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Form 990

## Return of Organization Exempt From Income Tax

2011

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

Open to Public Inspection

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

## A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable

 Address change Name change Initial return Terminated Amended return Application pendingC Name of organization  
IOWA CREDIT UNION LEAGUE

Doing Business As

Number and street (or P O box if mail is not delivered to street address)  
1500 NW 118TH STREETCity or town, state or country, and ZIP + 4  
DES MOINES, IA 50325F Name and address of principal officer  
MICHAEL J POWERS  
1500 NW 118TH STREET  
DES MOINES, IA 50325

D Employer identification number

83-0494970

E Telephone number

(515) 221-3000

G Gross receipts \$ 10,963,626

H(a) Is this a group return for affiliates?  
 Yes  NoH(b) Are all affiliates included?  
 Yes  No  
If "No," attach a list (see instructions)

H(c) Group exemption number ►

I Tax-exempt status  501(c)(3)  501(c) ( 6 ) (insert no)  4947(a)(1) or  527

J Website: ► WWW.IOWACREDITUNIONS.COM

K Form of organization  Corporation  Trust  Association  Other ► L Year of formation 1933 M State of legal domicile IA

## Part I Summary

1 Briefly describe the organization's mission or most significant activities

TO STRENGTHEN THE CREDIT UNION MOVEMENT BY PROMOTING ITS GROWTH AND WELL-BEING, AND PROVIDING THE TOOLS FOR MEMBERS TO SUCCEED

2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a) . . . . .

3 12

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

4 12

5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . . . . .

5 0

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

6 31

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

7a 52,900

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

7b -113,003

Activities &amp; Governance

8 Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year	Current Year
	0	0
9 Program service revenue (Part VIII, line 2g) . . . . .	1,201,848	1,198,799
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	259,965	740,075
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	31,162	52,664
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	1,492,975	1,991,538

Revenue

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	32,425	25,816
14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	791,203	772,264
16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ► 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .	1,541,979	1,549,563
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,365,607	2,347,643
19 Revenue less expenses Subtract line 18 from line 12 . . . . .	-872,632	-356,105

Expenses

20 Total assets (Part X, line 16) . . . . .	Beginning of Current Year	End of Year
	20,061,455	19,309,815
21 Total liabilities (Part X, line 26) . . . . .		916,651 959,339
22 Net assets or fund balances Subtract line 21 from line 20 . . . . .	19,144,804	18,350,476

## 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

\*\*\*\*\*

Signature of officer

MICHAEL J POWERS CFO  
Type or print name and title

2012-11-14

Date

Paid Preparer's Use Only

Preparer's signature ► VIRGINIA M STRIEGEL	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions) P00436877
Firm's name (or yours if self-employed), address, and ZIP + 4 ► MCGLADREY LLP 400 LOCUST ST STE 640 DES MOINES, IA 503092354			EIN ► 42-0714325
			Phone no ► (515) 558-6600

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . .  Yes  No

### **Part III Statement of Program Service Accomplishments**

Check if Schedule Q contains a response to any question in this Part II.

.

**1** Briefly describe the organization's mission

THE IOWA CREDIT UNION LEAGUE (ICUL) IS THE NON-PROFIT TRADE ASSOCIATION THAT REPRESENTS THE INTERESTS OF IOWA'S CREDIT UNIONS. ICUL WAS ESTABLISHED IN 1933 AND CONTINUES TO FOCUS ON OUR MISSION "TO STRENGTHEN THE CREDIT UNION MOVEMENT BY PROMOTING ITS GROWTH AND WELL-BEING, AND PROVIDING THE TOOLS FOR MEMBERS TO SUCCEED." ICUL PROVIDES THE FOLLOWING SERVICES TO IOWA CREDIT UNIONS: LEGISLATIVE ADVOCACY, REGULATORY COMPLIANCE, PUBLIC AFFAIRS, PROFESSIONAL DEVELOPMENT AND MANAGEMENT CONSULTING.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes  No

If "Yes," describe these new services on Schedule C

3 Did the organization cease conducting, or make significant changes in how it conducts, any programs or services?

Yes  No

If "Yes," describe these changes on Schedule Q

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 of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
LEGISLATIVE ADVOCACY - WORK TO SECURE A FAIR AND FAVORABLE LEGISLATIVE ENVIRONMENT FOR IOWA CREDIT UNIONS THROUGH PROFESSIONAL LOBBYING, COALITION BUILDING, GRASSROOTS ORGANIZATION AND THE CREDIT UNION POLITICAL ACTION COMMITTEE

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
REGULATORY COMPLIANCE - MONITOR REGULATORY ISSUES, FIELD COMPLIANCE QUESTIONS, PROVIDE STRATEGIC DIRECTION CONCERNING CREDIT UNION  
COMPLIANCE ISSUES, AND CONDUCT BSA INDEPENDENT TESTS AND WEBSITE COMPLIANCE AUDITS

