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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 2012 Open to Public Inspection
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012

B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization UNIVERSITY OF IOWA COMMUNITY CREDIT UNION		D Employer identification number 42-0804594
	Doing Business As		
	Number and street (or P O box if mail is not delivered to street address) 825 MORMON TREK BLVD	Room/suite	E Telephone number (319) 339-1000
	City or town, state or country, and ZIP + 4 IOWA CITY, IA 52246		G Gross receipts \$ 102,990,401
F Name and address of principal officer JEFFREY DISTERHOFT 825 MORMON TREK BLVD IOWA CITY, IA 52246		H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions)	
I Tax-exempt status ☐ 501(c)(3) ☒ 501(c) (14) ◀ (Insert no) ☐ 4947(a)(1) or ☐ 527		H(c) Group exemption number ▶	
J Website: ▶ WWW.UICCU.ORG			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities WE IMPROVE THE QUALITY OF LIFE IN OUR COMMUNITIES BY PROMOTING THE FINANCIAL WELL-BEING OF OUR RESIDENTS			
	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)	10	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	10	
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	290	
6	Total number of volunteers (estimate if necessary)	10		
7a	Total unrelated business revenue from Part VIII, column (C), line 12	104,559		
7b	Net unrelated business taxable income from Form 990-T, line 34	-82,359		
Revenue	8	Contributions and grants (Part VIII, line 1h)	0	0
	9	Program service revenue (Part VIII, line 2g)	69,873,062	80,527,516
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	307,420	4,106,824
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,078,491	17,424,764
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	81,258,973	102,059,104
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	426,328
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)	16,156,864	18,886,575
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)	43,505,237	48,524,559
18		Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	60,088,429	68,257,541
19		Revenue less expenses Subtract line 18 from line 12	21,170,544	33,801,563
Net Assets or Fund Balances				Beginning of Current Year
	20	Total assets (Part X, line 16)	1,422,977,466	1,799,910,754
	21	Total liabilities (Part X, line 26)	1,307,165,115	1,649,878,296
	22	Net assets or fund balances Subtract line 21 from line 20	115,812,351	150,032,458

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			2013-07-29 Date	
	GARY M APPLEBY VICE PRESIDENT/FINANCE Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JOHN J ROMANO		Preparer's signature		Date
	Check ☐ if self-employed			PTIN P00227323	
	Firm's name  MCGLADREY LLP			Firm's EIN  42-0714325	
	Firm's address  201 N HARRISON STREET SUITE 300 DAVENPORT, IA 528011999			Phone no (563) 888-4000	

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 O contains a response to any question in this Part III

1

Briefly describe the organization's mission

WE IMPROVE THE QUALITY OF LIFE IN OUR COMMUNITIES BY PROMOTING THE FINANCIAL WELL-BEING OF OUR RESIDENTS

2

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

Yes

✓

No

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

3

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

Yes

✓

No

If "Yes," describe these changes on Schedule O

4

Describe the 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 are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

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

PROVIDE LENDING SERVICES TO THE MEMBERSHIP OF THE CREDIT UNION IN 2012, THE CREDIT UNION ORIGINATED \$720,132,602 OF IN-HOUSE CONSUMER, REAL ESTATE, AND COMMERCIAL LOANS, AND ALSO ORIGINATED \$604,724,751 IN FIRST MORTGAGE LOANS WHICH WERE SOLD ON THE SECONDARY MARKET

4b

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

PROVIDE SAVINGS AND DEPOSIT SERVICES TO THE MEMBERSHIP OF THE CREDIT UNION IN 2012, TOTAL DEPOSITS IN THE CREDIT UNION GREW FROM \$1,087,610,399 TO \$1,437,214,429

4c

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

PROVIDE TRANSACTION SERVICES TO THE MEMBERSHIP OF THE CREDIT UNION IN 2012, THE CREDIT UNION PROCESSED 23,949,747 FINANCIAL TRANSACTIONS FOR ITS MEMBERS

4d

Other program services (Describe in Schedule O)

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

4e

Total program service expenses

Form 990 (2012)

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	No
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
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	No
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	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
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 	11a	Yes
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	No
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 	11c	No
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	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e	Yes
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f	Yes
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
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 and XII is optional 	12b	Yes
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
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.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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 as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders.		
11b	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?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1a	10		
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			
b	Enter the number of voting members included in line 1a, above, who are independent		
1b	10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
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	No
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	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
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?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	No
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	Yes
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	No

