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SCANNED DEC 13

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Department of the Treasury

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)

OMB No 1545-0047

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service For the 2011 calendar year, or tax year beginning 2011, and ending 20 C Name of organization Iowa Credit Union Foundation D Employer identification number Check if applicable 42-1438113 Doing Business As Address change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change 515-221-3001 1500 NW 118th Street Initial return City or town, state or country, and ZIP + 4 Terminated Des Moines, IA 50325 G Gross receipts \$ 305,342 Amended return F Name and address of principal officer Mary Beth Foster, address is the same H(a) Is this a group return for affiliates?
Yes
No Application pending as C above H(b) Are all affiliates included? ☐ Yes ☐ No **✓** 501(c)(3) 501(c) (If "No," attach a list (see instructions)) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 Tax-exempt status Website: ▶ www iowacreditunionfoundation org H(c) Group exemption number ▶ Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation 1995 M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities: Founded as the philanthropic arm of the lowa Credit Union League, the Iowa Credit Union Foundation's mission is to help Iowans build wealth, responsibility and Governance independence with the vision to eliminate poverty in the state of lowa Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of voting members of the governing body (Part VI, line 1a) 8 Activities & 7 Number of independent voting members of the governing body (Part VI, line 1b) 1 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 10 6 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** Contributions and grants (Part VIII, line 1h) . 654,339 264,722 Program service revenue (Part VIII, line 2g) 9,075 9 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 26,213 11,645 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 13,290 22,862 11 Total revenue—add lines 8 through 11 must equal Part VIII column (A), line 12) 702,917 299,229 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 269,803 276,221 13 Benefits paid to or for members (Part Xxxblumn (A), line 4) 14 Salaries, other compensation, employee basefil (Hartil X) count (A) lines 5-10) 15 85.581 83.545 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (P)) (1975) U Other expenses (Part IX, column (A), lines-11a-11d, 111-24e) 17 139,628 89,046 448,812 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 495,012 18 207,905 (149,583) 19 Revenue less expenses. Subtract line 18 from line 12 End of Year Beginning of Current Year 20 Total assets (Part X, line 16) 723,745 538,045 21 Total liabilities (Part X, line 26) . 79,910 43,793 22 643,835 494,252 Net assets or fund balances. Subtract line 21 from line 20 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 me and title Type or print n Print/Type preparer's name Preparer's signature Date PTIN Check II if Paid self-employed **Preparer** Firm's name Firm's EIN ▶ **Use Only**

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

🗌 Yes 🗌 No

	90 (2011) Page 2
Part	
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission: Founded in 1995 as the philanthropic arm of the lowa Credit Union League, the lowa Credit Union Foundation's mission is to help lowans build wealth, responsibility and independence with the vision to eliminate poverty in the state of lowa
	lowars band wearth, responsibility and independence with the vision to eniminate poverty in the state of lowa
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount organism and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: N/A) (Expenses \$ 197,326 including grants of \$ 151,963) (Revenue \$ 0)
	Individual Development Accountsmatched savings accounts for low and moderate income working savers ICUF matches savings
	up to a certain amount based on guidelines from match fund providers. Savers use the money to purchase an asset such as a home, business, education or vehicle
	•
4b	(Code: N/A) (Expenses \$ 48,246 including grants of \$ 48,246) (Revenue \$ 0)
	Financial Education Initiativeprovides lowa credit unions with training and technical assistance to enhance their ability to
	provide financial education to their members
4c	(Code: N/A) (Expenses \$ 48,191 including grants of \$ 48,191) (Revenue \$ 0)
	Children's Miracle Network is a non-profit organization (501c(3)) that raises funds for childrens' hospitals including three that
	serve lowa families Donations are used for medical care, research and education
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 27,820 including grants of \$ 27,820) (Revenue \$ 0)

art	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
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		1
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		✓
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	<	
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.	10	•	,
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
С	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	11c		√
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		7
f		11f	✓	•
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	✓	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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		✓
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		1
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		1
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	√	, <u> </u>
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		•	,
20 a		19 20a		1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		

Form 99	0 (2011)		F	age 4
Part	V Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	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	▼	
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		✓
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		✓
	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		<u>√</u> ✓
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		√
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	√	
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		√
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	√	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30	√	√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
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		✓
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		✓
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		✓
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		√
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? <i>If "Yes," complete Schedule R</i> ,		_	-
38	Part VI	37	1	
		Forr	ո 990	(2011)

Part				
	Check if Schedule O contains a response to any question in this Part V	<u> </u>		<u></u> _
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 4		Yes	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	√	
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			
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	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		├
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		1
b	If "Yes," enter the name of the foreign country: ▶	44		
-	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
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		✓
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
.	organization solicit any contributions that were not tax deductible?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	C.		
7	Organizations that may receive deductible contributions under section 170(c).	6b		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	/	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	✓	<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		1
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 h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		√
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	/:1		·
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		√
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		✓
10	Section 501(c)(7) organizations. Enter:	·		
a b	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter:			
	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 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
ь	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		√
b	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an evolunation in Schedule O	14h	-1	

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Part	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	Gee ins	truct	ions.
Section	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.			
р 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		√
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6		/
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		✓
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:			
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓_	<u> </u>
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		✓
<u>Secti</u>	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	ode., Yes	
	Data and the state of the section of	100	Tes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		V
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a 12b	_	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1	
13	Did the organization have a written whistleblower policy?	13		
14 15	Did the organization have a written document retention and destruction policy?	14	✓	-
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	✓	
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		1
	ion C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sectio available for public inspection. Indicate how you made these available. Check all that apply.	n 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.			oolicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	Э	
	organization: ► Michael I Powers 1500 NW 118th Street Des Moines, IA 50325			

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Page	1

	Form	990	(2011)	
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Part VII	Compensation of Officers, Directors, Trustee	es, Key Employees, Highest Compensated Employees,	and
	Independent Contractors		

