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

For Paperwork Reduction Act Notice, see the separate instructions.

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service For the 2012 calendar year, or tax year beginning 2012, and ending 20 D Employer identification number Check if applicable C Name of organization Iowa Credit Union Foundation Doing Business As Address change 42-1438113 Number and street (or P O box if mail is not delivered to street address) E Telephone number Room/suite Name change Initial return 1500 NW 118th Street 515-221-3001 City, town or post office, state, and ZIP code Terminated Amended return Des Moines, IA 50325 G Gross receipts \$ 687,683 F Name and address of principal officer: H(a) Is this a group return for affiliates? Yes No Application pending Mary Beth Foster H(b) Are all affiliates included? Lyes Lyes No) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 If "No," attach a list (see instructions) **✓** 501(c)(3) ☐ 501(c) (Tax-exempt status Website: ▶ www iowacreditunionfoundation org H(c) Group exemption number ▶ Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ 1995 M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities: Founded as the philanthropic arm of the lowa Credit Union League, the Iowa Credit Union Foundation's mission is to help lowens build wealth, responsibility and Activities & Governance independence with the vision to eliminate poverty in the state of Iowa Check this box ▶☐ If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 8 5 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 10 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 264,722 646,004 9 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3. (本) (本) 11,645 4,151 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 23,692 22,862 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 299,229 673,847 Grants and similar amounts paid (Part IX, column (A)Llines 7-3)013. 13 276.221 301.507 Benefits paid to or for members (Part IX, column (A), line 4) 14 15 Salaries, other compensation, employee benefits (Part-IX-golumn (A), lines 5+10) 83.545 89,121 16a Professional fundraising fees (Part IX, column (A), \hine-14e) \square Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 89,046 56,728 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 448,812 447,356 19 Revenue less expenses. Subtract line 18 from line 12 (149.583)226,491 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 538,045 773,541 21 Total liabilities (Part X, line 26) . 43,793 52,798 22 Net assets or fund balances. Subtract line 21 from line 20 720,743 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 Date Here name and title Print/Type preparer's name Preparer's signature Paid Check I if self-employed Preparer Firm's name Firm's EIN ▶ **Use Only**

Yes No Form **990** (2012)

Phone no

Part	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:
•	Founded in 1995 as the philanthropic arm of the lowa Credit Union League, the Iowa Credit Union Foundation's mission is to help
	lowans build wealth, responsibility and independence with the vision to eliminate poverty in the state of lowa
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program
•	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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: N/A) (Expenses \$ 232,681 including grants of \$ 167,351) (Revenue \$ 0)
	Individual Development Accounts-matched savings accounts for low and moderate income working savers. ICUF matches savings
	up to a certain amount based on guidelines from match fund providers Savers use the money to purchase an asset such as a home,
	business, education or vehicle
4b	(Code: N/A) (Expenses \$ 80,841 including grants of \$ 80,841) (Revenue \$ 0)
	Children's Miracle Network is a non-profit organization (501c(3)) that raises funds for children's hospitals including three that
	serve lowa families Donations are used for medical care, research and education
	(Code: NA \/Expenses \$ 27.535 including grants of \$ 27.535 \/Payonus \$ 0 \
40	(Code: N/A) (Expenses \$ 27,626 including grants of \$ 27,626) (Revenue \$ 0) Financial Education Initiativeprovides lowa credit unions with training and technical assistance to enhance their ability to
	provide financial education to their members
	provide interior codeductive dien members
	Other program services (Describe in Schedule O.)
÷u	(Expenses \$ 25,689 including grants of \$ 25,689) (Revenue \$ 0)
40	Total program service expenses

Part	V Checklist of Required Schedules			
, and a	Checking of Hedganes concession		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	1	
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		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	√	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
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	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	D. I. II. and a line and a compact for land building and applicable in Dat V. Par 400 K (West)	11a		1
b		11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	1	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
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			
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	14b		√
16	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	15		✓
17	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		✓
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		✓
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	✓	
	If "Yes," complete Schedule G, Part III	19		✓
20 a	·	20a	<u> </u>	✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	L	

Part	V 'Checklist of Required Schedules (continued)			
04	Did the aggregation was at more than \$5,000 of greats and ather assistance to any aggregation.	r 	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	✓	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	\	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		√
А	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		1
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		▼
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	056		✓
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? If "Yes," complete Schedule L, Part II	25b 26		√
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
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		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
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? If "Yes," complete Schedule R, Part VI	37		✓
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	1	

Form **990** (2012)

Part \	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	ļ		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	4.		
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c	✓	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0 0 of at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	 -	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		_
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	\	1
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
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.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	 	-
Va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Oa		┞
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		<u> </u>	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		1
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	l _		,
	required to file Form 8282?	7c	ļ	✓
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	 	1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	 	
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	<u> </u>	1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		✓
9	Sponsoring organizations maintaining donor advised funds.		ļ	
a	Did the organization make any taxable distributions under section 4966?	9a	ļ	✓
. b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	ļ	✓
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	ł		
11	Section 501(c)(12) organizations. Enter:	1		ļ
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1	ļ	
	against amounts due or received from them.)		l	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	<u> </u>
h.	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
b	all the selection of the term			
С	the organization is licensed to issue qualified health plans	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14a	 	+ <u>▼</u>

