

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



_{Form} **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2014

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Internal Baserus Savin.

For Paperwork Reduction Act Notice, see the separate Instructions.

		rvice Information about Form 990 and its instructions is at www	v.irs.gov/form9	90.	Inspection								
-	or the 20	4 calendar year, or tax year beginning , 2014, and e	nding		20								
D (4	neck if app	cable: C Name of organization towa Credit Union Foundation		D Employer identification number									
☐ Ac	idress cha	ge Doing business as		4	2-1438113								
☐ Na	vne chang	Number and street (or P.O. box if mail is not delivered to street address) Room	n/sulte	E Telephone n	umber								
_	tiai retum	1500 NW 118th Street		51	5-221-3001								
_	neturn/te		· · · · · · · · · · · · · · · · · · ·										
= -	nended re			G Gross recel	ota \$ 386,64								
_	oplication (High to this o	oraun return for subo	rdinetes? Yes V No								
	ADIOTECOL I	Jaimie Miller, address same as above		Il subordinates included? Yes No									
Te	x-exempt				. (see instructions)								
	ebsite: ▶	www.iowacreditunionfoundation.org		ip exemption num	nher ▶								
		Ization: Corporation Trust Association Other ► L Year of fo		·- , · ·	egal domicile:								
^r Par		ummary		1 141 0 122 0 1 1									
- 31		efly describe the organization's mission or most significant activities: For	unded as the n	hilanthronic si	m of the lows								
짇		dit Union League, the Iowa Credit Union Foundation's mission is to help lowa	ns build wealtr	i, responsibili	y and								
[[ing	Independence withthe vision to eliminate poverty in the state of lows. Check this box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets.											
Activities & Governance													
ğ		mber of voting members of the governing body (Part VI, line 1a)											
6		mber of independent voting members of the governing body (Part VI, line	16)		·								
		al number of individuals employed in calendar year 2014 (Part V, line 2a)		. 5									
₹		al number of volunteers (estimate if necessary)	· · · · ·	. 6									
ĕ		al unrelated business revenue from Part VIII, column (C), line 12		. 7a									
	b Ne	t unrelated business taxable income from Form 990-T, line 34		. 7b									
		R V Les V	Prior	Year	Current Year								
•	8 Cc	ntributions and grants (Part VIII, line 1h)		375,799	342,2								
#	9 Pr	ogram service revenue (Part VIII, line 2g) 🔼 . AUG 😗 🤊 2015		<u> </u>									
	10 Inv	estment income (Part VIII, column (A), lines 3, 4, and 7d)		2,719	1,6								
- -	11 Ot	ner revenue (Part VIII, column (A), lines 5, 8d, 8c, 9c, 10c; and 11e) 🚟 . 🔻		45,426	33,4								
-	12 To	al revenue—add ilnes 8 through 11 (must equal PartiVIII, column (A), line 12)	423,944	377,4								
7		ants and similar amounts paid (Part IX, column-(A)-lines 1-3)		439,507	429,6								
-		nefits paid to or for members (Part IX, column (A), line 4)		0									
	1 5 Se	aries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	80,413	84,2								
•		ofessional fundraising fees (Part IX, column (A), line 11e)		0	- 1/-								
氢		tal fundraising expenses (Part IX, column (D), line 25)											
최 .		ner expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	.	86,088	58,9								
		tal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		606,008	572.8								
		venue less expenses. Subtract line 18 from line 12		(182.064)	(195,47								
- 2		Total total organisation and the first term of t	Beginning of		End of Year								
	20 To	tel assets (Part X, line 16)		557,110	364,4								
12		tal liabilities (Part X, line 26)	·	18,431	21,2								
-1914		t assets or fund balances. Subtract line 21 from line 20	·	538,679	343,2								
2년 :		Signature Block	<u>l</u>	0000/Di									

62

Cet. No. 11282Y



Form **990** (2014)

Form 99	0 (2014) Page 2
Rart	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Founded in 1995 as the philanthropic arm of the lowa Credit Union League, the lowa Credit Union Foundation's mission is to help
	lowans build wealth, responsibility and independence with the vision to eliminate poverty in the state of lowa.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
_	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.
	the total onpolicion and totaliad, it any, for each program control topolicio.
48	(Code: n/a) (Expenses \$ 407,381 including grants of \$ 387,575) (Revenue \$ 0)
	Individual Development Accounts-matched savings accounts for low and moderate income working savers. ICUF matches savings
	up to a certain amount based upon 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 \$ 25,183 Including grants of \$ 25,183) (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.