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 no	r any relate	d org	anız	atio	n c	ompe	nsa	ated any currer	t officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week	(do n	(C) Position o not check more than one ox, unless person is both an ficer and a director/trustee)					(D) Reportable	(E) Reportable compensation from related	(F) Estimated
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Mary Beth Foster										
Executive Director	40				1	✓		68,601	0	10,404
(2) Dale Owen										
President and Director	0.5	✓		✓				0	0	0
(3) Helen Pearce										
Vice President and Director	0.5	✓		✓				0	0	0
(4) Christina Fernandez-Morrow										
Secretary and Director	05	✓		✓				o	0	0
(5) Lana Ross										
Treasurer and director	0 5	✓		✓				0	0	0
(6) Angela Drury										
Director	0.5	✓			L			0	0	0
(7) Jason Norton	<u> </u>						-			
Director	0 5	✓						0	0	0
(8) Matthew Cervantes	<u> </u>									
Director	0.5	1						0	. 0	0
(9) Mike Moroney										
Director	0 5	✓						0	0	0
(10)										
(11)										
(12)										
(13)										
(14)										

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A) Name and title		(B) Average hours per week	box, office	unles er and	Pos eck s pe	rson	than out the thick the thi	n an tee)	(D) Reportable compensation from	(E) Reportable compensation f		(F) Estimated amount of other
		(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-N		compensation from the organization and related organizations
(15)												
(16)												
(17)												
(18)												
(19)												
(20)												
(21)							-					
(22)												
(23)												
(24)												
(25)												
1b c	Sub-total	VII, Sectio	n A					> > >	68,601 68,601		0	10,404
d 2	Total (add lines 1b and 1c)	not limited	to th						·	ore than \$1		
3	Did the organization list any former of employee on line 1a? <i>If</i> "Yes," complete:	ficer, direc	tor, c						oloyee, or high			Yes No ad 3 √
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of regreater th	portal an \$	ble (150,	con 000	npei	nsatic f "Ye	s, "	complete Sch	edule J fo		ne l
5	Did any person listed on line 1a receive of for services rendered to the organization	r accrue co	ompe	nsat	tion	fro	m any	/ un	related organiz	ation or inc		
Section	on B. Independent Contractors											
1	Complete this table for your five highest compensation from the organization. Repyear.											
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compensation
						_		-				
						-						
2	Total number of independent contracts	m (malerali	na h	,+ -	0+	lum-r4	- A 4-		one listed ab	aval wha		
2	Total number of independent contractor received more than \$100,000 of compens							, IL	iose listed abi	Jvej WIIU		

rait	VIII	Statement of Revenue					_
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
इ इ	1a	Federated campaigns 1a			70701100		312, 313, 31314
rant	ь	Membership dues 1b					
S E	c	Fundraising events 1c					
ifts er A	ď	Related organizations 1d					
S, C	е	Government grants (contributions) 1e	76,387	-			
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants,	-				
the the		and similar amounts not included above 1f	188,335				
	g	Noncash contributions included in lines 1a-1f \$					
ပို့ နေ	h	Total. Add lines 1a-1f	🕨	264,722			
Program Service Revenue			Business Code				
3Ver	2 a						
æ	b					_	
Š	С						
Sel	d						
E E	e						
rog	f	All other program service revenue .					<u> </u>
	<u>g</u> 3	Total. Add lines 2a–2f					
	3	and other similar amounts)		11 645	11 645		
	4	Income from investment of tax-exempt be		11,645	11,645		
	5	Royalties	· · · · · · · · · · · · · · · · · · ·				
	·	(i) Real	(ii) Personal	· · · · · · · · · · · · · · · · · · ·			
	6a	Gross rents					
	b	Less: rental expenses			İ		
	С	Rental income or (loss)					
	d	Net rental income or (loss)	▶				
	7a	Gross amount from sales of (i) Securities	(ii) Other				
	b	assets other than inventory Less: cost or other basis					
	С	and sales expenses . Gain or (loss)					
	d	Net gain or (loss)	▶				
	_	1101 gam 61 (1000)					
venue	8a	Gross income from fundraising events (not including \$					
æ		of contributions reported on line 1c).					
Other Re		See Part IV, line 18 a	28,975				
ŏ		Less: direct expenses b			1		
	C	Net income or (loss) from fundraising	events . 🕨	22,862			22,862
	9a	Gross income from gaming activities. See Part IV, line 19 a					
	b	Less: direct expenses b					
	C	Net income or (loss) from gaming acti	vities ▶				
		Gross sales of inventory, less returns and allowances a					
	b	Less: cost of goods sold b					
	С	Net income or (loss) from sales of inve					
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	۲ 0	All other revenue					<u> </u>
	d e	Total. Add lines 11a-11d	•				
	12	Total revenue. See instructions		299,229	11,645		22,862

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	110,973	110,973				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	165,248	165,248				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16						
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	69,577	16,763	52,814			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			:			
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,503	838	2,665			
9	Other employee benefits	5,119	1,282	3,837			
10	Payroll taxes	5,346	1,287	4,059			
11	Fees for services (non-employees):						
а	Management						
b	Legal						
С	Accounting	7,560		7,560			
d	Lobbying						
е	Professional fundraising services. See Part IV, line 17						
f	Investment management fees	1,256		1,256			
g	Other	47,759	25,000	22,759			
12	Advertising and promotion	8,616		8,616			
13	Office expenses	6,007	192	5,815			
14	Information technology	1,118		1,118			
15	Royalties	0.544		0.514			
16	Occupancy	2,544		2,544			
17	Travel	4,454	-	4,454			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials						
19	Conferences, conventions, and meetings .	814		814			
20	Interest						
21	Payments to affiliates						
22	Depreciation, depletion, and amortization .	4,113		4,113			
23	Insurance	252		252	1		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)						
а							
b				-	.		
c							
d							
e	All other expenses	4,553		4,553			
25	Total functional expenses. Add lines 1 through 24e	448,812	321,583	127,229			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)		52.,500				