Part \	Part VI 'Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, ar response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See			nd for a ' instruction	
	Check if Schedule O contains a response to any question in this Part VI				
Section	on A. Governing Body and Management				
		1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year.	1a 8			
	If there are material differences in voting rights among members of the governing body, or				
	of the governing body delegated broad authority to an executive committee or similar				
_	committee, explain in Schedule O.	46 .			
ь 2	Enter the number of voting members included in line 1a, above, who are independent. Did any officer, director, trustee, or key employee have a family relationship or a business	relationship with			
~	any other officer, director, trustee, or key employee?		2		✓
3	Did the organization delegate control over management duties customarily performed by or				
•	supervision of officers, directors, or trustees, or key employees to a management company or oth		3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 9		4		✓
5	Did the organization become aware during the year of a significant diversion of the organization		5		✓
6	Did the organization have members or stockholders?		6		✓
7a	Did the organization have members, stockholders, or other persons who had the power to	elect or appoint			
	one or more members of the governing body?		7a		✓
b	Are any governance decisions of the organization reserved to (or subject to approve			İ	1
	stockholders, or persons other than the governing body?		7b		Ľ.,
8	Did the organization contemporaneously document the meetings held or written actions ur	idertaken during			
	the year by the following:				}
a	The governing body?		8a	√	
ь 9	Each committee with authority to act on behalf of the governing body?		8b	*	
3	the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9		1
Secti	on B. Policies (This Section B requests information about policies not required by the		_	ode.)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of				
	affiliates, and branches to ensure their operations are consistent with the organization's exen		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a	✓	<u> </u>
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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could gi		12a		<u> </u>
b			12b	✓	
С	Did the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this was done	policy? if "Yes,"	12c	1	
13	Did the organization have a written whistleblower policy?		13	▼	\vdash
14	Did the organization have a written document retention and destruction policy?		14	7	\vdash
15	Did the process for determining compensation of the following persons include a review			Ť	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation				
а	The organization's CEO, Executive Director, or top management official		15a	1	
b	Other officers or key employees of the organization		15b	✓	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		1		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or sim	ilar arrangement			
	with a taxable entity during the year?		16a		✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organization				
	participation in joint venture arrangements under applicable federal tax law, and take steps		404	 	<u> </u>
Sacti	organization's exempt status with respect to such arrangements?	• • • • •	16b	L	L
17	List the states with which a copy of this Form 990 is required to be filed ► None	_			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a	and 990-T (Section	501	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.		1	, (- , 0])
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in So	hedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing doc		f inte	rest p	olicy,
	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 b	ooks and records	of the	•	
	Organization: Muchael I Powers 1500 NW 118th Street Des Moines IA 50325				

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

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

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

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

☐ Check this box if neither the organization no	r any relate	d orga	aniz	atio	n c	ompe	nsa	ted any curren	t officer, director	r, or trustee
				(0	2)					
(A)	(B)	<i>(</i> -1	_4 _1	Pos				(D)	(E)	(F)
Name and Title	Average	(do not check more than box, unless person is both						Reportable	Reportable	Estimated
	hours per	officer and a director/trustee)					ee)	compensation from	compensation from related	amount of other
	week (list any	Individual trustee or director	Ins	Off	₩ 6	Hig	Former	the	organizations	compensation
	related	dire	ttut	Officer	en	ploy) Tie	organization	(W-2/1099-MISC)	from the
	organizations below dotted	할	lona		Key employee	8 8	`	(W-2/1099-MISC)		organization and related
	line)	rust	2		yee	npe				organizations
		8	Institutional trustee			Highest compensated employee			•	
						<u>&</u> _	_	-		
(1) Dale Owen										
President and Director	40	✓		✓				0	0	0
(2) Angela Drury										
Secretary and Director	0.5	✓		✓				0	o	0
(3) Helen Pearce										
Vice President and Director	0.5	✓		✓				0	0	0
(4) Lana Ross										·
Treasurer and Director	0.5	✓		✓				0	0	0
(5) Matthew Cervantes										
Director	0.5	1						0	0	0
(6) Sara Eide]								
Director	0.5	✓_					_	0	0	0
(7) Mike Moroney	<u></u>		ļ							
Director	0.5	<u> </u>	_		L			0	0	0
(8) Jason Norton			ĺ							
Director	0.5	✓	<u> </u>		_		<u> </u>	0	0	0
(9) Mary Beth Foster	<u> </u>									
Executive Director	40 0		╙		✓	✓	<u> </u>	0	68,742	9,447
(10)	 									
(11)	1		╁─							
<u> </u>							L.			
(12)										
(13)										
(14)	 	-	┢	\vdash			\vdash			
<u> </u>	†	1								

Part	Part VII 'Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title	(B) Average hours per week (list any	verage box, unless person is to officer and a director/t					an ee)	(D) Reportable compensation from	(E) Reportable compensation related		Estir	(F) Estimated amount of other	
		hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatioi (W-2/1099-M		compe from organ and	ensation the nization related ization	ר
(15)														
(16)			-											
(17)			-											
(18)					-								<u>-</u>	
(19)														
(21)														
(22)														
(23)								<u> </u>						
(24)														<u> </u>
(25)														
1b	Sub-total		on A	<u> </u>			 	>		68	3,742	-		9,447
d	Total (add lines 1b and 1c)						 above	e) w	ho received m		3,742 00.000 c	of		9,447
_	reportable compensation from the organ											· ·	Vos	No
3	Did the organization list any former of								-	est compe	nsated		162	
4	employee on line 1a? If "Yes," complete For any individual listed on line 1a, is the	e sum of re	porta	ble	con	npe	nsatio	n a	 and other comp	ensation fro	om the	3		/
	organization and related organizations undividual											4		1
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or ind		5		
Section	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Rejugar.													ax
	(A) Name and business add	dress							(B) Description of s	ervices	Co	(C) ompens	ation	
								_						
											-			
2	Total number of independent contractor							o th	nose listed ab	ove) who				

