transferred per the general ledger records		