4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
PUBLIC AFFAIRS AND MARKETING - THE PUBLIC RELATIONS AND MARKETING DEPARTMENT WORKS CLOSELY WITH CREDIT UNIONS TO DISSEMINATE PERTINENT INFORMATION TO THE MEDIA AND COMMUNITY ABOUT IOWA CREDIT UNIONS AND NEW DEVELOPMENTS IN THE INDUSTRY. ALSO SERVES AS THE RESOURCE FOR COMMUNITY AND MEDIA RELATIONS, MARKETING THE CREDIT BRAND, AND THE ANNUAL ADVOCACY CAMPAIGN

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
PROFESSIONAL DEVELOPMENT - THE LEAGUE, IN PARTNERSHIP WITH CUNA, HOLDS NUMEROUS PROFESSIONAL DEVELOPMENT SEMINARS EACH YEAR FOR IOWA CREDIT UNIONS TO HELP THEM LEARN MORE ABOUT HOW TO BEST SERVE THEIR MEMBERS. THE EDUCATION DEPARTMENT HELPS ORGANIZE ANNUAL CONVENTION AND MANAGES THE VENDOR INVOLVEMENT PROGRAM.

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
MANAGEMENT CONSULTATION - THE MANAGEMENT CONSULTANTS AT ICUL ARE STRATEGIC PARTNERS WITH INDIVIDUAL CREDIT UNIONS TO HELP THEM IDENTIFY GOALS AND CHALLENGES, AND PREPARE FOR THE FUTURE DEVELOPMENT OF THEIR CREDIT UNION

**4d** Other program services (Describe in Schedule O)

(Expenses \$ **including grants of \$** ) (Revenue \$

**4e Total program service expenses**

**Part IV Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .

2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .

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 . . . . .

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 . . . . .

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 . . . . .

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 . . . . .

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 . . . . .

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .

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 . . . . .

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 . . . . .

11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .

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 . . . . .

c 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 . . . . .

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 . . . . .

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

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 XI . . . . .

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .

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 . . . . .

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

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

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, Part I . . . . .

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U.S.? If "Yes," complete Schedule F, Part II and IV . . . . .

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U.S.? If "Yes," complete Schedule F, Part III and IV . . . . .

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 . . . . .

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 . . . . .

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 . . . . .

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

b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements . . . . .

	Yes	No
1		No
2		No
3		No
4		
5	Yes	
6		No
7		No
8		No
9		No
10		No
11a	Yes	
11b	Yes	
11c		No
11d		No
11e		No
11f	Yes	
12a		No
12b	Yes	
13		No
14a		No
14b	Yes	
15		No
16		No
17		No
18		No
19		No
20a		No
20b		

**Part IV Checklist of Required Schedules (continued)**

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a		No
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c		No
c	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 owner? If "Yes," complete Schedule L, Part IV	29		No
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30		No
31	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31		No
32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32		No
33	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	33	Yes	
34	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	34	Yes	
35a	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	35a	Yes	
b	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35b	Yes	
36	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	36		
37	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	37		No
38	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	38	Yes	
<b>Note.</b> All Form 990 filers are required to complete Schedule O				

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	16
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	0
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes
<p><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes
<b>4a</b>	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 or securities account)?	4a	No
<b>b</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		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b>	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>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> 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	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?	9a	
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
<b>10 Section 501(c)(7) organizations.</b> Enter			
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11 Section 501(c)(12) organizations.</b> Enter			
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a	
<b>b</b>	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b>	Enter the aggregate amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

### Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year . . . . .

1b Enter the number of voting members included in line 1a, above, who are independent . . . . .

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .

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? . . . . .

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .

5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .

6 Did the organization have members or stockholders? . . . . .

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? . . . . .

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

a The governing body? . . . . .

b Each committee with authority to act on behalf of the governing body? . . . . .

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 . . . . .

	Yes	No
1a	12	
1b	12	
2	Yes	
3	Yes	
4	No	
5	No	
6	Yes	
7a	Yes	
7b	Yes	
8a	Yes	
8b	Yes	
9		No

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

10a Did the organization have local chapters, branches, or affiliates? . . . . .

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

b Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .

12a Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .

b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .

13 Did the organization have a written whistleblower policy? . . . . .

14 Did the organization have a written document retention and destruction policy? . . . . .

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization's CEO, Executive Director, or top management official . . . . .

b Other officers or key employees of the organization . . . . .

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? . . . . .

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? . . . . .

	Yes	No
10a		No
10b		
11a	Yes	
12a	Yes	
12b	Yes	
12c	Yes	
13	Yes	
14	Yes	
15a		No
15b		No
16a		No
16b		

### Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website  Another's website  Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