Form **990** (2012)

Part	VIII	Statement of Revenue				
		Check if Schedule O contains a response to any quest		/III (B)		<u> </u>
			(A) Total revenue	Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
nts nts	1a	Federated campaigns 1a		·		
ts, Grants Amounts	b	Membership dues 1b				
ξŸ	C	Fundraising events 1c				
ig i	d	Related organizations 1d Government grants (contributions) 1e 309.675				
Sin	e f	Government grants (contributions) 1e 309,675 All other contributions, gifts, grants,				
her	•	and similar amounts not included above 1f 336,329				
Contributions, Gift and Other Similar	g	Noncash contributions included in lines 1a-1f; \$				
Contributions, and Other Sim	h	Total. Add lines 1a–1f	646,004			
anı		Business Code				
yen	2a					
e Re	b					
ryic	C					
Se	d					
Jran	e	All other program service revenue .				-
Program Service Revenue	g	Total. Add lines 2a–2f				<u>I - </u>
	3	Investment income (including dividends, interest,				<u> </u>
		and other similar amounts)	4,151	4,151		
	4	Income from investment of tax-exempt bond proceeds ►				
	5	Royalties				
		(i) Real (ii) Personal				
	6a	Gross rents				
	b	Less: rental expenses				
,	C	Rental income or (loss)				
	d 7a	Net rental income or (loss)				
	'a	assets other than inventory				
	Ь	Less' cost or other basis				
	-	and sales expenses .				
	c	Gain or (loss)				
	d	Net gain or (loss)				
enne	8a	Gross income from fundraising events (not including \$				
Other Revenue		of contributions reported on line 1c). See Part IV, line 18 a 36,989				
Ě	ь	Less: direct expenses b 13,283				
•	С	Net income or (loss) from fundraising events	23,706			
	9a	Gross income from gaming activities. See Part IV, line 19 a				
	b	Less: direct expenses b			. —	
	С	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less				
	١.	returns and allowances a 539				
		Less: cost of goods sold b 553				
	<u>c</u>	Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code	(14)	(14)		
	11a					· — — — — — — — — — — — — — — — —
	l la					
	C				<u> </u>	
	d	All other revenue	-			
	e	Total. Add lines 11a–11d				
	12	Total revenue. See instructions.	673 947	A 137		† <u>'</u>

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, (B) Program service (D) Fundraising (A) Total expenses (C) Management and 8b. 9b. and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 120,967 120,967 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . 180,540 180,540 3 Grants and other assistance to governments. organizations, and individuals outside the United States, See Part IV, lines 15 and 16 . . . Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 73,730 17,155 56.575 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 4,587 1,027 3,560 9 Other employee benefits 5,237 1,314 3,923 10 Payroll taxes 5,562 1,312 4,250 Fees for services (non-employees): Management Legal h Accounting . . . 8.160 8,160 Lobbying d Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 23,200 503 22,697 12 Advertising and promotion . . 8.108 8,108 13 Office expenses 5,326 5,326 14 Information technology 715 715 15 Royalties 16 Occupancy 2,964 2,964 17 3,591 3,591 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . . 923 923 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization . 1,950 1,950 23 254 254 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) а b C d All other expenses 1,542 1,542 Total functional expenses. Add lines 1 through 24e 25 447,356 322,818 124,538 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 following SOP 98-2 (ASC 958-720)

32

33

34

Form 990 (2012) Page **11** Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (B) (A) End of year Beginning of year 1 2 2 765,618 513.961 3 3 21,434 4 7.923 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 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 6 7 7 8 8 9 700 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b 1,950 10c Less: accumulated depreciation 11 11 Investments—publicly traded securities 12 Investments—other securities. See Part IV, line 11 12 Investments—program-related. See Part IV, line 11 13 13 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 538,045 773.541 17 43,793 17 52,798 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D . Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties . . . 23 23 24 Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total liabilities. Add lines 17 through 25 _ 26 43,793 26 52,798 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and **Net Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 37,895 27 32,622 28 28 29 456,357 29 688,121 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund . . . 31 31

Retained earnings, endowment, accumulated income, or other funds .

720,743

32 33

34

494,252

538,045

Page	1	2

Part	XI Reconciliation of Net Assets							
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>						
1	Total revenue (must equal Part VIII, column (A), line 12)		67	3,847				
2	Total expenses (must equal Part IX, column (A), line 25)		44	7,356				
3	Revenue less expenses. Subtract line 2 from line 1		22	6,491				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))							
5	Net unrealized gains (losses) on investments							
6	Donated services and use of facilities							
7	Investment expenses							
8	Prior period adjustments							
9	Other changes in net assets or fund balances (explain in Schedule O)							
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	33, column (B))		72	0,743				
Part	·			_				
	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			İ				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
_		2a						
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	Za						
	reviewed on a separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?	2b						
D	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	20	<u> </u>					
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
c	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?	2c	1					
	If the organization changed either its oversight process or selection process during the tax year, explain in		_					
	Schedule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in							
	the Single Audit Act and OMB Circular A-133?	3a		1				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the							
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b						
		Forr	n 99 0	(2012)				