P	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	570,293	2	513,961
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	2,855	4	21,434
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of		i	
		Schedule L		5	
		Receivables from other disqualified persons (as defined under section		-	
	6	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
s		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	2,500	9	700
	10a	Land, buildings, and equipment: cost or	2,000	-	
		other basis. Complete Part VI of Schedule D 9,840			
	ь	Less: accumulated depreciation 10b (7,890)	6.054	10c	لــــــــــــــــــــــــــــــــــــ
	11	Investments—publicly traded securities	142,033	100	
	12	Investments—other securities. See Part IV, line 11	112,000	12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	723,745	_	538,045
-	17	Accounts payable and accrued expenses	79,910		43,793
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
S	22	Payables to current and former officers, directors, trustees, key			
Liabilities		employees, highest compensated employees, and disqualified persons.			
١		Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	79,910	26	43,793
		Organizations that follow SFAS 117, check here ▶ ☐ and complete			
Sex		lines 27 through 29, and lines 33 and 34.			
ä	27	Unrestricted net assets	387	27	37,895
Bal	28	Temporarily restricted net assets		28	
ᅙ	29	Permanently restricted net assets	643,448	29	456,357
or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
S	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	
É	33	Total net assets or fund balances	643,835	33	494,252
~	34	Total liabilities and net assets/fund balances	723,745	34	538,045
_				•	E 990 (2011)

Page	1	2
raye	•	_

•					<u> </u>
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		29	9,229
2	Total expenses (must equal Part IX, column (A), line 25)	2		44	8,812
3	Revenue less expenses. Subtract line 2 from line 1	3		(149	9,583)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		64	3,835
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0
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		49	4,252
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				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," ex	plaın ı	n		
	Schedule O.				
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	✓	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	_			
	of the audit, review, or compilation of its financial statements and selection of an independent account			✓	$oxed{oxed}$
	If the organization changed either its oversight process or selection process during the tax year, ex	ıplaın ı	n		
	Schedule O.				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the ye	ar wer	e	!	
	issued on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i	n	ĺ	
	the Single Audit Act and OMB Circular A-133?		· 3a	<u> </u>	✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under		I .		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	.udits	3b		lder
			For	m 990	(2011)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** lowa Credit Union Foundation 42-1438113 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☑ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c Type III-Functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the a following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support col (i) of your above or IRC section governing document? (i) organized in the US? support? (see instructions)) No Yes No Yes Yes No (A) (B) (C) (D) (E)

Total

Schedu	le A (Form 990 or 990-EZ) 2011						Page 2
Part	II Support Schedule for Organiza	ations Descr	ibed in Secti	ions 170(b)(1)(A)(iv) and	170(b)(1)(A)(v	<u></u>
	(Complete only if you checked the				-	•	ualify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						ļ
4	Total. Add lines 1 through 3				ļ		
5	The portion of total contributions by						
	each person (other than a		1				
	governmental unit or publicly		1			1	
	supported organization) included on					1	
	line 1 that exceeds 2% of the amount				1		
_	shown on line 11, column (f)						ļ
6	Public support. Subtract line 5 from line 4.				l	1	
	on B. Total Support	() 0007	# \ 0000	() 0000	(1) 0040	1 1 2 2 2 4 4	
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4			<u>-</u> .		<u> </u>	
8	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	Sources						
9	Net income from unrelated business						
9	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or		-:				
10	loss from the sale of capital assets						
	(Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc	(see instructi	ons)		l	12	<u> </u>
13	First five years. If the Form 990 is for the	•	•				on 501(c)(3)
	organization, check this box and stop he	_			•		
Secti	on C. Computation of Public Suppor			 			
14	Public support percentage for 2011 (line			1, column (fl)		14	%
15	Public support percentage from 2010 Scl					15	%
16a	331/3% support test - 2011. If the organi						
	box and stop here. The organization qua						▶ □
b	331/3% support test—2010. If the organ		• • •	•			
	check this box and stop here. The organ						🕨 🗀
17a	10%-facts-and-circumstances test—20	•			-	a. or 16b. and	
	10% or more, and if the organization me	_					
	Part IV how the organization meets the "I						
	organization						.`. ▶ 🗖
b	10%-facts-and-circumstances test—20	010. If the ora:	anization did n	ot check a box	on line 13, 16	Sa, 16b. or 17a	
_	15 is 10% or more, and if the organiza						

Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	if the organization falls to quality	ariaci tric too	to libited belo	W, picase oo	inpicto i dit i		
Secti	on A. Public Support					·	
Calen	dar year (or fiscal year beginning in) ▶ 🏻	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	240,329	999,162	212,643	654,339	264,722	2,371,195
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	20,978	22,215	35,985	34,706	28,975	142,859
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	261,307	1,021,377	248,628	689,045	293,697	2,514,054
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b			1			
8	Public support (Subtract line 7c from line 6.)						2,514,054
Secti	on B. Total Support		Л				<u> </u>
	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	261,307	1,021,377	248,628	689,045	293,697	2,514,054
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	21,023	17,064	10,035	26,213	11,645	85,980
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	21,023	17,064	10,035	26,213	11,645	85,980
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	282,330	1,038,441	258,663	715,258	305,342	2,600,034
14	First five years. If the Form 990 is for the organization, check this box and stop her	e organization	's first, second		or fifth tax ye	ar as a section	
Secti	on C. Computation of Public Suppor			<u> </u>	<u> </u>	<u> </u>	<u> </u>
15	Public support percentage for 2011 (line 8		· · · · · · · · · · · · · · · · · · ·	3. column (fl)		15	96 69 %
	Public support percentage for 2011 (line of Public support percentage from 2010 Sch		-			16	96 34 %
16 Secti	on D. Computation of Investment Inc			· · · · ·	<u> </u>	1 10	30 34 70
	Investment income percentage for 2011 (I			/ line 12 colum	nn (fl)	17	3.31 %
17						18	3.31 %
18	Investment income percentage from 2010						
19a	331/3% support tests—2011. If the organi						
_	17 is not more than 33½%, check this box a						
b	331/3% support tests – 2010. If the organiz line 18 is not more than 331/3%, check this b	oox and stop he	e re. The organi	zation qualifies	as a publicly su	pported organi	zation 🕨 🔲
20	Private foundation. If the organization did	d not check a t	oox on line 14,	19a, or 19b, c	heck this box	and see instruc	tions 🕨 🔲

Page	4

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).					
••••						
•••••						
••••						