MICHAEL J POWERS CFO  
1500 NW 118TH STREET  
DES MOINES, IA 50325  
(515) 221-3000

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

 Check if Schedule O contains a response to any question in this Part VII 
**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, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Or Director	Individual trustee	Institutional Trustee	Officer	Key Employee	Employer Highest compensated			
(1) JOHN BENTLER DIRECTOR	1 00	X						0	0	0
(2) JANINE KEIM DIRECTOR	1 00	X						0	0	0
(3) JONATHON MILLER DIRECTOR	1 00	X						0	0	0
(4) TIM MARCSISAK DIRECTOR	1 00	X						0	0	0
(5) MIKE WHITIE DIRECTOR	1 00	X						0	0	0
(6) DAVE CALE DIRECTOR	1 00	X						0	0	0
(7) JOE HEARN CHAIRMAN	1 00	X						0	0	0
(8) TIM CHAPMAN VICE CHAIRMAN	1 00	X						0	0	0
(9) DENNIS CHOATE DIRECTOR	1 00	X						0	0	0
(10) PAT DRENNEN DIRECTOR	1 00	X						0	0	0
(11) TIM WALLEN DIRECTOR	1 00	X						0	0	0
(12) BRENT HELIN DIRECTOR	1 00	X						0	0	0
(13) JIM HAGEMAN DIRECTOR	1 00	X						0	0	0
(14) DENNIS SIEMERS DIRECTOR	1 00	X						0	0	0
(15) PATRICK JURY CEO/SEC & TREAS	8 00			X				0	606,112	32,050
(16) MURRAY WILLIAMS COO	32 00			X				0	158,863	35,450
(17) MIKE POWERS CFO	8 00			X				0	231,708	37,954

**Part VII. Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .	3	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . .	4	Yes
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .	5	No

## **Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
THE MEMBERS GROUP HOLDING COMPANY INC 1500 NW 118TH STREET DES MOINES, IA 50325	PAYROLL	766,033
AFFILIATES MANAGEMENT COMPANY - POLICYWO 1500 NW 118TH STREET DES MOINES, IA 50325	LOBBYING & REGULATORY SERVICE	552,799
AFFILIATES MANAGEMENT COMPANY (AMC) 1500 NW 118TH STREET DES MOINES, IA 50325	MANAGEMENT SERVICES	263,340

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f \$						
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .						
<b>Program Service Revenue</b>	<b>2a</b> MEMBERSHIP DUES	Business Code					
		561000	975,033	975,033			
	<b>b</b> ANNUAL MEETING		182,829	182,829			
	<b>c</b> SERVICE FEES		40,937	40,701	236		
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .		1,198,799				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . .						
			223,782			223,782	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents	(I) Real	(II) Personal				
	<b>b</b> Less rental expenses						
	<b>c</b> Rental income or (loss)						
	<b>d</b> Net rental income or (loss) . . . . .						
<b>7a</b> Gross amount from sales of assets other than inventory	(I) Securities	(II) Other					
		9,488,381					
	<b>b</b> Less cost or other basis and sales expenses	8,972,088					
	<b>c</b> Gain or (loss)	516,293					
	<b>d</b> Net gain or (loss) . . . . .		516,293			516,293	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .						
	<b>b</b> Less direct expenses . . . . .	<b>b</b>					
	<b>c</b> Net income or (loss) from fundraising events . . . . .						
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .							
<b>b</b> Less direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .							
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . .							
<b>Miscellaneous Revenue</b>	Business Code						
<b>11a</b> MANAGEMENT CONTRACTS	561000	52,664		52,664			
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue . . . . .							
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .		52,664					
<b>12</b> <b>Total revenue.</b> See Instructions . . . . .		1,991,538	1,198,563	52,900	740,075		