SCHEDULE A (Form 990 of 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

name	or the organization						1.	-inployer ic	iciidiicado.			
	Credit Union Found									38113		
Par			rity Status (All orga						nstruction	ons.		
			ation because it is: (Fo									
1			hes, or association of			ea in sec	tion 170	I)(A)(I)(O)).			
2			170(b)(1)(A)(ii). (Attac			*:	170/L\/4\/	A\/:::\				
3			spital service organiza on operated in conjund						7/5\/4\/A\	/iii\ Ente	r tha	
4	_	e, city, and stat		CROIT WILL	i a nospit	ai descrii	oeu iii se	Cuon in	J(D)(1)(A)	my. Ente	1110	
5	☐ An organization		the benefit of a colleg	ge or uni	versity ov	wned or	operated	by a go	vernmen	tal unit c	lescrib	ed in
6	=		nment or government	al unit de	scribed ir	section	170(b)(1)(A)(v).				
7			receives a substantia (A)(vi). (Complete Par		its suppo	ort from a	a governr	mental ur	nt or fror	n the ge	neral p	oublic
8	☐ A community	trust described i	n section 170(b)(1)(A))(vi). (Cor	nplete Pa	ırt II.)						
9	receipts from support from	activities related gross-investme	receives: (1) more that to its exempt functent income and unrelater June 30, 1975	ions-sul lated bus	bject to d siness ta:	certain e xable ind	xceptions come (les	s, and (2) ss sectio	no more	e than 3	31/3%	of its
10	☐ An organization	n organized and	d operated exclusively	to test fo	or public s	safety. Se	ee sectio	n 509(a)(4).			
11	purposes of c	ne or more put	nd operated exclusive plicly supported organ describes the type of	nizations	described	d in sect	ion 509(a	a)(1) or se	ection 50	9(a)(2). S		
	a 🗌 Type I	b 🗌 Type						Type III-N		•	_	
е		indation manage	that the organization ers and other than one									
f	If the organiz	ation received	a written determination	on from	the IRS t	that it is	a Type	I, Type	II, or Typ	oe III su	pporti	ng
	•	check this box									• •	
9	•		the organization accept	pted any	gift or co	ontributio	on from a	iny of the)			
	following pers			hau alaaaa		har with		dooribo	d 15 (1) 5	nd	Yes	No
			indirectly controls, eitli ody of the supported (+	140 ✓
		_	on described in (i) abo								$\overline{}$	1
			a person described in							11g(ii		7
h	· •	•	ion about the support							[1.8/11	<i>'</i> /	
	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section	(iv) Is the o	organization sted in your document?	(v) Did y the orga col (i)	you notify nization in of your	organiza:	Is the tion in col ized in the	(vii) Amou	int of mo	onetary
			(see instructions))	Yes	No	Yes	port? No	Yes	S?	4		
			-	res	NO	165	NO	162	140	+		
(A)										ļ		
(B)								,				
(C)	<u></u>											
(D)												
(E)											_	

18

Part							
	(Complete only if you checked the Part III. If the organization fails to						alify under
Secti	on A. Public Support	quality unde	er the tests is	sted below, p	ilease comple	ste Part III.)	
	dar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(4) 2000	(3) 2000	(0) 2010	(5) 25 7 7	(0) 2012	(y) (otal
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			<u>-</u>			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.					<u> </u>	
	on B. Total Support	4) 2222	4 > 0000	4 > 0040	1,5,0044	1 1 2 2 4 2	<u> </u>
Calen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc	•	-			12	
13	First five years. If the Form 990 is for the organization, check this box and stop he	re	<u> </u>	d, third, fourth	-		
	on C. Computation of Public Suppor					Last	
14	Public support percentage for 2012 (line 6		-			14	<u>%</u>
15 16a	Public support percentage from 2011 Sch 331/3% support test—2012. If the organization qua	zation did not	check the box		d line 14 is 33	15 1/3% or more, o	% heck this
b	331/3% support test—2011. If the organ check this box and stop here. The organ					e 15 is 33½% 	
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "forganization	ets the "facts-	and-circumsta	inces" test, ch	eck this box a	nd stop here. I	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part IV how the organization m supported organization	tion meets the	e "facts-and-ci	rcumstances"	test, check tl	nis box and st	op here.

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

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

Section	on A. Public Support			- 1			
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	999,162	212,643	654,339	264,722	646,004	2,776,870
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	22,215	35,985	34,706	28,975	37,528	159,409
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	1,021,377	248,628	689,045	293,697	683,532	2,936,279
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b Public support (Subtract line 7c from	<u> </u>					
Secti	on B. Total Support			l			2,936,279
-	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	1,021,377	248,628	689,045	293,697	683,532	2,936,279
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	17,064	10,035	26,213	11,645	4,151	69,108
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	17,064	10,035	26,213	11,645	4,151	69,108
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	1,038,441	258,663	715,258	305,342	687,683	3,005,387
14	First five years. If the Form 990 is for the organization, check this box and stop he		's first, secon	d, third, fourth			
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2012 (line 8		•	. ,,,		15	97 70 %
16	Public support percentage from 2011 Sch			<u> </u>	<u></u>	16	96 69 %
	on D. Computation of Investment In				(0)	T 4= T	
17	Investment income percentage for 2012 (-		17	2 30 %
18	Investment income percentage from 2011					18	3 31 %
19a	331/3% support tests—2012. If the organian is not more than 331/3%, check this box						•
b	33 ¹ / ₂₈ % support tests—2011. If the organiz line 18 is not more than 33 ¹ / ₂₈ %, check this I	ation did not ch	neck a box on	line 14 or line 1	9a, and line 16	is more than 3	31/3%, and
20	Private foundation. If the organization di	d not check a b	oox on line 14,	19a, or 19b, c	heck this box	and see instruc	ctions 🕨 🗌

	orm 990 or 990-EZ) 2012	Page
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
	•	
·		
		- -