4c	(Code:) (Expenses \$ 7.750 including grants of \$ 7,750) (Revenue \$ 0)
70	(Code:) (Expenses \$ 7.750 including grants of \$ 7,750) (Revenue \$ 0) Scholarship programsscholarships are provided under two programsthe AI W. Jordan ("AWJ") Scholarship Program and the
	Warren A. Morrow Scholarship Program. The AWJ program is designed to assist those who aspire to achieve leadership positions in
	the credit union industry by attending Credit Union National Association (CUNA) Management School. The program is open to
	lowa credit union employees. The Warren A. Morrow Scholarship Program provides financial aid to high school seniors planning to
	enter college and post-high school students seeking continuing education. This program is open to all members of any credit union
	that is a member of the lowa Credit Union League
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 9,147 including grants of \$ 9,147) (Revenue \$ 0)
4e	Total program service expenses > 449 461

Pant	Checklist of Required Schedules			
4			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? # "Yes," complete Schedule A	1	/	
2 3	is the organization required to complete Schedule B, Schedule of Contributors (see Instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	✓	
4	candidates for public office? If "Yes," complete Schedule C, Part I	3_		✓
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	✓	
J	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	✓	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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		✓
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 temporanly restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	√	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.		,	
8	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
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 18? 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
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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	11e	✓	✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	128	▼	
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		7
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 other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	14b	-	✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	15	-	1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	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		1
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
D	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b	L	

	0 (2014)			Page 4
Rart:	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25e	248		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		√
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		,
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		,
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		/
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a		√
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? If "Yes," complete Schedule L, Part IV	28b 28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 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		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35e b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
38	Part VI	37	1	1
			n 99 0	(2014)

Part	Statements Regarding Other IRS Filings and Tax Compliance	_	-	
	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
18	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
·	reportable gaming (gambling) winnings to prize winners?	10	/	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		•	
-	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1	İ	ļ	
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	*		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		/
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓_
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			,
b	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		✓
	gifts were not tax deductible?	6b		ļ
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		1
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	71		✓
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
U	sponsoring organization have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			<u> </u>
B	Did the sponsoring organization make any taxable distributions under section 4966?	9a		1
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter:			
8	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	- 5		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	-		
a b	Gross income from members or shareholders			
_	against amounts due or received from them.)			1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	128		} }
b	if "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			7
13	Section 501(c)(29) qualified nonprofit health insurance Issuers.	<u></u>		
8	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
Ь	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			
_	the organization is licensed to issue qualified health plans			! !
C 14a	Did the organization receive any payments for indoor tanning services during the tax year?	148		1
b	tana and the same a	14b	\vdash	├~
~ _		<u> </u>	n 99 0	(2014)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and		Page 6
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
	Check if Schedule O contains a response or note to any line in this Part VI		• .	<u>لا</u> .
26 ¢n	on A. Governing Body and Management		Yes	No
4.	Enter the number of vetime members of the consenies had not the end of the territory		783	NO
18	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
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		/
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6		1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		-	
a	The governing body?	8a	✓	
þ	Each committee with authority to act on behalf of the governing body?	8b	✓	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's malling address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests Information about policies not required by the Internal Reven	ue C		1
			Yes	No
_	Did the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," dld 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?	10ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	-		
12a		12a	1	
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1	
13	Did the organization have a written whistleblower policy?	13	1	
14	Did the organization have a written document retention and destruction policy?	14	1	ļ
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?	1		
a	The organization's CEO, Executive Director, or top management official	15a	1	<u> </u>
b		15b		$oxed{oxed}$
40-	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 similar arrangement with a taxable entity during the year?	16a		1
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			_

List the states with which a copy of this Form 990 is required to be filed ► None

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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)

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.

State the name, address, and telephone number of the person who possesses the organization's books and records: ► Michael J Powers. 1500 NW 118th Street, Des Moines, IA 50325

organization's exempt status with respect to such arrangements? . .

Section C. Disclosure

·					
Rart VI	î	Compensation of Officers, Director	s, Trustees, Key Employee	s, Highest Compensated E	mployees, 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 employees."
- 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.