**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 **Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,808			
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	24,008			
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees . . . . .	289,214			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7 Other salaries and wages	340,811			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	49,634			
9 Other employee benefits . . . . .	52,091			
10 Payroll taxes . . . . .	40,514			
11 Fees for services (non-employees)				
a Management . . . . .	160,296			
b Legal . . . . .	49,114			
c Accounting . . . . .	72,818			
d Lobbying . . . . .	44,789			
e Professional fundraising See Part IV, line 17 . . . . .				
f Investment management fees . . . . .	25,713			
g Other . . . . .	71,935			
12 Advertising and promotion . . . . .	46,030			
13 Office expenses . . . . .	50,155			
14 Information technology . . . . .	44,182			
15 Royalties . . . . .				
16 Occupancy . . . . .	60,276			
17 Travel . . . . .	83,978			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19 Conferences, conventions, and meetings . . . . .	130,764			
20 Interest . . . . .	1,054			
21 Payments to affiliates . . . . .				
22 Depreciation, depletion, and amortization . . . . .	24,978			
23 Insurance . . . . .	4,371			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a SUPPORT SERVICES	613,470			
b EDUCATION & TRAINING	30,071			
c HUMAN RESOURCES	28,848			
d RECEPTIONIST	3,852			
e				
f All other expenses	2,869			
25 Total functional expenses. Add lines 1 through 24f	2,347,643			
26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		<b>(A)</b> Beginning of year		<b>(B)</b> End of year	
Assets	1 Cash—non-interest-bearing	5,054,269	<b>1</b>	150,955	
	2 Savings and temporary cash investments	2			
	3 Pledges and grants receivable, net	3			
	4 Accounts receivable, net	45,241	<b>4</b>	41,553	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	5			
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L	6			
	7 Notes and loans receivable, net	7			
	8 Inventories for sale or use	8			
	9 Prepaid expenses and deferred charges	77,890	<b>9</b>	103,506	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	221,849	<b>10a</b>		
	b Less accumulated depreciation	161,001	46,466	<b>10c</b>	60,848
	11 Investments—publicly traded securities	8,480	<b>11</b>	8,480	
	12 Investments—other securities See Part IV, line 11	14,827,716	<b>12</b>	18,943,322	
	13 Investments—program-related See Part IV, line 11	13			
	14 Intangible assets	14			
	15 Other assets See Part IV, line 11	1,393	<b>15</b>	1,151	
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	20,061,455	<b>16</b>	19,309,815	
Liabilities	17 Accounts payable and accrued expenses	842,986	<b>17</b>	676,056	
	18 Grants payable	18			
	19 Deferred revenue	73,665	<b>19</b>	283,283	
	20 Tax-exempt bond liabilities	20			
	21 Escrow or custodial account liability Complete Part IV of Schedule D	21			
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	22			
	23 Secured mortgages and notes payable to unrelated third parties	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			
	<b>26 Total liabilities.</b> Add lines 17 through 25	916,651	<b>26</b>	959,339	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27 Unrestricted net assets	27			
	28 Temporarily restricted net assets	28			
	29 Permanently restricted net assets	29			
Net Assets or Fund Balances	<b>Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.</b>				
	30 Capital stock or trust principal, or current funds	0	<b>30</b>	0	
	31 Paid-in or capital surplus, or land, building or equipment fund	0	<b>31</b>	0	
	32 Retained earnings, endowment, accumulated income, or other funds	19,144,804	<b>32</b>	18,350,476	
	<b>33 Total net assets or fund balances</b>	19,144,804	<b>33</b>	18,350,476	
Net Assets or Fund Balances	<b>34 Total liabilities and net assets/fund balances</b>	20,061,455	<b>34</b>	19,309,815	

**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	1,991,538
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,347,643
3	Revenue less expenses Subtract line 2 from line 1	3	-356,105
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	19,144,804
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-438,223
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	18,350,476

**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	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O	
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		<b>2a</b>
2b Were the organization's financial statements audited by an independent accountant?	<b>2b</b> Yes	No
2c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		<b>2c</b> Yes
2d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<b>3a</b>
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		<b>3b</b> No

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 83-0494970  
**Name:** IOWA CREDIT UNION LEAGUE

### Form 990, Special Condition Description:

#### Special Condition Description

### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

#### 4d. Other program services

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

PROFESSIONAL DEVELOPMENT - THE LEAGUE, IN PARTNERSHIP WITH CUNA, HOLDS NUMEROUS PROFESSIONAL DEVELOPMENT SEMINARS EACH YEAR FOR IOWA CREDIT UNIONS TO HELP THEM LEARN MORE ABOUT HOW TO BEST SERVE THEIR MEMBERS. THE EDUCATION DEPARTMENT HELPS ORGANIZE ANNUAL CONVENTION AND MANAGES THE VENDOR INVOLVEMENT PROGRAM

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

MANAGEMENT CONSULTATION - THE MANAGEMENT CONSULTANTS AT ICUL ARE STRATEGIC PARTNERS WITH INDIVIDUAL CREDIT UNIONS TO HELP THEM IDENTIFY GOALS AND CHALLENGES, AND PREPARE FOR THE FUTURE DEVELOPMENT OF THEIR CREDIT UNION

**SCHEDULE C**  
(Form 990 or 990-EZ)

## 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.

2011

## 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-E
- Section 527 organizations Complete Part I-A only

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

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

Name of the organization  
IOWA CREDIT UNION LEAGUE

Employer identification number

83-0494970

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

**1** Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV

**2** Political expenditures ➤ \$ \_\_\_\_\_

**3** Volunteer hours

**Part I-B Complete if the organization is exempt under section 501(c)(3)**

**1** Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ \_\_\_\_\_

**2** Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ \_\_\_\_\_

**3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No

**4a** Was a correction made?  Yes  No

**b** If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).**

**1** Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ \_\_\_\_\_

**2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ \_\_\_\_\_

**3** Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ► \$ \_\_\_\_\_

**4** Did the filing organization file **Form 1120-POL** for this year?  Yes  No

**5** Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

**B** Check  if the filing organization checked box A and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		<b>(a) Filing Organization's Totals</b>	<b>(b) Affiliated Group Totals</b>
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)			
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)			
<b>d</b> Other exempt purpose expenditures			
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)			
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns			
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
Not over \$500,000	20% of the amount on line 1e		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)			
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-			
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-			
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**4-Year Averaging Period Under Section 501(h)**

**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)**

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
<b>Calendar year (or fiscal year beginning in)</b>	<b>(a) 2008</b>	<b>(b) 2009</b>	<b>(c) 2010</b>	<b>(d) 2011</b>	<b>(e) Total</b>
<b>2a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots non-taxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

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

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

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

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

<b>1</b> Dues, assessments and similar amounts from members	1	
<b>2</b> Section 162(e) non-deductible lobbying and political expenditures ( <b>do not include amounts of political expenses for which the section 527(f) tax was paid</b> )	2a	
<b>a</b> Current year	2b	
<b>b</b> Carryover from last year	2c	
<b>c</b> Total	3	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	5	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)		

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1.