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 ☐ Other (explain in Schedule O)
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 during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization GARY M APPLEBY 500 IOWA AVENUE IOWA CITY, IA (319) 341-2102

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 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LAURA REED CHAIRPERSON	4 00	X		X				0	0	0
(2) MARK MOSER VICE CHAIRPERSON	4 00	X		X				0	0	0
(3) ELDEAN BORG CHIEF FINANCIAL OFFICER	4 00	X		X				0	0	0
(4) JEAN HARNEY SECRETARY	4 00	X		X				0	0	0
(5) CHARLES MCCOMAS BOARD MEMBER	4 00	X						0	0	0
(6) TOM LEPIC BOARD MEMBER	4 00	X						0	0	0
(7) PATRICK MCGRATH BOARD MEMBER	4 00	X						0	0	0
(8) LAUREL DAY BOARD MEMBER	4 00	X						0	0	0
(9) FRED MIMS BOARD MEMBER	4 00	X						0	0	0
(10) KARIN FRANKLIN BOARD MEMBER	4 00	X						0	0	0
(11) JEFFREY DISTERHOFT CHIEF EXECUTIVE OFFICER	50 00			X				602,854	0	34,000
(12) GARY M APPLEBY VICE PRESIDENT/FINANCE	50 00			X				180,273	0	17,000
(13) RICHARD NOBLE VICE PRESIDENT/OPERATIONS	50 00				X			194,967	0	33,649
(14) STEVEN QUIGLEY VICE PRESIDENT/RETAIL SERVICES	50 00				X			188,014	0	9,750
(15) TAMI MCGARY MORTGAGE LOAN OFFICER	55 00					X		290,872	0	17,000
(16) MATTHEW FRASCHT MORTGAGE LOAN OFFICER	55 00					X		265,344	0	13,520
(17) RYAN DOEHRMANN MORTGAGE LOAN OFFICER	55 00					X		232,581	0	10,038

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	2,429,798	0	139,836

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 29

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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)	(B)	(C)
Name and business address	Description of services	Compensation

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 0

Part VIII

Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f					
Program Service Revenue	2a	LOAN INTEREST REVENUE	Business Code 522100	74,027,810	74,027,810		
	b	ATM FEE REVENUE	522100	6,499,706	6,395,147	104,559	
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		80,527,516			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,847,917		2,847,917
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6a		Gross rents	(i) Real	(ii) Personal			
		b	Less rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss)				
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b	Less cost or other basis and sales expenses		2,190,204		
		c	Gain or (loss)		931,297		
		d	Net gain or (loss)		1,258,907		1,258,907
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
b		Less direct expenses	b				
c		Net income or (loss) from fundraising events					
9a		Gross income from gaming activities See Part IV, line 19	a				
b		Less direct expenses	b				
c		Net income or (loss) from gaming activities					
10a		Gross sales of inventory, less returns and allowances	a				
b		Less cost of goods sold	b				
c		Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code					
11a		CUNA REVENUE	522100	8,098,663	8,098,663		
b	INTERCHANGE REVENUE	522100	6,209,353	6,209,353			
c	MISCELLANEOUS REVENUE	522100	1,012,075	1,012,075			
d	All other revenue		2,104,673	2,104,673			
e	Total. Add lines 11a-11d		17,424,764				
12	Total revenue. See Instructions		102,059,104	97,847,721	104,559	4,106,824	

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).

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.	846,407			
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.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	1,260,507			
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.	10,267,871			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9	Other employee benefits.	6,281,030			
10	Payroll taxes.	1,077,167			
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	240,705			
c	Accounting.	313,007			
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	114,941			
12	Advertising and promotion.	1,168,638			
13	Office expenses.	1,506,014			
14	Information technology.	122,635			
15	Royalties.				
16	Occupancy.	1,180,968			
17	Travel.				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	16,000			
20	Interest.	4,261,285			
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	2,264,588			
23	Insurance.	1,106,945			
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).				
a	INTEREST PAID TO MEMBER	21,359,736			
b	PROVISION FOR LOAN LOSS	6,121,082			
c	MISCELLANEOUS EXPENSE	3,947,440			
d	PROCESSING FEES	3,104,440			
e	All other expenses	1,696,135			
25	Total functional expenses. Add lines 1 through 24e.	68,257,541			
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).				