had the state of the second and the state of
Check this box it heither the organization nor	r any relate	orgi	anız			ompe	nsa	ated any current officer, director, or trustee.			
				•	C)				ł		
(A)	(B)	lda a	-		ition	than c		(D)	(E)	(F)	
Name and Title	Average					is both		Reportable	Reportable	Estimated	
	hours per	officer and a director						compensation from	compensation from related	amount of other	
	week (ist any hours for related organizations below dotted line)		institutional trustea	Officer	Key employee	Highest compensated employee	Former	trom the organization (W-2/1099-MISC)	organizations (W-2/1089-MISC)	compensation from the organization and related organizations	
(1) Dale Owen		_						<u> </u>			
President and Director	4.0	✓	L.	✓	L_		<u> </u>	0	0	0	
(2) Helen Pearce							i				
Vice President and Director	0.5	✓	L	✓	<u> </u>			0	0	0	
(3) Lana Ross							}				
Treasurer and Director	0.5	✓	L	✓			<u>. </u>	. 0	0	0	
(4) Angela Drury			İ		ĺ			ļ			
Secretary and Director	0.5	✓		✓	<u>L</u> .			0	0	0	
(5) Ann McMillian								i			
Director	0.5	✓	<u>L</u>					0	0	0	
(6) Danielle Gratton							1				
Director	0.5	✓	L		_		_	0	0		
(7) Srinivasa Sastrı Siravuri											
Director	0.5	✓_					<u> </u>	0		0	
(8) Jason Norton			-								
Director	05	1						0	0	0	
(9) Matthew Cervantes											
Director	0.5	✓			_			0	0	0	
(10) Sara Elde							ļ				
Director	0.5	✓			L.	L		. 0	0		
(11) Jarmie Miller-Ackley]		
Executive Director	40.0			<		✓	L	58,465	0	8,279	
(12)											
(13)	 		<u> </u>				-				
(14)	<u> </u>	_									

Part	Section A. Officers, Directors, Trus	tees, Key E	mplo	/88	3, BI	ıd F	lighe	st C	ompensated E	mployees (d	ontinue	ed)
	(A) Name and title		box.	unles	Pos leck is pe	rson	than o	nan tee)	(D) Reportable compensation from	(E) Reportable compensation related		(F) Estimated amount of other
		week (list any hours for related organizations below dotted (ine)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-M		compensation from the organization and related organizations
(15)					-				<u> </u>		_	
(16)					 	\vdash			:		-	
									:		-	
					<u> </u>	-		<u> </u>				
(19)			<u></u>		_	_		-	<u> </u>			
			<u> </u>					_			+	
			<u> </u>			 		-			_	
		<u> </u>	_			_		L				
									<u> </u>		\dashv	· · · · · · · · · · · · · · · · · · ·
				ļ			ļ					
												· · · · · · · · · · · · · · · · · · ·
(25)												
1b c	Sub-total	VII, Sectio						* * *	58,465 58,465		0	58,465 58,465
2	Total number of individuals (including bur reportable compensation from the organi	t not limited	to th					_			00,000	
3	Did the organization list any former of employee on line 1a? If "Yes," complete	fficer, direc	tor, c									Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$1	50,)? <i>t</i>	f "Ye	s,"	complete Sch	edule J fo	r such 	4 /
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co ? If "Yes," o	ompe compl	nsa ete	tion Scl	fron ned	m any ile J t	or s	related organized such person	zation or ind	lividual 	5
Section 1	on B. Independent Contractors Complete this table for your five highest compensation from the organization. Repyear.											
-	(A) Name and business ado	iress							(B) Description of s	ervices		(C) Compensation
					_			-				
								-				
2	Total number of independent contractor received more than \$100,000 of compen							o th	nose listed ab None	ove) who		

Par	,VIII	Statement of Revenue		D4 \ ////		
	•	Check If Schedule O contains a response or not	e to any line in this (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Reverue excluded from tax under sections 512-514
22	1a	Federated campaigns 1a		Tevende	 	0(2-5)4
	b	Membership dues 1b	-			
و کی	c	Fundraising events 1c			Ī	
Contributions, Gifts, Grants and Other Similar Amounts	ď	Related organizations 1d	-		;	
P. E	е	Government grants (contributions) 1e 126,6	527		ł	
<u>8</u> 2	f	All other contributions, gifts, grants,			1	
ā Ē		and similar amounts not included above 1f 215,5	199			
看る	g	Noncash contributions included in lines 1a-1f: \$				
8 5	h	Total. Add lines 1a-1f	342,226			
		Business Cod	le l			
Ž	2a					
8	ь					
蹇	C					
Seri	d					
Ę	е					
Program Service Revenue	f	All other program service revenue .			1	
_&	g	11 - 11	>	·		
	3	Investment income (including dividends, interes	1			
	ĺ	and other similar amounts)	1,07.51		_	ļ
	4	Income from investment of tax-exempt bond proceeds	-		 	ļ
	5	Royalties	<u> </u>		ļ	<u> </u>
					i	1
	6a	Gross rents			1 .	1
	Ь	Less: rental expenses]
	C	Rental income or (loss)	_	-	-	
	d	Net rental income or (loss)	<u> </u>			
	7a	Gross amount from sales of (i) Securities (ii) Other assets other than inventory			1	1
	.	Less: cost or other basis			1	
	b	and sales expenses .	}		.]	j
		Gain or (loss)			-	
	d	Net gain or (loss)	-		Ì	
	_ u	rec gain or liosay		·	-	
Revenue	8a	Gross income from fundralsing events (not including \$				
_		of contributions reported on line 1c). See Part (V, line 18 a 42,7	736			
Other	ь	Less: direct expenses b 9,2				
•	С		33,499			1
	9a	Gross income from gaming activities.			Ţ	
	ļ	See Part IV, line 19			4	
		Less: direct expenses b				
		Net income or (loss) from gaming activities	>		<u></u>	
	10a	Gross sales of inventory, less returns and allowances a				
	b	Less: cost of goods sold b				†
	С	Net income or (loss) from sales of inventory	>			İ
		Miscellaneous Revenue Business Cod	le			
	11a	***************************************				<u> </u>
	ь					
	С					ļ
	d	All other revenue				
	. е		>		1	1
	12	Total revenue. See instructions	377,404		1	