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

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

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

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

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- 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, Part V, line 35c (Proxy Tax), then

• Se	ection 501(c)(4), (5), or (6) orga	inizations Complete Part III.		2, 1 art v, mic 000 (1 10xy 1	
Vame (of organization			Employer ide	ntification number
owa C	redit Union Foundation				42-1438113
Part		e organization is exempt unde			organization.
1	·	he organization's direct and indire		•	
2	Political expenditures .				\$c
3	Volunteer hours				0
Part	I-B Complete if the	e organization is exempt unde	er section 501(c	c)(3).	
1	Enter the amount of any	excise tax incurred by the organiza	ition under section	n 4955 ▶ 🤄	\$ 0
2	Enter the amount of any	excise tax incurred by organization	managers under	section 4955 ▶ \$	\$ (
3	If the organization incurre	ed a section 4955 tax, did it file For	m 4720 for this ye	ear?	Yes No
4a	Was a correction made?				🗌 Yes 🔲 No
b	If "Yes," describe in Part				
Part		e organization is exempt und			I(c)(3).
1		ly expended by the filing organiz		•	
				-	S
2		filing organization's funds contrib			
	•	vities		· · · · · · · · · · · · · · · · · · ·	5
3	•	expenditures. Add lines 1 and 2.			
4		n file Form 1120-POL for this year?			
5		ses and employer identification nur			
		ents. For each organization listed,			
		ontributions received that were pro-			
	as a separate segregated	fund or a political action committe	e (PAC). If additio	nal space is needed, prov	vide information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds if none, enter -0-	contributions received and promptly and directly
				lunus ii none, enter -u-	delivered to a separate
					political organization If none, enter -0-
					Horie, eriter -o-
(1)					
					
(2)		}			
(3)					
	 				
(4)					
					
(5)					
(6)					

Page	2

	0 (5	000	~~~	ET 004	_
Schedule	C IFORM	990 or	990-	·EZ1 201	~

3011044	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(000 0: 000 22) 2012					, age =
Part	II-A	Complete if the organization section 501(h)).	n is exempt	under section 5	01(c)(3) and file	d Form 5768 (ele	ction under
A CI	neck ►	☐ if the filing organization be name, address, EIN, exper					up member's
в С	neck >	if the filing organization ch	ecked box A	and "limited con	trol" provisions a	apply.	
		Limits on Lobb				(a) Filing	(b) Affiliated
		(The term "expenditures" m	eans amounts	paid or incurred.	.)	organization's totals	group totals
1a	Total lo	obbying expenditures to influence	public opinion	(grass roots lobby	/ıng)		
b	Total lo	obbying expenditures to influence	a legislative be	ody (direct lobbyin	g)		
С	Total lo	obbying expenditures (add lines 1	a and 1b) .				
d	Other	exempt purpose expenditures .					
е		xempt purpose expenditures (add					
f	Lobby columi	ing nontaxable amount. Enter	the amount f	rom the following	g table in both		
	If the a	mount on line 1e, column (a) or (b) is	The lobbying	nontaxable amoun	t is:		_
[Not ove	r \$500,000	20% of the a	mount on line 1e.			
	Over \$5	00,000 but not over \$1,000,000	\$100,000 plu	s 15% of the excess	over \$500,000.		
[Over \$1	,000,000 but not over \$1,500,000	\$175,000 plu	s 10% of the excess	over \$1,000,000		
[Over \$1	,500,000 but not over \$17,000,000	\$225,000 plu	s 5% of the excess o	ver \$1,500,000.	i	
	Over \$1	7,000,000	\$1,000,000.				
g	Grassr	oots nontaxable amount (enter 25	% of line 1f)				
h	Subtra	ct line 1g from line 1a. If zero or le	ess, enter -0-				
i		ct line 1f from line 1c. If zero or le					
j		e is an amount other than zero ng section 4911 tax for this year?			the organization		Yes No
		(Some organizations that ma columns below.	de a section s See the instru	ctions for lines 2	not have to com a through 2f on pa		
		Lobbying	Expenditures	During 4-Year A	veraging Period	· · ·	
	Cale	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a	Lobby	ing nontaxable amount					
b		ing ceiling amount of line 2a, column (e))					
С	Total I	obbying expenditures					
d	Grassi	roots nontaxable amount					
е		roots ceiling amount of line 2d, column (e))					
f	Grassi	roots lobbying expenditures					
				·		Schedule C (Form	990 or 990-EZ) 201

	(election under section 501(h)).	1.	<u>, </u>		(b)	
	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed ption of the lobbying activity.	Yes	No	Aı	(b) moun	t
1	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:					
а	Volunteers?	1				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	✓				
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	✓				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .		✓			
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					.
d Part (\/E\				
rait	501(c)(6).	ະງເວງ, ເ	or se	Juon		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Part I	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (answered "Yes."		Part		line	3, is
1 2	Dues, assessments and similar amounts from members	s of	1			
	political expenses for which the section 527(f) tax was paid).					
а	Current year	•	2a			
b	Carryover from last year	•	2b			
C	Total	•	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb					
	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Part						
	ete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5;	Part II	-A (af	filiated	grou	р
	art II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.					
Part II-	B The organization provided information to legislators regarding the Individual Development Account p	rogram	throu	gh dire	ct co	ntact.
	······			· 		

chedule C (For	hedule C (Form 990 or 990-EZ) 2012 Page 4						
Part IV	Supplemental Information (continued)						
	•••••••••••••••••••••••••••••••••••••••						
	•						
	······································						