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below.
 ► Attach to Form 990 or Form 990-EZ.
 ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

	,,,,	that have NOT filed Form 5768 (election		, .,	·
	•	" to Form 990, Part IV, line 5 (Proxy	Гах) or Form 990-Е	Z, Part V, line 35c (Proxy Ta	ax), then
	ection 501(c)(4), (5), or (6) orga of organization	anizations: Complete Part III.		Employer ider	ntification number
	Credit Union Foundation				42-1438113
Part		e organization is exempt und	er section 5016	c) or is a section 527 (
1		the organization's direct and indire			organization.
2					0
3					, 0
•	volunteer nours				
Part	I-B Complete if th	e organization is exempt und	er section 501(<u></u>
1	-	excise tax incurred by the organization			0
2	•	excise tax incurred by organization	-		0
3	If the organization incurre	ed a section 4955 tax, did it file Fo	rm 4720 for this ye	ear?	
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part				
Part		e organization is exempt und			(c)(3).
1		tly expended by the filing organization		· ·	
	activities			•	
2		filing organization's funds contrib			
3		expenditures. Add lines 1 and 2			
4		n file Form 1120-POL for this year			
5		ses and employer identification nu			
		ents. For each organization listed,			
		ontributions received that were pro			
		fund or a political action committe			
	(a) Name	(h) Address	(a) EIN	(d) Amount paid from	(a) Amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate political organization If
		İ	ļ		none, enter -0-
(4)					
(1)					
(2)					
(3)					
(4)					
(5)					
(6)		 			1

Pa	rt II-A Complete if the organization section 501(h)).	is exempt u	ınder section 50	01(c)(3) and filed	d Form 5768 (ele	ction under	
A	Check ► ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).						
В	Check ▶ ☐ if the filing organization che						
	Limits on Lobby	ing Expendit	ures		(a) Filing	(b) Affiliated	
	(The term "expenditures" me	ans amounts	paid or incurred.	_	organization's totals	group totals	
1	a Total lobbying expenditures to influence	public opinion	(grass roots lobby	ıng)			
	b Total lobbying expenditures to influence a	a legislative bo	ody (direct lobbying	9)			
	c Total lobbying expenditures (add lines 1a	and 1b) .					
	d Other exempt purpose expenditures						
	e Total exempt purpose expenditures (add	lines 1c and 1	d)				
	f Lobbying nontaxable amount. Enter t	he amount fi	rom the following	table in both			
	columns.						
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amount	t is:			
	Not over \$500,000		nount on line 1e.		'		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000	1		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000			
	Over \$1,500,000 but not over \$17,000,000		5% of the excess or		·		
	Over \$17,000,000	\$1,000,000.					
	g Grassroots nontaxable amount (enter 25	% of line 1f)					
	h Subtract line 1g from line 1a. If zero or les						
	i Subtract line 1f from line 1c. If zero or les						
	j If there is an amount other than zero	on either line	1h or line 1i, did	the organization	file Form 4720		
	reporting section 4911 tax for this year?					Yes No	
	(Some organizations that mad columns below. S	de a section 5 see the instru	ctions for lines 2a	not have to com through 2f on pa			
	Lobbying	Expenditures	During 4-Year Av	veraging Period			
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total	
	a Lobbying nontaxable amount						
	b Lobbying ceiling amount (150% of line 2a, column (e))						
	c Total lobbying expenditures						
	d Grassroots nontaxable amount						
	e Grassroots ceiling amount (150% of line 2d, column (e))						
	f Grassroots lobbying expenditures						

Part	II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Forn	n 576 8	3	
 For e	ach "Ye	es" response to lines 1a through 1ı below, provide in Part IV a detailed description		a)		(b)	
		ng activity.	Yes	No	/	Amoun	t
1	legisla	the year, did the filing organization attempt to influence foreign, national, state or local tion, including any attempt to influence public opinion on a legislative matter or indum, through the use of:					
а	Volunt	eers?	$\overline{}$				
b	Paid st	taff or management (include compensation in expenses reported on lines 1c through 1i)?	_				
С		advertisements?					
d	Mailing	gs to members, legislators, or the public?		1	†		
е		ations, or published or broadcast statements?		t			
f		s to other organizations for lobbying purposes?		†	<u> </u>		-
g		contact with legislators, their staffs, government officials, or a legislative body?	1	1	<u> </u>		
h		, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		İ			
i		activities?					
j	Total.	Add lines 1c through 1			į –		0
2a		e activities in line 1 cause the organization to be not described in section 501(c)(3)?		1			
b		," enter the amount of any tax incurred under section 4912					
С		," enter the amount of any tax incurred by organization managers under section 4912		į			
d	If the f	iling organization incurred a section 4912 tax, did it file Form 4720 for this year?					-
Part	III-A	Complete if the organization is exempt under section 501(c)(4), section 501(c))(5),	or se	ction		
		501(c)(6).					
						Yes	No
1		substantially all (90% or more) dues received nondeductible by members?			1	ļ	<u> </u>
2		e organization make only in-house lobbying expenditures of \$2,000 or less?			2	 	-
3		e organization agree to carry over lobbying and political expenditures from the prior year?			3		İ
	III-B	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Oranswered "Yes."					3, is
1 2	Sectio	assessments and similar amounts from members	s of	1			
а		ıt year		2a			
b	-	ver from last year		2b	ļ		
С	Total			2c			
3	Aggre	gate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.		3			_
4	excess	ces were sent and the amount on line 2c exceeds the amount on line 3, what portion of sides the organization agree to carryover to the reasonable estimate of nondeductible lobb	ying)			
_		olitical expenditure next year?		4	<u> </u>		
5		le amount of lobbying and political expenditures (see instructions)	•	5			
Par		Supplemental Information spart to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5;	Dort I	1 ^ ^	nd Dar	+ II D	line
		elete this part for any additional information.	ганн	1-A, a	nu rai	t II-D,	me
		organization provided information to legislators regarding the individual development account pr	oaran	n thro	uah dir	ect co	ntact
		organization provided information to registators regarding the more dual development account pr	ogran	11110	agir uii	cci coi	itact
							·
-							

chedule C (Form 990 or 990-EZ) 2011 Page 4						
	Supplemental Information (continued)					
	······································					
·						
· · · · · · · · · · · · · · · · · · ·						
•						

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Open to Public

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.