Part	IX Statement of Functional Expenses in 501(c)(3) and 501(c)(4) organizations must com	polete all columns. A	li other omanizations	s must complete coi	umn (A).
0000	Check if Schedule O contains a respon				
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	30,830	30,830		
2	Grants and other assistance to domestic			1	
	Individuals. See Part IV, line 22	398,825	398,825		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	5			
7	Other salaries and wages	70,645	16,445	54,200	
8	Pension plan accruals and contributions (Include				
	section 401(k) and 403(b) employer contributions)	3,525	822	2,703	·· ···································
9	Other employee benefits	4,753	1,210	3,543	
10	Payroll taxes	5,312	1,250	4,062	
11	Fees for services (non-employees):				
8	Management				
b C	Legal	16,276		16,276	
d	Lobbying	10,276		10,210	
ě	Professional fundralsing services. See Part IV, line 17				· · · · · · · · · · · · · · · · · · ·
f	Investment management fees				··· ·-· · · · · · · · · · · · · · · · ·
9	Other. (If line 11g amount exceeds 10% of line 25, column			·-	
_	(A) amount, list line 11g expenses on Schedule O.)	14,942		14,942	
12	Advertising and promotion	7,481		7,481	
13	Office expenses	3,583	79	3,504	
14	Information technology	9,287		9,287	
15	Royalties				
16	Occupancy	3,755		3,755	
17 18	Travel	1,748	_	1,748	
19	Conferences, conventions, and meetings .	1,030		1,030	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	203		203	
23	Insurance	219		219	
24	Other expenses, Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				1
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)		į		
а					
ь					
C					
d					
е	All other expenses	468		468	
25	Total functional expenses. Add lines 1 through 24e				
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				
	following SOP 98-2 (ASC 958-720)	572,882	449,461	123,421	

Ρ	art X	Balance Sheet					
		Check If Schedule O contains a response or	note to any line in this Par	t X			
				(A) Beginning of year		(B End of	
	1	Cash-non-interest-bearing		538,900	1		351,964
	2	Savings and temporary cash investments	. . [2		
	3	Pledges and grants receivable, net	<i></i> [3		
	4	Accounts receivable, net	18,210	4		11,833	
	5	Loans and other receivables from current and for		,	1		
		trustees, key employees, and highest cor					
		Complete Part II of Schedule L			5		
	6	Loans and other receivables from other disqualified person				<u>į</u> !	
		4958(f)(1)), persons described in section 4958(c)(3)(B), and				•	
		sponsoring organizations of section 501(c)(9) volunt		-	_	ļ	
Ş		organizations (see Instructions). Complete Part II of Sched	<u></u>		6		
Assets	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use			8		
	9		· • ₁ • • • • • • • •		9		175
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D					
		•	10a 635 10b 203		,. 10c		400
	I	•			11	-	432
	11 12	Investments—publicly traded securities Investments—other securities. See Part IV, line 1:			12		
	13	Investments—orner securities. See Part IV, line 1			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	-		15		
	16	Total assets. Add lines 1 through 15 (must equal		557,110			364,404
	17	Accounts payable and accrued expenses		19,431	17		21,203
	18	Grants payable		,	18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities	<i></i>		20		
	21	Escrow or custodial account liability. Complete P	art IV of Schedule D .		21		
8	22	Loans and other payables to current and for	mer officers, directors,	• /	3 200	1	
Ĭ		trustees, key employees, highest compens		·		1	
Liabilities	ļ	disqualified persons. Complete Part II of Schedul	eL [22		
=	23	Secured mortgages and notes payable to unrelat			23		
	24	Unsecured notes and loans payable to unrelated			24		
	25	Other liabilities (including federal income tax, p	ayables to related third				
	İ	parties, and other liabilities not included on lines					
		of Schedule D	·		25		
	26	Total liabilities. Add lines 17 through 25		18,431	26	 	21,203
8	} !	Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and			*	1.2	**
ᅙ	27	Unrestricted net assets		48,780	27	} *	38,37 <u>5</u>
뮵	28	Temporarily restricted net assets	<u></u>	489,899			304,826
8 0	29	Permanently restricted net assets	 -	403,038	29		304,020
5	20	Organizations that do not follow SFAS 117 (ASC 95)		· ; : · · · · · · ·			
Ī		complete lines 30 through 34.	.,,				
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds	1	j	30		
set	31	Paid-in or capital surplus, or land, building, or eq			31		
A	32	Retained earnings, endowment, accumulated inc	· •		32		
Ě	33	Total net assets or fund balances) -	538,679			343,201
_	34	Total liabilities and net assets/fund balances .		557,110			364,404
						Form	9 90 (2014)