Part X

Balance Sheet

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

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			63,525,394	2	135,030,060
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net			1,244,231,073	7	1,521,929,406
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			4,560,353	9	7,001,969
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	59,995,466	27,869,984	10c	46,166,000
	b	Less accumulated depreciation	10b	13,829,466			
	11	Investments—publicly traded securities			20,882,100	11	24,628,900
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets			462,010	14	565,145
	15	Other assets See Part IV, line 11			61,446,552	15	64,589,274
16	Total assets. Add lines 1 through 15 (must equal line 34)			1,422,977,466	16	1,799,910,754	
Liabilities	17	Accounts payable and accrued expenses			12,502,571	17	19,309,133
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Loans and other 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			206,250,000	23	192,750,000
	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			1,088,412,544	25	1,437,819,163
	26	Total liabilities. Add lines 17 through 25			1,307,165,115	26	1,649,878,296
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☐ and complete lines 27 through 29, and lines 33 and 34.					
27		Unrestricted net assets				27	
28		Temporarily restricted net assets				28	
29		Permanently restricted net assets				29	
Organizations that do not follow SFAS 117 (ASC 958), check here ☒ and complete lines 30 through 34.							
30		Capital stock or trust principal, or current funds			0	30	0
31		Paid-in or capital surplus, or land, building or equipment fund			0	31	0
32		Retained earnings, endowment, accumulated income, or other funds			115,812,351	32	150,032,458
33		Total net assets or fund balances			115,812,351	33	150,032,458
34	Total liabilities and net assets/fund balances			1,422,977,466	34	1,799,910,754	

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	102,059,104
2	Total expenses (must equal Part IX, column (A), line 25)	2	68,257,541
3	Revenue less expenses Subtract line 2 from line 1	3	33,801,563
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	115,812,351
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	418,544
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	150,032,458

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," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
2c	If "Yes," to line 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	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
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		

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization
UNIVERSITY OF IOWA COMMUNITY CREDIT UNION

Employer identification number
42-0804594

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 can 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

	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 tax 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

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 XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations

3a(i)

(ii) related organizations

3a(ii)

b

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

3b

4

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

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		13,383,571		13,383,571
b Buildings		31,115,896	3,673,626	27,442,270
c Leasehold improvements		966,254	694,349	271,905
d Equipment		14,529,745	9,461,491	5,068,254
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				46,166,000

Part XI					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 XIII)	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 XIII)	4b				
c	Add lines 4a and 4b		4c			
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)				5	
Part XII						
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 XIII)	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 XIII)	4b				
c	Add lines 4a and 4b		4c			
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)				5	
Part XIII						
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, line 2, Part XI, lines 2d and 4b, and Part XII, 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, LINE 2	THE CREDIT UNION IS EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(14) OF THE INTERNAL REVENUE CODE AND, THEREFORE, NO INCOME TAXES HAVE BEEN PROVIDED FOR IN THE FINANCIAL STATEMENTS. THE CREDIT UNION DOES, HOWEVER, PAY PROPERTY TAXES TO THE COUNTY AND CITY ON ITS BUILDINGS AND COMPUTER EQUIPMENT AND IS ASSESSED OTHER AMOUNTS WHICH HAVE BEEN REFLECTED IN THE CREDIT UNION'S FINANCIAL STATEMENTS. THE CREDIT UNION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE WITH ASC 740, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THIS GUIDANCE, THE CREDIT UNION MAY RECOGNIZE THE TAX BENEFITS FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE-LIKELY-THAN-NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON TECHNICAL MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS. THIS STANDARD DID NOT HAVE AN IMPACT ON THE FINANCIAL STATEMENTS AND THE CREDIT UNION DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS. THE CREDIT UNION RECOGNIZES INTEREST AND PENALTIES ON INCOME TAXES AS A COMPONENT OF INCOME TAX EXPENSE. WITH FEW EXCEPTIONS, THE CREDIT UNION IS NO LONGER SUBJECT TO U.S. FEDERAL OR STATE AND LOCAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2009.