Inspection

Employer identification number

Iowa (Credit Union Foundation			42-1438113
Pai	Organizations Maintaining Donor organization answered "Yes" to Fo	Advised Funds or Other Similar Furm 990, Part IV, line 6.	nds or A	ccounts. Complete if the
		(a) Donor advised funds	(b	Funds and other accounts
1	Total number at end of year	1		
2	Aggregate contributions to (during year) .	44,000	-	
3	Aggregate grants from (during year)	14,092		
4	Aggregate value at end of year	43.108		
5	Did the organization inform all donors and o	donor advisors in writing that the assets	held in de	onor advised
	funds are the organization's property, subject			
6	Did the organization inform all grantees, done	ors, and donor advisors in writing that gra	ant funds	
	only for charitable purposes and not for the			
	•		-	
Par	Conservation Easements. Comple	ete if the organization answered "Yes"	" to Form	990, Part IV, line 7.
1	Purpose(s) of conservation easements held by			
	Preservation of land for public use (e.g., re		of an histo	orically important land area
	Protection of natural habitat	·		ed historic structure
	Preservation of open space	_		
2	Complete lines 2a through 2d if the organizati	on held a qualified conservation contribut	ion 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 .		[2a
ь	Total acreage restricted by conservation ease	ements		2b
С	Number of conservation easements on a cert			2c
d	Number of conservation easements include	• •	<u> </u>	
	historic structure listed in the National Registe	er		2d
3	Number of conservation easements modified	, transferred, released, extinguished, or te	_	
	tax year ►			
4	Number of states where property subject to c	conservation easement is located ▶		_
5	Does the organization have a written police			
	violations, and enforcement of the conservation	on easements it holds?		· · · · 🗌 Yes 🗌 No
6	Staff and volunteer hours devoted to monitori	ing, inspecting, and enforcing conservatio	n easeme	nts during the year
	>			
7	Amount of expenses incurred in monitoring, in	nspecting, and enforcing conservation eas	sements d	luring the year
	▶ \$			
8	Does each conservation easement reported of		of section	n 170(h)(4)(B)
				· · · · 🗌 Yes 🗌 No
9	In Part XIV, describe how the organization rep			
	balance sheet, and include, if applicable, the	-	inancial st	atements that describes the
	organization's accounting for conservation ea			
Par		ctions of Art, Historical Treasures, o		Similar Assets.
		ered "Yes" to Form 990, Part IV, line 8		
1a	If the organization elected, as permitted under			
	works of art, historical treasures, or other s			
	public service, provide, in Part XIV, the text of			
b	If the organization elected, as permitted und			
	works of art, historical treasures, or other s		education,	or research in furtherance o
	public service, provide the following amounts	•		
	(i) Revenues included in Form 990, Part VIII,			
_	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of			tor tinancial gain, provide the
	following amounts required to be reported un	•		
a	Revenues included in Form 990, Part VIII, line			
b	Assets included in Form 990, Part X			. ▶ \$

Part	Organizations Maintaining C									
3	Using the organization's acquisition, ac collection items (check all that apply):	cession, and other	er reco	rds, chec	k any of th	e follov	ving that are a	significa	ınt use	of its
а	☐ Public exhibition		d	☐ Loan	or exchang	e proqi	rams			
b	☐ Scholarly research			 Other						
c	☐ Preservation for future generations		•							
4	Provide a description of the organization	n'e collections an	d aval	an how th	nev further	the oro	anization's exe	mnt nu	rnose i	in Part
~	XIV.	ii s collections an	id expir	2111 110 44 11	icy further	the org	anization 3 exc	inpt pui	pose i	iii i ait
_				of - ort			a ar athar aim	lor		
5	During the year, did the organization so assets to be sold to raise funds rather th								г	٦
D - 4									Yes [
Part	line 9, or reported an amount	on Form 990, Pa	art X, lı	ne 21.					U, Pai	rt iv,
1a	Is the organization an agent, trustee, or included on Form 990, Part X?								Yes [□ No
b	If "Yes," explain the arrangement in Part	XIV and complet	e the fo	llowing ta	able:		<u> </u>			
								Amount		
C	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	on Form 990, Par	t X, line	21? .					Yes [No
b	If "Yes," explain the arrangement in Part									
Part			tion ar	swered	"Yes" to F	orm 9	90, Part IV, lin	e 10.		
		(a) Current year		or year	(c) Two year		(d) Three years ba	ck (e) F	our year	s back
1a	Beginning of year balance	643,448		314,961		73,230	89.0	65		
b	Contributions	156,900		476,522		71,098	231.4	27		
c	Net investment earnings, gains, and			,,,,,		,				
•	losses	852		3,135		7,123	(18,72	2)		
	<u> </u>	(301,798)		(151,170)		36,490)	(28,54			
d	Other expenditures for facilities and	(301,730)		(131,170)	(,	30,430,	(20,5	10)	·	
е	programs									
	· •	(42.045)								
f	Administrative expenses	(43,045)		642.440		114001	272.0	20		
g	End of year balance	456,357		643,448		14,961	273,2	30		
2	Provide the estimated percentage of the			e (line 1g	, column (a)) neta a	as:			
а	Board designated or quasi-endowment		%							
b		7_%								
С	Temporarily restricted endowment ▶									
	The percentages in lines 2a, 2b, and 2c							_		
3a	Are there endowment funds not in the I	possession of the	organi	zation tha	at are held	and ad	ministered for 1	the		
	organization by:							_	Yes	No
	(i) unrelated organizations							. 3a		<u> </u>
	(ii) related organizations							. 3a(ii)	✓
b	If "Yes" to 3a(II), are the related organization							. <u> 31</u>	<u>, </u>	_ ✓
4	Describe in Part XIV the intended uses of	of the organization	n's end	owment fo	unds.					
Part	VI Land, Buildings, and Equipm	nent. See Form	990, P	art X, line	e 10.					
	Description of property	(a) Cost or othe (investment			r other basis ther)		Accumulated epreciation	(d) E	Book vali	ue
1a	Land									
b	Buildings									
C	Leasehold improvements		<u> </u>	†			· · · · · · · · · · · · · · · · · · ·			
d	Equipment			 	2,640		2,640			0
u e	Other			 	7,200		5,250			1,950
	Add lines 1a through 1e. (Column (d) mu	et equal Form 00	0 Port	Y column		2/c) 1	3,230			1,950
rotal.	Aud lines la unough le. (Column (d) mu	si equal Form 990	u, rait	A, COIGITII	(a), ille 10	/(<i>U).)</i>				1,330