Also, complete this part for any additional information

Identifier	Return Reference	Explanation
PART IV, SUPPLEMENTAL INFORMATION		PURSUANT TO REV. PROC. 98-19, EXEMPT FROM 6033(E) DISCLOSURE AS ALL MEMBERS UNDER IRC SECTION 501(A), NOT SECTION 501(C)(4)/(5)/(6)

2011

Open to Public  
Inspection**SCHEDULE D**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

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

**Name of the organization**  
IOWA CREDIT UNION LEAGUE**Employer identification number**

83-0494970

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically importantly land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X ► \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

<b>a</b> <input type="checkbox"/> Public exhibition	<b>d</b> <input type="checkbox"/> Loan or exchange programs
<b>b</b> <input type="checkbox"/> Scholarly research	<b>e</b> <input type="checkbox"/> Other
<b>c</b> <input type="checkbox"/> Preservation for future generations	

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV and complete the following table

	<b>Amount</b>
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV

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

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

2 Provide the estimated percentage of the year end balance held as

**a** Board designated or quasi-endowment ►

**b** Permanent endowment ►

**c** Term endowment ►

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

<b>(i)</b> unrelated organizations . . . . .	<b>Yes</b>	<b>No</b>
<b>(ii)</b> related organizations . . . . .		

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

<b>3a(i)</b>	
<b>3a(ii)</b>	
<b>3b</b>	

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

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

	<b>Description of property</b>	<b>(a) Cost or other basis (investment)</b>	<b>(b) Cost or other basis (other)</b>	<b>(c) Accumulated depreciation</b>	<b>(d) Book value</b>
<b>1a</b> Land . . . . .					
<b>b</b> Buildings . . . . .					
<b>c</b> Leasehold improvements . . . . .					
<b>d</b> Equipment . . . . .		49,152		47,387	1,765
<b>e</b> Other . . . . .		172,697		113,614	59,083
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .					60,848

**Part VII Investments—Other Securities.** 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) Financial derivatives		
(2) Closely-held equity interests	10,051,994	C
(3) Other		
(A) INVESTMENT IN CREDIT UNION HOUSE LLC	37,695	F
(B) PUBLICLY TRADED SECURITIES	8,751,632	F
(C) INVESTMENT IN IOWA BUSINESS GROWTH	2,001	F
(D) INVESTMENT IN CU PARTNER LINK	100,000	F

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,991,538
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,347,643
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-356,105
4	Net unrealized gains (losses) on investments	4	-931,061
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	492,838
9	Total adjustments (net) Add lines 4 - 8	9	-438,223
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-794,328

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 )	5	

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 )	5	

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE COMPANY FOLLOWS THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, 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. THE COMPANY HAS EVALUATED THE MATERIAL TAX POSITIONS AND DETERMINED NO INCOME TAX EFFECTS WITH RESPECT TO THE FINANCIAL STATEMENTS
PART XI, LINE 8 - OTHER ADJUSTMENTS		EQUITY EARNINGS OF AFFILIATES MANAGEMENT COMPANY 492,838

Department of the Treasury  
Internal Revenue Service

## **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

► Attach to Form 990. ► See separate instructions.

**Part IV, line 14b, 15, or 16.**

Form 890. See separate instructions.

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Name of the organization

**NAME OF THE ORGANIZATION**

**Employer identification number**

83-0494970

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

**3 Activities per Region (Use Part V if additional space is needed )**

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 . . . . . ▶  Use Part V if additional space is needed.

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ► \_\_\_\_\_

3 Enter total number of other organizations or entities . . . . . ► \_\_\_\_\_

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

**Part IV Foreign Forms**

1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*  Yes  No

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*  Yes  No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*  Yes  No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*  Yes  No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*  Yes  No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*  Yes  No

## Part V Supplemental Information

**Supplemental Information** Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

**Schedule J**  
(Form 990)**Compensation Information**

OMB No 1545-0047

**2011**Department of the Treasury  
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
**► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.**  
**► Attach to Form 990. ► See separate instructions.**

**Open to Public Inspection****Name of the organization**  
IOWA CREDIT UNION LEAGUE**Employer identification number**

83-0494970

**Part I Questions Regarding Compensation**

Yes No

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

**b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

**a** Receive a severance payment or change-of-control payment?  
**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
**c** Participate in, or receive payment from, an equity-based compensation arrangement?  
 If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

**a** The organization?

**b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

**a** The organization?

**b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

<b>1b</b>		
<b>2</b>		
<b>4a</b>		No
<b>4b</b>	Yes	
<b>4c</b>		No
<b>5a</b>		
<b>5b</b>		
<b>6a</b>		
<b>6b</b>		
<b>7</b>		
<b>8</b>		
<b>9</b>		