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

2012

Open to Public Inspection

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

Employer identification number
42-0804594

Part I General Information on Grants and Assistance

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

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

Part II **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

[illegible]

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	17
3	Enter total number of other organizations listed in the line 1 table	4

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

Part IV

Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE UNIVERSITY OF IOWA COMMUNITY CREDIT UNIONS ISSUES ALL GRANT FUNDS DIRECTLY TO THE RECIPIENT ORGANIZATION FOR USE AT THEIR DISCRETION

Software ID:

Software Version:

EIN: 42-0804594

Name: UNIVERSITY OF IOWA COMMUNITY CREDIT UNION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF IOWA200 HAWKINS DRIVE IOWA CITY,IA 52242	42-6004813	STATE OF IOWA	14,700				MULTIPLE CONTRIBUTIONS TO THE UNIVERSITY OF IOWA FOR EDUCATIONAL PURPOSES
UNITED WAY OF JOHNSON COUNTY IOWA INC1150 5TH STREET STE 290 CORALVILLE,IA 52241	42-6062055	501(C)(3)	27,000				CONTRIBUTION TO GENERAL FUND OF JOHNSON COUNTY UNITED WAY AGENCY
IOWA CITY COMMUNITY SCHOOL DISTRICT1725 NORTH DODGE STREET IOWA CITY,IA 52245	42-6023567	IOWA CITY	40,088				MULTIPLE CONTRIBUTIONS TO IOWA CITY COMMUNITY SCHOOL DISTRICT FOR EDUCATIONAL PROGRAMS
CEDAR RAPIDS COMMUNITY SCHOOL FOUNDATION2500 EDGEWOOD RD NW CEDAR RAPIDS,IA 52402	42-1197912	501(C)(3)	14,416				MULTIPLE CONTRIBUTIONS TO THE CEDAR RAPIDS COMMUNITY SCHOOL DISTRICT FOUNDATIONMULTIPLE CONTRIBUTIONS TO THE CEDAR RAPIDS COMMUNITY SCHOOL DISTRICT FOUNDATION
SUMMER OF THE ARTS INC PO BOX 3128 IOWA CITY,IA 52244	42-1412706	501(C)(3)	25,000				SUPPORT OF ART AND CULTURAL INITIATIVES IN IOWA CITY
IOWA CHILDREN'S MUSEUM1451 CORAL RIDGE AVE CORALVILLE,IA 52241	42-1461422	501(C)(3)	15,000				SUPPORT CHILDREN'S PROGRAMMING AT LOCAL CHILDREN'S MUSEUM
JAMES GANG210 N GILBERT STREET IOWA CITY,IA 52245	74-3070882	501(C)(3)	12,500				SUPPORT ART AND CULTURAL INITIATIVES IN IOWA CITY
CEDAR RAPIDS CHAMBER OF COMMERCE501 1ST STREET SE CEDAR RAPIDS,IA 52401	42-0172900	501(C)(6)	10,500				CONTRIBUTION TO GENERAL FUND OF CEDAR RAPIDS ECONOMIC DEVELOPMENT GROUP
CITY OF CEDAR RAPIDS 1100 ROCKFORD ROAD SW CEDAR RAPIDS,IA 52401	42-6004336	CEDAR RAPIDS	7,500				CONTRIBUTION TO SUPPORT ART AND CULTURAL INITIATIVES IN CEDAR RAPIDS
ROTARY CLUB OF MARION - EAST CEDAR RAPIDSPO BOX 11413 CEDAR RAPIDS,IA 524011413	23-7024519	501(C)(3)	7,500				CONTRIBUTION TO SUPPORT MARION ROTARY HALF MARATHON FUNDRAISING EVENTCONTRIBUTION TO SUPPORT MARION ROTARY HALF MARATHON FUNDRAISING EVENT
IOWA CITY PARKS & RECREATION220 S GILBERT ST IOWA CITY,IA 52240	42-6004805	IOWA CITY	6,200				CONTRIBUTION TO SUPPORT ART AND CULTURAL INITIATIVES IN IOWA CITY
NORTH LIBERTY LIBRARY 520 W CHERRY ST NORTH LIBERTY,IA 52317	42-0926682	NORTH LIBERTY	6,000				CONTRIBUTION TO SUPPORT EXPANSION OF PUBLIC LIBRARY IN NORTH LIBERTY
COMMUNITY MENTAL HEALTH CENTER FOR MID-EASTERN IOWA507 E COLLEGE ST IOWA CITY,IA 52240	42-0989584	501(C)(3)	5,000				CONTRIBUTION TO SUPPORT LOCAL MENTAL HEALTH CENTER IN IOWA CITY
UNITED WAY OF EAST CENTRAL IOWA317 7TH AVE SE SUITE 401 CEDAR RAPIDS,IA 52401	42-0861239	501(C)(3)	5,000				CONTRIBUTION TO THE GENERAL FUND OF THE LINN COUNTY UNITED WAY AGENCY
CEDAR RAPIDS FREEDOM FESTIVAL INC226 2ND ST SE CEDAR RAPIDS,IA 52401	42-1329035	501(C)(3)	6,000				CONTRIBUTION TO SUPPORT ANNUAL ART AND CULTURAL EVENT IN CEDAR RAPIDS
NORTHSIDE IC OCTOBERFEST130 N DUBUQUE ST IOWA CITY,IA 52245	80-0731250		5,000				CONTRIBUTION TO SUPPORT NON-PROFIT NEIGHBORHOOD EVENT IN IOWA CITY
GREATER CEDAR VALLEY ALLIANCE10 W 4TH ST WATERLOO,IA 50701	42-1241941	501(C)(6)	5,000				CONTRIBUTION TO THE GENERAL FUND OF THE BLACK HAWK COUNTY UNITED WAY AGENCY
NATL CZECH SLOVAK MUSEUM & LIBRARY87 16TH AVE SW CEDAR RAPIDS,IA 52404	51-0189030	501(C)(3)	5,000				CONTRIBUTION TO SUPPORT RE-OPENING OF NATIONAL CZECH SLOVAK MUSEUM IN CEDAR RAPIDS
IOWA CITY DOWNTOWN SELF SUPPORTED MUNICIPAL IMPROVEMENT DISTRICT 14 1/2 S CLINTON ST IOWA CITY,IA 52240	42-1376887	501(C)(6)	10,000				CONTRIBUTION TO SUPPORT ART AND CULTURAL INITIATIVES IN IOWA CITY
AMERICAN CANCER SOCIETY4080 FIRST AVE NE CEDAR RAPIDS,IA 52402	13-1788491	501(C)(3)	10,000				CONTRIBUTION TO HALL PERRINE CANCER CENTER IN CEDAR RAPIDS
CEDAR RAPIDS CITY MARKET INC1100 3RD ST SE CEDAR RAPIDS,IA 52401	27-0600567	501(C)(3)	10,000				CONTRIBUTION TO FLOOD RELIEF/REVITALIZATION PROJECT IN CEDAR RAPIDS