SCHEDULE D (Form 990)

Supplemental Financial Statements

0MB No 1545-0047

2012

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

Open to Public Inspection

Employer identification number

Iowa Credit Union Foundation 42-1438113 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 1 55,700 Aggregate contributions to (during year) . 2 20.629 Aggregate grants from (during year) . . . 3 77,606 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☑ No 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? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV. line 7. 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 a certified historic structure ☐ Protection of natural habitat ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year. Held at the End of the Tax Year 2a Total number of conservation easements . . . 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) ☐ Yes ☐ No 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 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. 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: 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: Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Part	III Organizations Maintaining	Collections of A	Art, Historical T	reasures, or Of	ther Similar Ass	ets (conti	inued)
3	Using the organization's acquisition, a collection items (check all that apply):						
а	☐ Public exhibition		d 🗌 Loan	or exchange prog	rams		
b	☐ Scholarly research		e 🗌 Other	•			
С	☐ Preservation for future generations	;					
4	Provide a description of the organizat		and explain how the	hey further the org	ganization's exemp	ot purpose	in Part
	XIII.				•		
5	During the year, did the organization	solicit or receive	donations of art	historical treasure	s, or other similar	,	
•	assets to be sold to raise funds rather						□ No
Part							
ган	line 9, or reported an amoun			ariization ariswe	ied res to roi	111 330, 1 6	artiv,
1a	Is the organization an agent, trustee,			or contributions of	r other assets not		
Ia	included on Form 990, Part X?					☐ Yes	□ No
						□ res	
b	If "Yes," explain the arrangement in Pa	an XIII and comple	ete the following to	able:	1	nount	
				<u> </u>		Journ	
С	Beginning balance						
d	Additions during the year	. .		<u> 10</u>	1		
е	Distributions during the year	. .		<u>1</u> 6	•		
f	Ending balance			<u>[1</u> 1	f		
2a	Did the organization include an amour	nt on Form 990, Pa	art X, line 21? .			Yes	☐ No
b	If "Yes," explain the arrangement in Pa						
Par	V Endowment Funds. Comple	ete if the organiz	ation answered	"Yes" to Form 9	90, Part IV, line	10.	
		(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years back	(e) Four yea	ars back
1a	Beginning of year balance	456,357	643,448	314,961	273,230		89,055
b	Contributions	562,083					231,427
C	Net investment earnings, gains, and	002,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,0,022	,,,,,,		
	losses	o	852	3,135	7,123		(18,722)
d	Grants or scholarships					1	(28,540)
_	Other expenditures for facilities and	(301,508)	(301,798)	(131,170)	(36,490)		(26,340)
е	programs						
		4=====	4.5.5.5				
f	Administrative expenses			ĭ			
9	End of year balance	<u> </u>	456,357			<u> </u>	273,230
2	Provide the estimated percentage of t			, column (a)) held	as:		
а	Board designated or quasi-endowment		<u>4</u> %				
b		8 6%					
С	Temporarily restricted endowment ▶						
	The percentages in lines 2a, 2b, and 2						
3a	Are there endowment funds not in the	e possession of th	ne organization the	at are held and ac	dministered for the	,	
	organization by:					Ye	s No
	(i) unrelated organizations					3a(i)	✓
	(ii) related organizations					3a(ii)	✓_
b	If "Yes" to 3a(ii), are the related organ	izations listed as re	equired on Sched	ule R?		3b	√
4	Describe in Part XIII the intended uses						
Pari							*
	Description of property	(a) Cost or ot			Accumulated	(d) Book va	alue
	2 cccinplication property	(investm	1 ' '		lepreciation	(-7	
1a	Land						
	Buildings	•					
b	•		<u> </u>				
C	Leasehold improvements	•					
d	Equipment	·					
<u>е</u>	Other	·	<u> </u>	(7) 1 := 10(1)			
Total.	. Add lines 1a through 1e. (Column (d) n	nust eaual Form 9:	9υ. Part Χ, columr	1 (B), line 10(c).)	<i>.</i> . ▶		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (a) Description of liability (b) Book value	Part VII	<u>Investments</u> —Other Securities.	See Form 990, Part X,	line 12.	
	(٤	a) Description of security or category (including name of security)	(b) Book value	1	
(3) Other (A) (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C					
A		· -			
(G) (C) (D) (D) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G	(3) Other				
(C) (D) (E) (E) (C) (E) (C) (E) (C) (E) (C) (E) (E) (E) (E) (E) (E) (E) (E) (E) (E				<u> </u>	
(6) (6) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10			·		
(E) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G					
(G) (G) (H) (G) (H) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H					
(5) (1) (1) (1) (1) (1) (2) (3) (4) (5) (6) (9) (9) (9) (9) (10) (10) (10) (10) (10) (11) (11) (11					
Pi				-	
Total, (2clumn (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments — Program Related. See Form 990, Part X, line 13.					
Investments	(i)				
(a) Description of investment type (b) Book value (c) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	Total. (Column			· · · · · · · · · · · · · · · · · · ·	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	Part VIII	Investments – Program Related	. See Form 990, Part X	, line 13.	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Assets. See Form 990, Part X, col. (B) line 15.) Part X Other Assets. See Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, col. (B) line 15.) (1) (1) (1) (1) (1) (2) (3) (4) (5) (6) (6) (7) (8) (9) (10) (10) (11) (11		(a) Description of investment type	(b) Book value		
(8) (9) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part X Other Liabilities. See Form 990, Part X, line 25. (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, line 25. (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (17) (10) (17) (18) (19) (19) (19) (10) (10) (10) (10) (10) (10) (10) (10					
(6) (6) (7) (8) (9) (10) Total, (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (b) Book value (c) (a) (b) Book value (d) (e) (f) (f) (f) (f) Federal income taxes (2) (a) (a) (b) Book value (d) (e) (f) (f) Federal income taxes (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f					
(6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part X (a) Description (b) Book value (c) (d) (e) (f) (g) (g) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (f) Federal income taxes (g) (g) (g) (g) (g) (g) (g) (g) (g) (g)					
(6) (7) (8) (9) (10) Total, (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total, (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Foteral income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (11) (10) (11) (10) (11) (11					
(f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (he Assets. See Form 990, Part X, cl. (g) line 13.) ▶ Part IX		·		-	
(B) (B) (B) (B) (B) (Column (b) must equal Form 990, Part X, Col. (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (c) (d) (d) (e) (e) (g) (f) (g) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h			 	· · · · · · · · · · · · · · · · · · ·	
(9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (b) Book value (c) (3) (4) (5) (6) (7) (8) (9) (10) Part X Other Liabilities. See Form 990, Part X, col. (B) line 15.) ▶ Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (f) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (17) (8) (9) (10) (10) (11) (11			·		
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(6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) . ▶ Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶					····
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(9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)					
Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	(10)				
1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶				<u> ▶</u>	
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶					
(2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶			(b) Book value	4	
(3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶		income taxes		-	
(10) (11) Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶				4	
(10) (11) Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	(4)	·		†	
(10) (11) Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	(5)			1	
(10) (11) Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	(6)			1	
(10) (11) Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	(7)			1	
(10) (11) Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	(8)]	
(11) Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶]	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	(10)]	
				_	

liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Page	4

Part	XI Reconciliation of Revenue per Audited Financial Stateme	ents	With Revenue per	Retu	m
1	Total revenue, gains, and other support per audited financial statements			1	652,861
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a			
ь	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
ď	Other (Describe in Part XIII.)				
e	Add lines 2a through 2d		L	2e	
3	Subtract line 2e from line 1			3	652,861
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i .	i		032,001
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)		20,986		
b	•			40	20.000
С 5	Add lines 4a and 4b			4c	20,986
Part					673,847
				1 1	
1	Total expenses and losses per audited financial statements			 -	426,370
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	۔م ا	1		
a	Donated services and use of facilities	2a			
b	The year adjustments of the term of the te	2b			
C		2c			
d	,	2d	L		ł
e	Add lines 2a through 2d			2e	426,370
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а		4a			
b	Other (Describe in Part XIII.)	4b	20,986	 	
C	Add lines 4a and 4b			4c	20,986
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)	· · · · · · ·	5	447,356
	XIII Supplemental Information				<u> </u>
	ete this part to provide the descriptions required for Part II, lines 3, 5, and , line 4, Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b				
inform		. ,	o complete time part to	p.01	rao arry additional
	Line 2 "The Foundation is organized as a nonprofit corporation which is exe	mot fr	om foderal and state ac	tivitic	se tavoe
Pail A	Line 2 The Foundation is organized as a non-profit corporation which is exe	iipt ii	om rederar and state at	.civicie	
under	nternal Revenue Code Section 501(c)(3) Management has evaluated their mat	erial t	ax positions and detern	nıned	no tax effects
with re	spect to the financial statements. As of December 31, 2012 and 2011, there we	re no	uncertain tax positions	With	few exceptions,
the Fo	undation is no longer subject to the U.S. federal or state activities tax examinal	ions	by tax authorities for ye	ars b	efore 2009.
Part X	Line 4b and Part XII Line 4b Certain items of revenue and expense are shown	n on a	gross basis for preser	itatior	ı ın the Form 990
while t	hey are netted for presentation in the audited financial statements to conform	with (SAAP.		

Schedule D (For		Page 5
Part XIII	Supplemental Information (continued)	
		·
		·
		·
		·
		

SCHEDULE'G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No 1545-0047

Name of the organization

Employer identification number

lowa (Credit Union Foundation						1438113
Par	Fundraising Activities Form 990-EZ filers are				vered "Yes" to F	orm 990, Part IV,	ine 17.
1	Indicate whether the organization	on raised funds t	through any	of the follo	owing activities. C	heck all that apply.	
а	a ☑ Mail solicitations e ☐ Solicitation of non-government grants						
b							
С	☐ Phone solicitations		g [Special 1	fundraising events	3	
d	In-person solicitations						
2a	Did the organization have a wr						
	or key employees listed in Forn	•	-		·		
b	If "Yes," list the ten highest pai compensated at least \$5,000 b			draisers) p	ursuant to agreen	nents under which th	ne fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1	•						
2						-	
3							ļ
4							
5							
6							
7							
8							
9							
10							
Total				•			
3	List all states in which the org registration or licensing.	anization is regis	stered or lic	ensed to s	solicit contribution	s or has been notifi	ed it is exempt from
			· 				
							·