	0 (2014)			Pa	ge 12
Part	XI- Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		37	7,404
2	Total expenses (must equal Part IX, column (A), line 25)	2		57	2,882
3	Revenue less expenses. Subtract line 2 from line 1	3		(19	5,478
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		53	8,67
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			
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		34	3,20
art	XII. Financial Statements and Reporting				
	Check If Schedule O contains a response or note to any line in this Part XII		<u> </u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			,	2 "
	If the organization changed its method of accounting from a prior year or checked "Other," exp	lain in		` • ·	
	Schedule O.		•	' د	
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a		/
	If "Yes," check a box below to indicate whether the financial statements for the year were complete.	lled or		الایاب الای ا	• 1.
	reviewed on a separate basis, consolidated basis, or both:		25.7	7	i ·
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		1.00		i Ja
b	Were the organization's financial statements audited by an independent accountant?		2b	✓_	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	d on a	7.5	1. 7	
	separate basis, consolidated basis, or both:		300		
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		款	32	7
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over				
	of the audit, review, or compilation of its financial statements and selection of an independent account	itant?	2c	✓	
	If the organization changed either its oversight process or selection process during the tax year, exp	olain in			r
	Schedule O.				1
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth in		1	
	the Single Audit Act and OMB Circular A-133?		3a		1
ь	If "Yes," did the organization undergo the required audit or audits? if the organization did not under				1
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.	3b		

•

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

QMB No. 1545-0047

2014

Open to Public Inspection

Employer Identification number

IOMa	Credit Union Foundation		_			42-14-	38113	
Pái	Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instruction	ns.	
The o	organization is not a private founda	ition because it i	is: (For lines 1 through	11, ched	k only or	ne box.)		
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)							
3	A hospital or a cooperative hospital	spital service org	ganization described i	n sectior	170(b)(1	I)(A)(IiI).		
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:							
5								
6 7	☐ A federal, state, or local gover ☐ An organization that normally described in section 170(b)(1)	receives a subs	stantial part of its sup				n the general public	
8	☐ A community trust described i	n section 170(b))(1)(A)(vi). (Complete	Part II.)				
9	An organization that normally receipts from activities related support from gross investme acquired by the organization a	to its exempt int income and	functions—subject to unrelated business	certain taxable i	exceptio ncome (l	ns, and (2) no more ess section 511 ta	than 331/s% of its	
10	☐ An organization organized and	operated exclusion	sively to test for public	c safety.	See sect	lon 509(a)(4).		
11	An organization organized and one or more publicly supported the box in lines 11a through 11st	d organizations d	lescribed in section 5	09(a)(1) o	r section	509(a)(2). See sect	ion 509(a)(3). Check	
В	Type i. A supporting organization(s organization. You must con) the power to re	egularly appoint or ele					
b	Type II. A supporting organic control or management of the organization(s). You must control organization	e supporting org	ganization vested in th					
c	Type III functionally integrality its supported organization(s)						y integrated with,	
d	☐ Type III non-functionally in that is not functionally integr requirement (see instructions	ated. The organi	zation generally must	satisfy a	distributi	ion requirement and		
е	Check this box if the organize functionally integrated, or Ty						II, Type III	
f	Enter the number of supported	organizations .					[
9	Provide the following information	n about the supp	oorted organization(s).		_			
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	listed in you	rganization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No			
(A)								
(B)							_	
(C)								
(D)								
(E)	·							
		I	1	1	i	I	1	