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
UNIVERSITY OF IOWA COMMUNITY CREDIT UNION

Employer identification number
42-0804594

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 ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ 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 of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☒ Compensation committee ☒ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☒ Compensation survey or study ☒ 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?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
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	4c	No
Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a The organization?	5a	
b Any related organization? If "Yes," to line 5a or 5b, describe in Part III	5b	
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a The organization?	6a	
b Any related organization? If "Yes," to line 6a or 6b, describe in Part III	6b	
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the 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, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)JEFFREY DISTERHOFT CHIEF EXECUTIVE OFFICER	(i)	435,413	167,331	110	17,000	17,000	636,854	0
	(ii)	0	0	0	0	0	0	0
(2)GARY M APPLEBY VICE PRESIDENT/FINANCE	(i)	153,767	26,250	256	17,000	0	197,273	0
	(ii)	0	0	0	0	0	0	0
(3)RICHARD NOBLE VICE PRESIDENT/OPERATIONS	(i)	158,779	36,000	188	17,000	16,649	228,616	0
	(ii)	0	0	0	0	0	0	0
(4)STEVEN QUIGLEY VICE PRESIDENT/RETAIL SERVICES	(i)	149,360	38,500	154	9,750	0	197,764	0
	(ii)	0	0	0	0	0	0	0
(5)TAMI MCGARY MORTGAGE LOAN OFFICER	(i)	80,121	210,704	47	17,000	0	307,872	0
	(ii)	0	0	0	0	0	0	0
(6)MATTHEW FRASCHT MORTGAGE LOAN OFFICER	(i)	82,746	182,578	20	13,520	0	278,864	0
	(ii)	0	0	0	0	0	0	0
(7)RYAN DOEHRMANN MORTGAGE LOAN OFFICER	(i)	73,734	158,833	14	10,038	0	242,619	0
	(ii)	0	0	0	0	0	0	0
(8)MARK LAW WEALTH MANAGER	(i)	10,419	223,819	38	2,718	0	236,994	0
	(ii)	0	0	0	0	0	0	0
(9)MICHAEL LEHMAN WEALTH MANAGER	(i)	21,553	219,019	45	2,161	0	242,778	0
	(ii)	0	0	0	0	0	0	0