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

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

**Note.** The sum of columns (B)(i)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual.

**Part III Supplemental Information**

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

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION	PART III	PATRICK JURY, MURRAY WILLIAMS, AND MIKE POWERS RECEIVE COMPENSATION FROM THE MEMBERS GROUP (TMG) TMG PROVIDES ALL COMPENSATION AND HUMAN RESOURCE FUNCTIONS FOR ICUL, INCLUDING EXECUTIVE MANAGEMENT SEE CORE FORM PART VI SECTION B LINE 15 FOR FURTHER INFORMATION REGARDING THE PROCESS UTILIZED
SUPPLEMENTAL INFORMATION	PART III	MIKE POWERS AND MURRAY WILLIAMS PARTICIPATED IN A NON QUALIFIED DEFERRED COMPENSATION PLAN MIKE POWERS \$13,748 MURRAY WILLIAMS \$10,904

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

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

**2011****Open to Public  
Inspection**Name of the organization  
IOWA CREDIT UNION LEAGUE**Employer identification number**

83-0494970

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	JOE HEARN, TIM CHAPMAN, MIKE POWERS, MURRAY WILLIAMS, AND PATRICK JURY ARE OFFICERS, DIRECTORS, OR KEY EMPLOYEES OF POLICYWORKS, A 100% OWNED RELATED ENTITY THAT HAS A BUSINESS RELATIONSHIP WITH IOWA CREDIT UNION LEAGUE. PATRICK JURY, DALE CALE, AND MIKE POWERS, ARE OFFICERS, DIRECTORS, OR KEY EMPLOYEES OF COMMUNITY BUSINESS LENDERS, A 53 33% OWNED RELATED ENTITY THAT HAS A BUSINESS RELATIONSHIP WITH IOWA CREDIT UNION LEAGUE. JOE HEARN, TIM CHAPMAN, PATRICK JURY, MURRAY WILLIAMS, AND MIKE POWERS ARE OFFICERS, DIRECTORS, OR KEY EMPLOYEES OF AFFILIATES MANAGEMENT COMPANY, A 100% OWNED RELATED ENTITY THAT HAS A BUSINESS RELATIONSHIP WITH IOWA CREDIT UNION LEAGUE. PATRICK JURY, PAT DRENNEN, AND TIM MARCSISAK ARE OFFICERS, DIRECTORS, OR KEY EMPLOYEES OF TMG FINANCIAL SERVICES, A 82 47% OWNED RELATED ENTITY THAT HAS A BUSINESS RELATIONSHIP WITH IOWA CREDIT UNION LEAGUE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 3	THE MEMBERS GROUP, A 100% OWNED RELATED ENTITY, IS THE PAYROLL AGENT FOR THE ORGANIZATION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 3	AFFILIATES MANAGEMENT COMPANY, A 100% OWNED RELATED ENTITY, PROVIDES ACCOUNTING, HUMAN RESOURCES, RISK MANAGEMENT, AND FACILITIES MANAGEMENT FOR THE ORGANIZATION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	THIS ORGANIZATION HAS MEMBERS THESE MEMBERS MAY BE DIVIDED INTO TWO CLASSES REGULAR MEMBERS AND ASSOCIATE MEMBERS REGULAR MEMBERS INCLUDE ALL MEMBERS THAT ARE CREDIT UNIONS INCORPORATED IN THE STATE OF IOWA, WHETHER STATE OR FEDERALLY CHARTERED ASSOCIATE MEMBERS INCLUDE ALL MEMBERS THAT ARE CREDIT UNIONS LOCATED OUTSIDE THE STATE OF IOWA, WHETHER STATE OR FEDERALLY CHARTERED, AND ANY OTHER MEMBERS THAT THE BOARD OF DIRECTORS AUTHORIZES FOR MEMBERSHIP REGULAR MEMBERS SHALL HAVE VOTING RIGHTS ASSOCIATE MEMBERS SHALL NOT HAVE VOTING RIGHTS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	<p>AT LEAST FIVE MONTHS PRIOR TO THE LEAGUE'S ANNUAL MEETING, THE LEAGUE WILL SEND TO ALL MEMBERS THE FOLLOWING 1) A REPORT OF EACH MEMBER'S RESPECTIVE ASSET CATEGORY, BASED ON THE MOST RECENT CALL REPORT DATA, AND 2) A NOMINATION FORM INDICATING THE OPEN BOARD POSITION(S) TO BE FILLED WITHIN EACH RESPECTIVE ASSET CATEGORY AT THE UP-COMING ELECTION. THE BOARD OF DIRECTORS OF ANY MEMBER CREDIT UNION MAY NOMINATE ONE (1) OF THE MEMBERS OF THE CREDIT UNION AS A CANDIDATE IN WHICH THERE WILL BE A VACANCY AT THE ENSUING ANNUAL MEETING AND (2) THE CREDIT UNION DOES NOT ALREADY HAVE A MEMBER ON THE BOARD, UNLESS THE CURRENT DIRECTOR'S TERM IS EXPIRING OR IS NOT SEEKING RE-ELECTION. WITHIN THIRTY (30) DAYS FOLLOWING THE LEAGUE'S DISTRIBUTION OF A NOMINATION FOR THE MEMBERS, EACH MEMBER SHALL SUBMIT ITS NOMINATION WITHIN THIRTY (30) DAYS FOLLOWING THE DEADLINE FOR THE SUBMISSION OF NOMINATION FORMS TO THE LEAGUE. THE LEAGUE SHALL SEND TO ALL MEMBERS THE LIST OF CANDIDATES WITHIN THEIR RESPECTIVE ASSET CATEGORY FOR OPEN BOARD POSITION (2) TO BE FILLED. EACH MEMBER CREDIT UNION SHALL BE ENTITLED TO CAST A VOTE FOR EACH DIRECTOR TO BE ELECTED IN ITS RESPECTIVE ASSET CATEGORY. A NOMINEE MUST RECEIVE A MAJORITY OF THE VOTES CAST IN ORDER TO BE DECLARED ELECTED. WITHIN THIRTY (30) DAYS FOLLOWING THE DEADLINE FOR THE LEAGUE TO SEND THE LIST OF CANDIDATES TO EACH MEMBER, EACH MEMBER WILL SEND ITS VOTE TO THE LEAGUE FOR TABULATION.</p>