Total

OCI IOCI U	E X (1 0111 350 01 030-122) 2014						. ugo
Pag	Support Schedule for Organiza						
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	te Part III.)	
	on A. Public Support	43000	7.0044	1 1 2 2 2 2	L 48 0040	430044	(5) T. A!
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not				j		
	include any "unusual grants.")						
2	Tax revenues levled for the				 	 	
-	organization's benefit and either paid		!				
	to or expended on its behalf		1			ļ	
3	The value of services or facilities						
	furnished by a governmental unit to the		1				
	organization without charge		İ				
4	Total. Add lines 1 through 3						ļ
5	The portion of total contributions by		i	-			1
	each person (other than a		}			•	
	governmental unit or publicly		j			ł	
	supported organization) included on	,		-	1		
	line 1 that exceeds 2% of the amount shown on line 11, column (f)	-	{ }	1.7	" ,	İ	
6	Public support. Subtract line 5 from line 4.	- · · -	<u> </u>	 			-
Secti	on B. Total Support		<u></u>		<u> </u>	<u> </u>	
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross Income from interest, dividends,						
	payments received on securities loans,				İ	ļ	ľ
	rents, royalties and income from similar				ŀ		ļ
	sources						
9	Net Income from unrelated business				ļ.		
	activities, whether or not the business is regularly carried on					ľ	
10	Other income. Do not include gain or			 	 		
10	loss from the sale of capital assets						•
	(Explain in Part VI.)						
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						· · · > 🗅
	on C. Computation of Public Suppor						
14	Public support percentage for 2014 (line	6, column (f) d	ivided by line 1	11, column (f))		14	<u>%</u>
15	Public support percentage from 2013 Sci 331/s% support test—2014. If the organization	nedule A, Part	II, line 14 .	on line 12 an	 d line 14 is 221	15	%
16a	box and stop here. The organization qua						
h	331/2% support test—2013. If the organ						
	check this box and stop here. The organ	ization qualifie	s as a publicly	supported org	ganization .		🕨 🗆
17a	10%-facts-and-circumstances test—20						
	10% or more, and if the organization me Part VI how the organization meets the "f	ets the "tacts-	ena-circumste	rices" (est, che st. The organiz	eck this dox al	iu stop nere. se s nublick i	Explain in
	organization						
	10%-facts-and-circumstances test—2						
b	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization m						
	supported organization				-		
18	Private foundation. If the organization di						

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 falled to qualify under Part II.

If the organization falls to qualify under the tests listed below, please complete Part II.)

	If the organization rails to quality	under une tes	sia liaieu beit	W, please co	Inplete Lart	1.7	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees				ļ]	
_	received. (Do not include any "unusual grants.")	654,339	264,722	646,004	375,799	342,226	2,283,090
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	34,706	28.9 75	37,528	58,126	42,736	202.071
3	Gross receipts from activities that are not an unrelated trade or business under section 513		·				
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5 [689,045	293,697	683,532	433,925	384,962	2,485,161
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
ь	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	İ					
8	Public support (Subtract line 7c from line 6.)						2,485,161
Secti	on B. Total Support				•	•	
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	689,045	293,697	683,532	433,925	384,962	2,485,161
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	26,213	11,645	4,151	2,719	1,679	46,407
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	20,213	11,545	7,101	2,710	.,,070	10,107
C	Add lines 10a and 10b	26,213	11,645	4,151	2,719	1,679	46,407
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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	715,258	305,342	687,683	436,644	386,641	2,531.568
14	First five years. If the Form 990 is for the organization, check this box and stop her	e organization		i, third, fourth,			
Secti	on C. Computation of Public Support						=
15	Public support percentage for 2014 (line 8			3, column (f))		15	98.17 %
16	Public support percentage from 2013 Sch	edule A, Part I	II, line 15 .		<u> </u>	16	97.72 %
Secti	on D. Computation of Investment Inc						
17	Investment income percentage for 2014 (II	ne 10c, colum	n (f) divided by	/ line 13, colum	n (f)	17	1.83 %
18	Investment income percentage from 2013	Schedule A, F	Part III, line 17			18	2.28 %
19a	331/n% support tests - 2014. If the organiz						
	17 is not more than 331/2%, check this box a						
b	3315% support tests - 2013. If the organizatine 18 is not more than 3315%, check this b				•		-
20	Private foundation. If the organization did	-	_	•			_