Part III **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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Software ID:

Software Version:

EIN: 42-0804594

Name: UNIVERSITY OF IOWA COMMUNITY CREDIT UNION

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
JEFFREY DISTERHOFT	(i)	435,413	167,331	110	17,000	17,000	636,854	0
	(ii)	0	0	0	0	0	0	0
GARY M APPLEBY	(i)	153,767	26,250	256	17,000	0	197,273	0
	(ii)	0	0	0	0	0	0	0
RICHARD NOBLE	(i)	158,779	36,000	188	17,000	16,649	228,616	0
	(ii)	0	0	0	0	0	0	0
STEVEN QUIGLEY	(i)	149,360	38,500	154	9,750	0	197,764	0
	(ii)	0	0	0	0	0	0	0
TAMI MCGARY	(i)	80,121	210,704	47	17,000	0	307,872	0
	(ii)	0	0	0	0	0	0	0
MATTHEW FRASCHT	(i)	82,746	182,578	20	13,520	0	278,864	0
	(ii)	0	0	0	0	0	0	0
RYAN DOEHRMANN	(i)	73,734	158,833	14	10,038	0	242,619	0
	(ii)	0	0	0	0	0	0	0
MARK LAW	(i)	10,419	223,819	38	2,718	0	236,994	0
	(ii)	0	0	0	0	0	0	0
MICHAEL LEHMAN	(i)	21,553	219,019	45	2,161	0	242,778	0
	(ii)	0	0	0	0	0	0	0

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
UNIVERSITY OF IOWA COMMUNITY CREDIT UNION

Employer identification number
42-0804594

Part I

Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2

Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958

\$

3

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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?	(i) Written agreement?	
			To	From			Yes	No		Yes	No
Total							\$				

Part III

Grants or Assistance Benefitting Interested Persons.

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 organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) UICCU MORTGAGE LINN LLC	SEE BELOW IN PART V	350,000	UNIVERSITY OF IOWA RECEIVED A DIVIDEND DISTRIBUTION FROM UICCU MORTGAGE LINN, LLC		No
(2) UICCU MORTGAGE LINN LLC	SEE BELOW IN PART V	1,307,925	THE UNIVERSITY OF IOWA COMMUNITY CREDIT UNION PAYS MORTGAGE ACQUISITIONS COSTS TO UICCU MORTGAGE LINN, LLC		No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
FORM 990, SCHEDULE L, PART IV, COLUMN B	DESCRIPTION OF RELATIONSHIP - UICCU MORTGAGE LINN, LLC	JEFFREY DISTERHOFT IS THE CHIEF EXECUTIVE OFFICER OF UNIVERSITY OF IOWA COMMUNITY CREDIT UNION AND A DIRECTOR ON THE BOARD OF UICCU MORTGAGE LINN, LLC