Part VII	Investments - Other Securities	s. See Form 990, Part X	(, line 12.
	a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financia	Il derivatives		
	held equity interests		
(3) Other			
(A)			
(B)			
(C)	····		
(D)			
(E)			
(F) (G)			
(H)			
(l)			
	(b) must equal Form 990, Part X, col. (B) line 12)	·	
Part VIII	Investments – Program Relat		X, line 13.
	(a) Description of investment type	(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
(1)			
(2)	<u> </u>		
(3)			
(4)			
_(5)	· · ·		
(6)			
_(7)			
(8)			
(9)			
(10) Total, /Column	(b) must equal Form 990, Part X, col. (B) line 13)	<u> </u>	
Part IX	Other Assets. See Form 990, I		
		(a) Description	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)		<u> </u>	
<u>(7)</u>			
(8)			
<u>(9)</u> (10)			
	umn (b) must equal Form 990, Part X,	col. (B) line 15.)	
Part X	Other Liabilities. See Form 99		
1.	(a) Description of liability	(b) Book value	
	I income taxes		
(2)			
(3)			
(4)	<u> </u>		
(5)			_
(6)			_
(7)		-	-
(9)			-
(10)		-	_
(11)			
	(b) must equal Form 990, Part X, col. (B) line 25.)	<u> </u>	
			to the organization's financial statements that reports the
	n's liability for uncertain tax positions		

Schedu	e D (Form 990) 2011			Page 4
Pari	XI Reconciliation of Change in Net Assets from Form 990 to A	udited Financial Stateme	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	299,229
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	448,812
3	Excess or (deficit) for the year. Subtract line 2 from line 1	—	3	(149,583)
4	Net unrealized gains (losses) on investments		4	(143,303)
		F	5	
5	Donated services and use of facilities			
6	Investment expenses	<u> </u>	6	
7	Prior period adjustments	_	7	
8	Other (Describe in Part XIV.)	_	8	
9	Total adjustments (net). Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine		10	(149,583)
Part	XII Reconciliation of Revenue per Audited Financial Statem	-	Return	
1	Total revenue, gains, and other support per audited financial statements		1	262,637
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV.)	2d 11,512		
e	Add lines 2a through 2d	<u> </u>	2e	11,512
3	Subtract line 2e from line 1		3	251,125
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i		201,120
	Investment expenses not included on Form 990, Part VIII, line 7b	140		
a				
b	Other (Describe in Part XIV)		_	40.104
C	Add lines 4a and 4b		4c	48,104
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	299,229
Part			er Return	
1	Total expenses and losses per audited financial statements		1	412,220
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIV.)	2d 11,512		
е	Add lines 2a through 2d		2e	11,512
3	Subtract line 2e from line 1		3	400,708
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
ь	Other (Describe in Part XIV.)	4b 48,104		
С	Add lines 4a and 4b		4c	48,104
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin		5	448,812
Part		-		
	lete this part to provide the descriptions required for Part II, lines 3, 5, and	9. Part III lines 1a and 4. P	Part IV Jine	s 1h and 2h
	, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII,			
	Iditional information.	,	,	
-	, Line 2 The Foundation is organized as a nonprofit corporation which is exem	not from federal and state inc	ome taxes	under Internal
1 010 7	, Line 2 The Foundation is organized as a nonprone corporation which is exem	perioni rederar and state me	onic taxes	
Rever	ue Code Section 501(c)(3) Management has evaluated their material tax posit	tions and determined no inco	nme tav effe	cts with respect
	as cost desired to (o/o) management las decidades their material as posi-			oto war rospect
to the	financial statements As of December 31, 2011 and 2010, there were no uncer	tain tay positions. With few	avcantions	the Foundation
10 1116	inflations statements. As of December 31, 2011 and 2010, there were no uncer-	tair tax positions with rew	exceptions,	the roundation
	anger subject to LLS. federal or state income toy examinations by toy sutherity	os for years before 2009		
IS NO	onger subject to U.S. federal or state income tax examinations by tax authoriti	les for years before 2008	••	
	4			
Part X	II Line 4b and Part XIII Line 4b\$48,104 in pass through contributions to the C	niiaren's Miracle Network we	re included	ın total
reven	ue and expense on the 990 but excluded from both revenue and expense in the	e audited financial statement	S	
_				
Part X	II Line 2d and Part XIII Line 2d\$11,512 Certain fund raising and other expens	es have been netted against	revenue on	the form 990

and are presented on a gross basis in the audited financial statements

Schedule D (Fo	rm 990) 2011	Page 5
Part XIV	Supplemental Information (continued)	
·		

•		
••••		
	•••••••••••••••••••••••••••••••••••••••	
	•••••••••••••••••••••••••••••••••••••••	
	,	
		•

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service Name of the organization **Employer identification number** Iowa Credit Union Foundation 42-1438113 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. ✓ Mail solicitations e Solicitation of non-government grants а f Solicitation of government grants Internet and email solicitations b ☐ Phone solicitations g Special fundraising events С ☐ In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☑ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (or retained by) fundraiser listed in col (i) (vi) Amount paid to (or retained by) (iii) Dıd fundraıser have (i) Name and address of individual (iv) Gross receipts custody or control of contributions? (ii) Activity from activity or entity (fundraiser) organization Yes No 1 2 3 5 6 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