ם	5 (4)	TV	Г
	anı	-IV	

Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	,	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		ļ,
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		i I
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	ľ	
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
48	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and If you checked 11a or 11b in Part I, answer (b) and (c) below.	48		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	į	<u>.</u>
5 a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part Vi , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		link,
	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6 6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c	79	3,
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part Vi.	9b	-	
C	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

	in any and one or any East			afte a			
Pårt	Supporting Organizations (continued)						
11	Liga the empiration accepted a gift or contribution from any of the following page 20		Yes	No			
	Has the organization accepted a gift or contribution from any of the following persons?						
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	}				
ь	A family member of a person described in (a) above?	11b					
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c					
Sect	on B. Type I Supporting Organizations						
			Yes	No			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	, *	. 8 %	·			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	٠,٠,	1	^			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	,	١٠.				
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported						
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	. !		,			
_	·	1					
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part						
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,						
	supervised, or controlled the supporting organization.	2					
Secti	on C. Type II Supporting Organizations			<u> </u>			
			Yes	No			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	ſ					
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			,			
	or management of the supporting organization was vested in the same persons that controlled or managed	,					
	the supported organization(s).	1					
Secti	on D. All Type III Supporting Organizations						
			Yes	No			
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		'				
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the		•				
	organization's governing documents in effect on the date of notification, to the extent not previously provided?						
2		1	<u> </u>				
_	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how						
	the organization maintained a close and continuous working relationship with the supported organization(s).						
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		-			
	significant voice in the organization's investment policies and in directing the use of the organization's						
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's						
	supported organizations played in this regard.	3					
Secti	on E. Type III Functionally-integrated Supporting Organizations						
1	Check the box next to the method that the organization used to satisfy the integral Part Test during the year (see i	nstru	ction	B):			
a	☐ The organization satisfied the Activities Test. Complete line 2 below.		-	•			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.						
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee ins	structi	ons).			
2	Activities Test. Answer (a) and (b) below.		V	N-			
	• • • • • • • • • • • • • • • • • • • •		Yes	No			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify						
	those supported organizations and explain how these activities directly furthered their exempt purposes,		Ì	į L			
	how the organization was responsive to those supported organizations, and how the organization determined	ľ		;			
	that these activities constituted substantially all of its activities.	2a	•	ĺ			
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			<u> </u>			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			;			
	reasons for the organization's position that its supported organization(s) would have engaged in these		ĺ				
	activities but for the organization's involvement.	2b					
3	Parent of Supported Organizations. Answer (a) and (b) below.		1	:			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or						
_	trustees of each of the supported organizations? Provide details in Part VI.	3a	<u> </u>	ļ			
þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each]		1			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	Sb	1	<u> </u>			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1 Check here if the organization satisfied the integral Part Test as a qualifying	trus	st on Nov. 20, 1970. See	instructions. All
other Type III non-functionally Integrated supporting organizations must con	mple	te Sections A through E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		<u> </u>
3 Other gross income (see instructions)	3	·	
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or	اما		
maintenance of property held for production of income (see Instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		(D) 0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	i_	e	-
a Average monthly value of securities	18		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):	<u> </u>		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	4		
see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	 	
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount	1		Current Year
1 Adjusted net income for prior year (from Section A, Ilne 8, Column A)	1		-
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax Imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	1		
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	ly-Ir	tegrated Type III suppor	ting organization (see
instructions).	-		

Part		3) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe			
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purp	poses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5_	Qualified set-aside amounts (prior IRS approval required)			
<u>6</u>	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is res	ponsive	
	(provide details in Part VI). See instructions. Distributable amount for 2014 from Section C, line 6			
9	Line 8 amount divided by Line 9 amount			
10	Line 6 amount divided by Line 9 amount	1	(ii)	(11)
Se	ection E - Distribution Aliocations (see Instructions)	(i) Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			-
3	Excess distributions carryover, if any, to 2014:		·	
<u>a</u>		ļ		*
b		ļ		-
<u> </u>				
<u>d</u>				
8	From 2013	 		
<u>f</u>	Total of lines 3a through e			
g _	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2014 distributable amount Carryover from 2009 not applied (see Instructions)			
<u> </u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		- ·•	
4	Distributions for 2014 from Section D, line 7: \$			
a	Applied to underdistributions of prior years	<u> </u>		
_ <u>a</u> _	Applied to 2014 distributable amount	 		
	Remainder, Subtract lines 4a and 4b from 4.			•
_ _	Remaining underdistributions for years prior to 2014, if			·
•	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
-	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3] and 4c.			
8	Breakdown of line 7:			
a		I		
b				
С				
d	Excess from 2013			
8	Excess from 2014			