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.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization UNIVERSITY OF IOWA COMMUNITY CREDIT UNION	Employer identification number 42-0804594
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Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	THE UNIVERSITY OF IOWA CREDIT UNION DOES HAVE MEMBERS AS SPECIFIED BY THEIR BYLAWS
	FORM 990, PART VI, SECTION B, LINE 11	THE ORGANIZATION'S GOVERNING BODY IS PROVIDED AN ELECTRONIC COPY OF THE FORM 990 PRIOR TO FILING THE FORM 990 WILL BE REVIEWED BY THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER AND THE CHIEF FINANCIAL OFFICER
	FORM 990, PART VI, SECTION B, LINE 12C	A DIRECTOR SHALL PROMPTLY DISCLOSE TO THE BOARD ANY KNOWN INTEREST, RELATIONSHIP OR RESPONSIBILITY (FINANCIAL, PROFESSIONAL OR OTHERWISE) HELD BY THE DIRECTOR, ANY MEMBER OF HIS OR HER IMMEDIATE FAMILY, OR ANY OF HIS OR HER BUSINESS ASSOCIATES WITH RESPECT TO ANY POTENTIAL OR ACTUAL TRANSACTION, AGREEMENT OR OTHER MATTER WHICH IS OR MAY BE PRESENTED TO THE BOARD FOR CONSIDERATION, EVEN IF SUCH INTEREST, RELATIONSHIP OR RESPONSIBILITY HAS OTHERWISE GENERALLY BEEN DISCLOSED TO THE BOARD IN ADDITION, DIRECTORS MUST DISCLOSE INFORMATION REGARDING THEIR FINANCIAL INTERESTS IN ORGANIZATIONS DOING BUSINESS WITH THE CREDIT UNION THE CONFLICT OF INTEREST STATEMENT IS REQUIRED TO BE COMPLETED ANNUALLY FOR ANY POTENTIAL CONFLICT, THE BOARD, WITH THE ABSTENTION OF THE INTERESTED DIRECTOR, MAY DECIDE WHETHER SUCH DIRECTOR MAY PARTICIPATE IN ANY REPORTING, DISCUSSION OR VOTE ON THE ISSUE THAT GAVE RISE TO THE POTENTIAL CONFLICT THE BOARD SHALL WITHHOLD ANY INFORMATION ON SUCH ISSUES FROM THE BOARD MATERIALS DISTRIBUTED TO THE APPLICABLE DIRECTOR AND TAKE ALL SUCH OTHER ACTION NECESSARY TO EFFECTUATE THIS POLICY IF A MAJORITY OF THE DIRECTORS WHO HAVE NO DIRECT OR INDIRECT INTEREST IN THE TRANSACTION VOTE TO AUTHORIZE, APPROVE, OR RATIFY THE TRANSACTION, A QUORUM IS PRESENT FOR THE PURPOSE OF TAKING SUCH ACTION ANY DIRECTOR WITH SUCH AN INTEREST, RELATIONSHIP OR RESPONSIBILITY WHICH CONFLICTS OR POTENTIALLY CONFLICTS WITH THE INTEREST OF THE CREDIT UNION, SHALL RECUSE HIMSELF OR HERSELF FROM ANY REPORTING, DISCUSSIONS AND VOTE ON THE ISSUE THAT GAVE RISE TO THE CONFLICT AND, IF NECESSARY, FROM THE BOARD MEETING, OR APPLICABLE PART THEREOF
	FORM 990, PART VI, SECTION B, LINE 15A	THE COMPENSATION COMMITTEE IS APPOINTED BY THE UNIVERSITY OF IOWA COMMUNITY CREDIT UNION'S (UICCU) BOARD OF DIRECTORS (THE "BOARD") TO DISCHARGE THE BOARD'S RESPONSIBILITIES RELATING TO COMPENSATION OF THE CREDIT UNION'S PRESIDENT / CEO THE COMMITTEE HAS OVERALL RESPONSIBILITY FOR APPROVING AND EVALUATING THE PRESIDENT/CEO COMPENSATION, BENEFIT AND PERQUISITE PLANS, POLICIES AND PROGRAMS OF THE CREDIT UNION THE COMPENSATION COMMITTEE IS ALSO RESPONSIBLE FOR PRODUCING AN ANNUAL REPORT ON EXECUTIVE COMPENSATION FOR REVIEW BY THE ENTIRE BOARD THE COMPENSATION COMMITTEE SHALL CONSIST OF THREE TO FOUR MEMBERS OF THE BOARD THE BOARD WILL DESIGNATE ONE MEMBER OF THE COMPENSATION COMMITTEE AS ITS CHAIRPERSON THE COMPENSATION COMMITTEE SHALL HAVE THE AUTHORITY TO RETAIN AND TERMINATE ANY COMPENSATION CONSULTANT ASSISTING IN THE COMPENSATION EVALUATION OF THE PRESIDENT/CEO, AND SHALL HAVE AUTHORITY TO APPROVE THE CONSULTANT'S FEES AND OTHER RETENTION TERMS THE COMPENSATION COMMITTEE SHALL ALSO HAVE AUTHORITY TO OBTAIN ADVICE AND ASSISTANCE FROM INTERNAL OR EXTERNAL LEGAL, ACCOUNTING OR OTHER ADVISORS TOP MANAGEMENT TEAM MEMBERS' COMPENSATION LEVELS ARE DETERMINED BY THE CEO USING THE SAME METHODOLOGY USED BY OTHER SUPERVISORS AT THE CREDIT UNION - TO ENSURE THAT EMPLOYEE REVIEWS ARE PROPERLY CONDUCTED IN A TIMELY MANNER, AND PAY RATES ARE PROPERLY AUTHORIZED BY THE APPROPRIATE MANAGEMENT, PROCEDURES FOR DETERMINING HOURLY PAY ARE REVIEWED AND DETERMINED BY THE HUMAN RESOURCE DIRECTOR A SALARY ADMINISTRATION PLAN AND JOB POSITION SCORING SYSTEM IS USED BY THE CREDIT UNION SUPERVISORS REVIEW AND UPDATE JOB DESCRIPTIONS EVERY TWO YEARS OR MORE FREQUENTLY AS JOB RESPONSIBILITIES CHANGE OR NEW POSITIONS ARE CREATED POSITIONS ARE SCORED BY COMPARING TO CUNA, CUES, AND IBA YEARLY SALARY SURVEYS THE CREDIT UNION POSITION'S SALARY RANGE IS DETERMINED BY USING COMPARABLE JOB DESCRIPTIONS, OR IN SOME INSTANCES, AVERAGES OF COMPARABLE JOB DESCRIPTIONS TO THE CREDIT UNION POSITION THE SALARY SCALE FOR EACH POSITION HAS A MINIMUM, MIDPOINT, AND MAXIMUM SALARY THE CUNA, CUES, AND IBA SURVEYS INCLUDE INCENTIVE AND BONUS COMPENSATION AVERAGES FOR A TOTAL COMPENSATION TOTAL THE CREDIT UNION ADJUSTS ITS SALARY SCALE YEARLY FOR EACH POSITION SO THAT THE MIDPOINT OF EACH RANGE, WHEN COMBINED WITH INCENTIVE OPPORTUNITIES, APPROXIMATES THE 75% COMPENSATION FOR THE POSITION TOP MANAGEMENT OFFICIALS INCLUDE RICHARD NOBLE, SR VP/OPERATIONS, STEVEN QUIGLEY, SR VP/RETAIL SERVICES, SUSAN FREEMAN, SR VP/HUMAN RESOURCES, AMY HENDERSON, VP/MORTGAGE, SCOTT WILSON, VP/COMMERCIAL SERVICES, JIM KELLY, SR VP/MARKETING, AND DOUG SANDERS, INTERNAL AUDITOR THE PROCESS TAKES PLACE ANNUALLY, AND WAS LAST PERFORMED IN THE 4TH QUARTER OF 2012
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE (WWW.UICCU.ORG)
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	CHANGE IN PENSION LIABILITY 418,544
	FORM 990, PART XII, LINE 2C	THE PROCESS FOR ENGAGING THE INDEPENDENT ACCOUNTANTS TO PERFORM THE AUDIT HAS NOT CHANGED FROM THE PRIOR YEAR