- 1			n \$5,000. (a) Event #1	(b) Event #2	(c) Other events	(d) Total events
ı			Golf Outing	ICUL Convention		(add col (a) through
			(event type)	(event type)	(total number)	col (c))
ופאפוותפ						
1	1	Gross receipts	11,340	17,635	_	28,97
<u> </u>	2	Less: Charitable				
-	•	contributions				
	3	line 2)	11,340	17,635		28,975
\dagger			11,540	17,000		20,01
İ	4	Cash prizes				
	5	Noncash prizes				
۱ ۲	•	Dooble selds a set				
	6	Rent/facility costs				
<u>{</u>	7	Food and beverages				
Direct Expellses						
1	8	Entertainment				
7	_	<u> </u>				
	9	Other direct expenses	4,994	1,119	<u> </u>	6,113
	10	Direct expense summary. Ad	id lines 4 through 9 in co	olumn (d)		(6,113
- 1	11	Net income summary. Comb				22,862
ı				id iii		[22,804
²aı	Ш	Gaming. Complete if the				
aı			e organization answer			
_		Gaming. Complete if the	e organization answer	ed "Yes" to Form 99		reported more (d) Total gaming (add
_		Gaming. Complete if the	e organization answer 90-EZ, line 6a.	ed "Yes" to Form 99	0, Part IV, line 19, or	reported more
_		Gaming. Complete if the than \$15,000 on Form 99	e organization answer 90-EZ, line 6a.	ed "Yes" to Form 99	0, Part IV, line 19, or	reported more (d) Total gaming (add
_		Gaming. Complete if the	e organization answer 90-EZ, line 6a.	ed "Yes" to Form 99	0, Part IV, line 19, or	reported more (d) Total gaming (add
anuasau		Gaming. Complete if the than \$15,000 on Form 99	e organization answer 90-EZ, line 6a.	ed "Yes" to Form 99	0, Part IV, line 19, or	reported more (d) Total gaming (add
anuasau	1	Gaming. Complete if the than \$15,000 on Form 99 Gross revenue	e organization answer 90-EZ, line 6a.	ed "Yes" to Form 99	0, Part IV, line 19, or	reported more (d) Total gaming (add
Hevenue	1	Gaming. Complete if the than \$15,000 on Form 99	e organization answer 90-EZ, line 6a.	ed "Yes" to Form 99	0, Part IV, line 19, or	reported more (d) Total gaming (add
Hevenue	1 2 3	Gaming. Complete if the than \$15,000 on Form 99 Gross revenue Cash prizes Noncash prizes	e organization answer 90-EZ, line 6a.	ed "Yes" to Form 99	0, Part IV, line 19, or	reported more (d) Total gaming (add
anuasau	1 2	Gaming. Complete if the than \$15,000 on Form 99 Gross revenue	e organization answer 90-EZ, line 6a.	ed "Yes" to Form 99	0, Part IV, line 19, or	reported more (d) Total gaming (add
Hevenue	1 2 3	Gaming. Complete if the than \$15,000 on Form 99 Gross revenue Cash prizes Noncash prizes	e organization answer 90-EZ, line 6a.	ed "Yes" to Form 99	0, Part IV, line 19, or	reported more (d) Total gaming (add
Hevenue	1 2 3 4	Gaming. Complete if the than \$15,000 on Form 99 Gross revenue	e organization answer 90-EZ, line 6a.	ed "Yes" to Form 99	0, Part IV, line 19, or	reported more (d) Total gaming (add
aniasau	1 2 3 4	Gaming. Complete if the than \$15,000 on Form 99 Gross revenue	e organization answer 90-EZ, line 6a. (a) Bingo	ed "Yes" to Form 99((b) Pull tabs/instant bingo/progressive bingo	O, Part IV, line 19, or (c) Other gaming	reported more (d) Total gaming (add
Hevenue	1 2 3 4 5 6	Gaming. Complete if the than \$15,000 on Form 99 Gross revenue	e organization answer 90-EZ, line 6a. (a) Bingo Yes% No	ed "Yes" to Form 99((b) Pull tabs/instant bingo/progressive bingo Yes% No	O, Part IV, line 19, or (c) Other gaming	reported more (d) Total gaming (add
anuasau	1 2 3 4 5	Gaming. Complete if the than \$15,000 on Form 99 Gross revenue	e organization answer 90-EZ, line 6a. (a) Bingo Yes% No	ed "Yes" to Form 99((b) Pull tabs/instant bingo/progressive bingo Yes% No	O, Part IV, line 19, or (c) Other gaming	reported more (d) Total gaming (add
_	1 1 2 3 4 5 6 7	Gaming. Complete if the than \$15,000 on Form 99 Gross revenue	e organization answer 90-EZ, line 6a. (a) Bingo Yes % No	(b) Pull tabs/instant bingo/progressive bingo Yes% No	O, Part IV, line 19, or (c) Other gaming Yes% No	reported more (d) Total gaming (add
Hevenue	1 2 3 4 5 6	Gaming. Complete if the than \$15,000 on Form 99 Gross revenue	e organization answer 90-EZ, line 6a. (a) Bingo Yes % No	(b) Pull tabs/instant bingo/progressive bingo Yes% No	O, Part IV, line 19, or (c) Other gaming Yes% No	reported more (d) Total gaming (add
Hevenue	1 11 2 3 4 5 6 7 8 En	Gaming. Complete if the than \$15,000 on Form 99 Gross revenue	e organization answer 90-EZ, line 6a. (a) Bingo Yes% No Id lines 2 through 5 in concept. Combine line 1, column and column aganization operates games.	(b) Pull tabs/instant bingo/progressive bingo Yes% No Dlumn (d)	O, Part IV, line 19, or (c) Other gaming Yes% No	(d) Total gaming (add col (a) through col (c))
Olrect Expenses Revenue	1 1 2 3 4 5 6 7 8 En a ls	Gaming. Complete if the than \$15,000 on Form 99 Gross revenue	e organization answer 90-EZ, line 6a. (a) Bingo Yes% No Id lines 2 through 5 in concept. Combine line 1, column and column aganization operates games.	(b) Pull tabs/instant bingo/progressive bingo Yes% No Dlumn (d)	O, Part IV, line 19, or (c) Other gaming Yes% No	(d) Total gaming (add col (a) through col (c))
Olirect Expenses Revenue	1 1 2 3 4 5 6 7 8 En a ls	Gaming. Complete if the than \$15,000 on Form 99 Gross revenue	Yes % No dd lines 2 through 5 in co	(b) Pull tabs/instant bingo/progressive bingo Yes% No Dlumn (d)	O, Part IV, line 19, or (c) Other gaming Yes% No	(d) Total gaming (add col (a) through col (c))
Olifect Expenses Revenue	1 1 2 3 4 5 6 7 8 En a ls	Gaming. Complete if the than \$15,000 on Form 99 Gross revenue	Yes % No dd lines 2 through 5 in co	(b) Pull tabs/instant bingo/progressive bingo Yes% No Dlumn (d)	O, Part IV, line 19, or (c) Other gaming Yes% No	(d) Total gaming (add col (a) through col (c))