		gross receipts greater tha	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Golf Outing (event type)	ICUL Convention (event type)	(total number)	(add col (a) through col (c))
<u>و</u>			(Stone type)	(0.0,)	(10.12.11.12.17)	
Revenue	1	Gross receipts	15,556	21,434		36,990
	2 3	Less: Contributions Gross income (line 1 minus				
		line 2)	15,556	21,434		36,990
	4	Cash prizes				
	5	Noncash prizes			_	
Direct Expenses	6	Rent/facility costs				
Exp	7	Food and beverages				
Direct	8	Entertainment				
	9	Other direct expenses .	5,919	7,365		13,284
	10	Direct expense summary. Ac	ld lines 4 through 9 in co	olumn (d)		(13,284)
	11	Net income summary. Comb	ine line 3, column (d), ai	nd line 10		23,706
Pa	rt III	Gaming. Complete if the	•	ed "Yes" to Form 990	D, Part IV, line 19, or	reported more
		than \$15,000 on Form 9	90-EZ, line 6a.			
an a				Grand Death and a few stands		(d) Total gaming (odd
Ž			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
evenue			(a) Bingo		(c) Other gaming	
Revenue	1	Gross revenue	(a) Bingo		(c) Other gaming	
			(a) Bingo		(c) Other gaming	
	1 2	Gross revenue	(a) Bingo		(c) Other gaming	
			(a) Bingo		(c) Other gaming	
	2	Cash prizes	(a) Bingo		(c) Other gaming	
	2	Cash prizes	(a) Bingo		(c) Other gaming	
Direct Expenses Revenue	2	Cash prizes				
	2 3 4	Cash prizes Noncash prizes Rent/facility costs	(a) Bingo Yes% No		(c) Other gaming Yes % No	
	2 3 4 5	Cash prizes	☐ Yes%	bingo/progressive bingo Yes% No	☐ Yes%	
	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses . Volunteer labor	☐ Yes% ☐ No	bingo/progressive bingo Yes% No blumn (d)	☐ Yes% ☐ No	
	2 3 4 5 6 7	Cash prizes	☐ Yes% ☐ No	bingo/progressive bingo Yes% No blumn (d)	☐ Yes% ☐ No	
	2 3 4 5 6 7 8	Cash prizes	Yes % No Idd lines 2 through 5 in concept. Combine line 1, columns and columns are gardeness gardeness.	bingo/progressive bingo Yes% No blumn (d) nn d, and line 7 ming activities:	☐ Yes% ☐ No	col (a) through col (c))
Direct Expenses	2 3 4 5 6 7 8	Cash prizes	Yes % No Idd lines 2 through 5 in concept. Combine line 1, columns and columns are gardeness gardeness.	bingo/progressive bingo Yes% No blumn (d) nn d, and line 7 ming activities: in each of these states	☐ Yes % ☐ No▶▶	(Yes No
Direct Expenses	2 3 4 5 6 7 8 Ela Is	Cash prizes	Yes % No dd lines 2 through 5 in conguer of the second sec	bingo/progressive bingo Yes% No blumn (d) nn d, and line 7 ming activities: in each of these states	☐ Yes % ☐ No	(Yes No
Direct Expenses	2 3 4 5 6 7 8 a Is b If	Cash prizes	Yes % No dd lines 2 through 5 in conguer of the second sec	bingo/progressive bingo Yes% No blumn (d) nn d, and line 7 ming activities: in each of these states	☐ Yes % ☐ No	(Yes No
Direct Expenses	2 3 4 5 6 7 8 a Is b If	Cash prizes	Yes % No dd lines 2 through 5 in conguer of the second sec	bingo/progressive bingo Yes% No blumn (d) nn d, and line 7 ming activities: in each of these states l, suspended or termina	Yes % No	col (a) through col (c)) () Yes □ No

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more

Schedu	ile G (Form 990 or 990-EZ) 2012			P	age 3
11 ' 12	Does the organization operate gaming activities with nonmembers?	entity	□ Ye□ Ye		
13	Indicate the percentage of gaming activity operated in:				
а	The organization's facility	13a			<u>%</u>
ь		13b			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books records:	and			
	Name ►				
	Address ▶				
	Does the organization have a contract with a third party from whom the organization receives gar revenue?		□ Ye	s 🗌	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$)			
С	If "Yes," enter name and address of the third party:				
	Name				
	Address ►				
16	Gaming manager information:				
	Name ►				
	Gaming manager compensation ► \$				
	Description of services provided ►				
	□ Director/officer □ Employee □ Independent contractor				
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceed retain the state gaming license?		□ Ye	es 🗌	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organization spent in the organization's own exempt activities during the tax year > \$	ns or			
Part	Supplemental Information. Complete this part to provide the explanations required by P columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Als part to provide any additional information (see instructions).				
					
					·

SCHEDULE Q (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

20**12**

Open to Public Inspection

Employer identification number

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

► Attach to Form 990 or 990-EZ.

Credit Union Foundation		42-1438113			
Expenses	Grants	Revenue			
\$10,689	\$10,689	\$0			
10,000	10,000	0			
2,500	2,500	0			
2,500	2,500	00			
\$25,689	\$25,689	\$0			
members of the board of d	rectors prior to its filing	The executive			
y have as a result of their r	eview of the document				
edge receipt of a written sta	itement that attests that	he/she will			
nflicts when voting					
uments, conflict of interest	policy, and financial sta	itements available			
·					
	·				
	\$10,689 10,000 2,500 2,500 \$25,689 members of the board of divided by have as a result of their residue and their r	### Expenses Grants \$10,689			