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7B	AT ALL MEETINGS EACH MEMBER CREDIT UNION SHALL BE ENTITLED TO CAST TWO (2) VOTES ON ALL QUESTIONS SAID VOTES SHALL BE CAST BY ONE (1) OF TWO (2) DELEGATES OR ALTERNATIVES WHO MUST BE MEMBERS OF THE CREDIT UNION, AND WHO HAVE BEEN SELECTED BY THAT CREDIT UNION'S BOARD OF DIRECTORS, WHICH SELECTIONS SHALL BE CERTIFIED TO THE CREDENTIALS COMMITTEE PRIOR TO EACH MEETING ONLY DELEGATES OR ALTERNATIVES SO CERTIFIED SHALL HAVE THE PRIVILEGE OF VOTING AT ANY MEETING THERE SHALL NOT BE VOTING BY PROXY AT ALL REGULAR OR SPECIAL MEETINGS TEN PERCENT (10%) OR MORE OF THE MEMBER CREDIT UNIONS SHALL CONSTITUTE A QUORUM

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	A COPY OF THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO THE FILING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	IOWA CREDIT UNION LEAGUE REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES ITS CONFLICT OF INTEREST POLICY BY ANNUALLY REVIEWING THE POLICY WITH BOARD MEMBERS AND HAVING THEM SIGN THE FORM EACH YEAR. ADHERANCE TO THE POLICY IS MONITORED BY FELLOW BOARD MEMBERS AND EXECUTIVE MANAGEMENT THROUGHOUT THE YEAR

Identifier	Return Reference	Explanation
		AFFILIATES MANAGEMENT COMPANY (AMC) IS A 100% OWNED RELATED ENTITY OF THE IOWA CREDIT UNION LEAGUE (ICUL) THE AMC BOARD OF DIRECTORS HAS FORMED A COMPENSATION COMMITTEE TO REVIEW MARKET DATA COMPILED BY AN INDEPENDENT THIRD PARTY AND OTHER RELEVANT INFORMATION TO DESIGN THE COMPENSATION PLAN FOR THE CEO THE REVIEW IS DONE ON AN ANNUAL BASIS WITH THE LATEST REVIEW COMPLETED IN 2011 THE PLAN DESIGNED BY THE AMC COMPENSATION COMMITTEE IS SUBJECT TO REVIEW BY THE ICUL BOARD OF DIRECTORS THE COMPENSATION OF THE OTHER KEY OFFICIALS OF THE ORGANIZATION IS ESTABLISHED BY THE CEO AFTER REVIEW OF THE MARKET DATA COMPILED BY AN INDEPENDENT THIRD PARTY AND OTHER RELEVANT FACTORS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST STATEMENTS, AND FORM 990 RETURNS ARE AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
	FORM 990, PART VII	AVERAGE HOURS PER WEEK DEVOTED TO POSITION WITH RELATED ORGANIZATION PATRICK JURY 32 HOURS MIKE POWERS 32 HOURS MURRAY WILLIAMS 8 HOURS

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -931,061 EQUITY EARNINGS OF AFFILIATES MANAGEMENT COMPANY 492,838 TOTAL TO FORM 990, PART XI, LINE 5 - 438,223

Identifier	Return Reference	Explanation
	FORM 990, PART I, LINE 6 EXPLANATION OF VOLUNTEERS	14 MEMBERS SERVED ON THE ORGANIZATION'S BOARD OF DIRECTORS DURING THE YEAR AND ARE CONSIDERED VOLUNTEERS. THERE ARE ALSO ANOTHER 17 OTHER INDIVIDUALS WHO WORK ON COMMITTEES AS VOLUNTEERS. NO BOARD OR COMMITTEE MEMBERS RECEIVED ANY COMPENSATION

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**SCHEDULE R**  
**(Form 990)**

## Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2011

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**

## IOWA CREDIT UNION LEAGUE

**Employer identification number**

83-049497

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

(a)	Name, address, and EIN of disregarded entity	(b)	Primary activity	(c)	Legal domicile (state or foreign country)	(d)	Total income	(e)	End-of-year assets	(f)	Direct controlling entity
(1)	CU STRUCTURED FINANCE LLC 1500 NW 118TH ST DES MOINES, IA 50325 27-3552312	BUSINESS SERVICES	IA	0	7,465	TMG FINANCIAL SERVICES					
(2)	POLICYWORKS LLC 1500 NW 118TH ST DES MOINES, IA 50325	LOBBYING & REGULATORY SERVICES	IA	0	393,373	AFFILIATES MANAGEMENT COMPANY					
(3)	PAYFUSION LLC 1500 NW 118TH ST DES MOINES, IA 50325	CONSULTING SERVICES	IA	0	-108,389	AFFILIATES MANAGEMENT COMPANY					

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
(1) COMMUNITY BUSINESS LENDERS 1500 NW 118TH STREET DES MOINES, IA 50325 34-2033742	LOAN SERVICES AND SUPPORT	IA	AFFILIATES MANAGEMENT COMPANY	UNRELATED	-45,298	1,340,927		No		No	
(2) COOPERA CONSULTING 1500 NW 118TH STREET DES MOINES, IA 50325 90-0340857	CONSULTING SERVICES	IA	AFFILIATES MANAGEMENT COMPANY	UNRELATED	-18,670	74,385		No		No	
(3) THE MEMBERS GROUP LLC 1500 NW 118TH STREET DES MOINES, IA 50325 61-1579244	BUSINESS SERVICES	IA	THE MEMBERS GROUP HOLDING COMPANY INC	UNRELATED	5,000	2,051,847		No		No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) AFFILIATES MANAGEMENT COMPANY 1500 NW 118TH ST DES MOINES, IA 50325 26-3263563	HOLDING COMPANY	IA	N/A	C	3,667,980	17,429,537	100 000 %
(2) TMG FINANCIAL SERVICES INC 1500 NW 118TH ST DES MOINES, IA 50325 74-3203348	CREDIT CARD SERVICES	IA	AFFILIATES MANAGEMENT COMPANY	C	13,712,929	115,392,820	82 470 %
(3) THE MEMBERS GROUP HOLDING COMPANY INC 1500 NW 118TH ST DES MOINES, IA 50325 42-1290173	BUSINESS SERVICES	IA	AFFILIATES MANAGEMENT COMPANY	C	21,239,874	23,335,928	100 000 %

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III or IV**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Sale of assets to related organization(s)
- g** Purchase of assets from related organization(s)
- h** Exchange of assets with related organization(s)
- i** Lease of facilities, equipment, or other assets to related organization(s)
- j** Lease of facilities, equipment, or other assets from related organization(s)
- k** Performance of services or membership or fundraising solicitations for related organization(s)
- l** Performance of services or membership or fundraising solicitations by related organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- n** Sharing of paid employees with related organization(s)
- o** Reimbursement paid to related organization(s) for expenses
- p** Reimbursement paid by related organization(s) for expenses
- q** Other transfer of cash or property to related organization(s)
- r** Other transfer of cash or property from related organization(s)

	Yes	No
1a	Yes	
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j	Yes	
1k		No
1l	Yes	
1m		No
1n		No
1o		No
1p		No
1q		No
1r		No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) AFFILIATES MANAGEMENT COMPANY (AMC)	A	1,054	GAAP
(2) AFFILIATES MANAGEMENT COMPANY - POLICYWORKS	L	552,799	GAAP
(3) AFFILIATES MANAGEMENT COMPANY (AMC)	L	263,340	GAAP
(4) AFFILIATES MANAGEMENT COMPANY (AMC)	J	60,276	GAAP
(5) COOPERA CONSULTING (SUBSIDIARY OF AMC)	L	65,070	GAAP
(6) THE MEMBERS GROUP HOLDING COMPANY	N	766,033	GAAP

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

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

**Part VII Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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**Software ID:**  
**Software Version:**  
**EIN:** 83-0494970  
**Name:** IOWA CREDIT UNION LEAGUE

**Form 990, Schedule R, Part V - Transactions With Related Organizations**

	<b>(a)</b> Name of other organization	<b>(b)</b> Transaction type(a-r)	<b>(c)</b> Amount Involved (\$)	<b>(d)</b> Method of determining amount involved
(1)	AFFILIATES MANAGEMENT COMPANY (AMC)	A	1,054	GAAP
(2)	AFFILIATES MANAGEMENT COMPANY - POLICYWORKS	L	552,799	GAAP
(3)	AFFILIATES MANAGEMENT COMPANY (AMC)	L	263,340	GAAP
(4)	AFFILIATES MANAGEMENT COMPANY (AMC)	J	60,276	GAAP
(5)	COOPERA CONSULTING (SUBSIDIARY OF AMC)	L	65,070	GAAP
(6)	THE MEMBERS GROUP HOLDING COMPANY	N	766,033	GAAP