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
UNIVERSITY OF IOWA COMMUNITY CREDIT UNION

Employer identification number
42-0804594

Part I

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

(a) Name, address, and EIN (if applicable) 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) UICCU FINANCIAL LLC 500 IOWA AVENUE IOWA CITY, IA 52240 27-4335678	ORIGINATE COMMERCIAL LOANS	IA	322,000	23,960,507	UNIVERSITY OF IOWA COMMUNITY CREDIT UNION

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part III

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

(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) Disproporionate 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		Yes	No	
(1) UICCU MORTGAGE LINN LLC 500 IOWA AVENUE IOWA CITY, IA 52240 27-4336198	MORTGAGE ORIGINATION SERVICES	IA	N/A									

Part IV

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

(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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

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

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

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 or (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

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

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

k

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

l

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

m

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

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

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

s

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

Yes

No

1a

Yes

1b

Yes

1c

No

1d

No

1e

No

1f

Yes

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

No

1o

No

1p

No

1q

Yes

1r

No

1s

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-s)	(c) Amount involved	(d) Method of determining amount involved
(1) UICCU FINANCIAL LLC	A	7,800	FAIR MARKET VALUE
(2) UICCU FINANCIAL LLC	A	474,733	FAIR MARKET VALUE
(3) UICCU FINANCIAL LLC	B	12,877,924	FAIR MARKET VALUE
(4) UICCU MORTGAGE LINN LLC	F	350,000	FAIR MARKET VALUE
(5) UICCU FINANCIAL LLC	Q	1,307,925	FAIR MARKET VALUE

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

[illegible]

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: 42-0804594
Name: UNIVERSITY OF IOWA COMMUNITY CREDIT UNION