Schedul	le G (Form 990 or 990-EZ) 2011		Pag	је З
11	Does the organization operate gaming activities with nonmembers?	☐ Yes		No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes		No
13	Indicate the percentage of gaming activity operated in:			•
а	The organization's facility			<u>%</u>
	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
	Address►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	□ Ves		No
h	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	⊔ res	ш	NO
b	amount of gaming revenue retained by the third party > \$			
С	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address ▶			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	☐ Yes		No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$		_	
Part	Supplemental Information. Complete this part to provide the explanations required by Part I, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also copart to provide any additional information (see instructions).	line 2b, mplete t	hıs	
	Fact to Everyon and manufacture and thousands			
			· · · · · · · · · · · · · · · · · · ·	
				
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SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047
2011

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

(9) (10) Employer identification number

Iowa Credit Union Foundation 42-1438113 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (c) Corrected? 1 (a) Name of disqualified person (b) Description of transaction Yes No (1) (2)(3)(4)(5) (6)Enter the amount of tax imposed on the organization managers or disqualified persons during the year Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (g) Written (b) Loan to or from (d) Balance due (e) In default? (a) Name of interested person and purpose (c) Original by board or the organization? principal amount agreement? committee? Yes No No То From Yes Yes (1) (2)(3)(4)(5)(6)(7)(8)(9)(10)Total Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the (c) Amount and type of assistance organization See Part V Date Owen President and Director See Part V (2)Angela Drury Director (3)(4)(5) (6)(7) (8)

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction		zation's
) Christina Fernandez-Morrow	Director	¢12.202	Consulting convices	Yes	No
Christina Fernandez-Morrow	Director	\$12,393	Consulting services		-
				+	
·····			-		
					<u> </u>
					<u> </u>
Supplemental Information Complete this part to provid	e additional information for re	esponses to question	ns on Schedule L (see instruction	ons).	
III Line 1 Dale Owen's employer, Asc	entra Credit Union, received a	\$2,500 Financial Educ	cation grant		
III, Line 2 Angela Drury's employer, 1			Il Education grant		
IV The late husband of Christina Feri			, LLC ("Coopera") in 2011 Coop	era was	
aged by the organization to provide va			••••••		

	·				
			•••••		
		•••••			
			•••••	·	

SCHEDULE M (Form 990)

Noncash Contributions

► Attach to Form 990.

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Iowa Credit Union Foundation

Employer identification number

42-1438113

Part	Types of Property					
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amoun	ts
1	Art-Works of art	✓	5	0		
2	Art-Historical treasures					
3	Art-Fractional interests					
4	Books and publications					_
5	Clothing and household					
	goods					
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					_
9	Securities—Publicly traded					
10	Securities—Closely held stock .					
11	Securities—Partnership, LLC,					
	or trust interests					_
12	Securities-Miscellaneous					
13	Qualified conservation					
	contribution—Historic					
	structures					
14	Qualified conservation					
	contribution—Other					_
15	Real estate—Residential					_
16	Real estate—Commercial					
17	Real estate—Other					
18	Collectibles					_
19	Food inventory					_
20	Drugs and medical supplies					_
21	Taxidermy					
22	Historical artifacts			-		
23	Scientific specimens					
24	Archeological artifacts					—
25	Other ()					_
26	Other ► (-		
27	Other ► ()					—
<u>28</u> 29	Other ► () Number of Forms 8283 received	Lby the or	ganization during the tax i	year for contributions for	<u> </u>	_
29	which the organization completed				29	
	Willow the organization completed	. ,	o, , a , beinee , termetine	agamam	Yes N	0
30a	During the year, did the organiza	tion receive	a by contribution any prop	erty reported in Part I. lines		
30a	it must hold for at least three year					
	used for exempt purposes for the					_
h	If "Yes," describe the arrangement				V	
31	Does the organization have a		otance policy that require	es the review of any no	n-standard	
٠.	contributions?					,
32a	Does the organization hire or us					
VZG	contributions?		· · · · · · · · · · · · · · · · · · ·			,
b	If "Yes," describe in Part II.	- • •	, , , , ,		JZA V	
33	If the organization did not report a	n amount ir	n column (c) for a type of pro	operty for which column (a)	s checked.	
-	describe in Part II.	a				

Page	2
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Part II	Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
•••••	

ŞCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Employer identification number

OMB No 1545-0047

Open to Public Inspection

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.

lowa Credit Union Foundation			42-1438113
Form 990 Part III line 4d Other program services			
	Expenses	Grants	Revenue
Small credit union grants	\$12,035	\$12,035	\$0
Scholarships	9,785	9,785	0
Disaster relief	3,500	3,500	0
Jump Start	2,500	2,500	0
Total	\$27,820	\$27,820	\$0
Form 990, Part VI, Line 11bA copy of the Form 990 is provided to executive director is available to answer any questions that boar			
Form 990, Part VI, Line 12cBoard members are required to ackr		atement that attests	that he/she will
comply war are commet of mereas poncy and will about 10.	o dominoto which voting		
Form 990, Part VI, Line 19The organization makes its governing	documents, conflict of interes	t policy, and financia	al statements available
to the public upon request			
·····			
			·