Chedule A (Form 990 or 990-EZ) 2014 Page 8							
Part VI	Supplemental Information. 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 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete If the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. 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 627 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.

	of organization			Employer	identification number	
	redit Union Foundation			l auto a a ation E	42-1438113	
٨.1		organization is exempt unde				
1	Provide a description of t	he organization's direct and Indirec	rt political campai	gn activities in Part i	V.	0
2	•				. 0	<u>v</u>
3	Volunteer hours				·	
Par		e organization is exempt unde				
1		excise tax incurred by the organiza			• \$	0
2	Enter the amount of any	excise tax incurred by organization	managers under	section 4955 🕨	> \$	0
3	-	ed a section 4955 tax, did it file For	m 4720 for this ye	er?	L	∐ No
4a	Was a correction made?				L. Yes	No
b ≅oosea				\	504(a)(0)	
	Complete if the	e organization is exempt unde	er section 501(c	e), except section	501(0)(3).	
1		ly expended by the filing organiz				
•		filing organization's funds contrib			,	
2	527 exempt function acti				 > \$	
3		expenditures. Add lines 1 and 2.			*	
J		**************************************				
	line 17b	·		·	▶ \$	
A	line 17b				> \$ <u></u>	No.
4	Did the filing organization	n file Form 1120-POL for this year	·		> \$ ∐Yes	☐ No
4 5	Did the filing organization Enter the names, address	n file Form 1120-POL for this year's	nber (EIN) of all se		► \$ ∐ Yes rganizations to which ti	he filing
_	Did the filing organization Enter the names, address organization made payme	n file Form 1120-POL for this year ses and employer identification nur ents. For each organization listed,	nber (EIN) of all se		► \$ Yes rganizations to which the rganization's funds. Als	he filing so enter
_	Did the filing organization Enter the names, address organization made payme the amount of political co	n file Form 1120-POL for this year's	nber (EIN) of all senter the amount	ection 527 political opaid from the filing of delivered to a separ	► \$ Yes rganizations to which the rganization's funds. Als ate political organization	he filing so enter on, such
_	Did the filing organization Enter the names, address organization made payme the amount of political co as a separate segregated	n file Form 1120-POL for this year, ses and employer identification nurents. For each organization listed, ontributions received that were profund or a political action committed.	nber (EIN) of all senter the amount property and directly e (PAC). If addition	ection 527 political of pald from the filing of delivered to a separnal space is needed,	\$ Yes rganizations to which ti rganization's funds. Als ate political organizatio provide information in	he filing so enter on, such Part IV.
_	Did the filing organization Enter the names, address organization made payme the amount of political co	n file Form 1120-POL for this year's ses and employer identification nur ents. For each organization listed, on tributions received that were pro-	nber (EIN) of all senter the amount	ection 527 political o paid from the filing o delivered to a separ nal space is needed, (d) Amount paid fror filing organization's	\$ Yes rganizations to which the rganization's funds. Also ate political organization provide information in least of political contributions received.	he filing so enter on, such Part IV. itical ed and
_	Did the filing organization Enter the names, address organization made payme the amount of political co as a separate segregated	n file Form 1120-POL for this year, ses and employer identification nurents. For each organization listed, ontributions received that were profund or a political action committed.	nber (EIN) of all senter the amount property and directly e (PAC). If addition	ection 527 political of paid from the filing of delivered to a separnal space is needed,	\$ Yes rganizations to which ti rganization's funds. Als ate political organizatio provide information in (a) Amount of pol contributions receiv promptly and dire	he filing so enter in, such Part IV. itical ed and ectly
_	Did the filing organization Enter the names, address organization made payme the amount of political co as a separate segregated	n file Form 1120-POL for this year sees and employer identification nurents. For each organization listed, ontributions received that were profund or a political action committed.	nber (EIN) of all senter the amount property and directly e (PAC). If addition	ection 527 political o paid from the filing o delivered to a separ nal space is needed, (d) Amount paid fror filing organization's	s rganizations to which the rganization's funds. Also ate political organization provide information in left contributions received. (e) Amount of political organization promptly and directly are do a seppolitical organization.	he filing so enter on, such Part IV. Itical ed and ectly parate ion. If
_	Did the filing organization Enter the names, address organization made payme the amount of political co as a separate segregated	n file Form 1120-POL for this year sees and employer identification nurents. For each organization listed, ontributions received that were profund or a political action committed.	nber (EIN) of all senter the amount property and directly e (PAC). If addition	ection 527 political o paid from the filing o delivered to a separ nal space is needed, (d) Amount paid fror filing organization's	s rganizations to which the transization's funds. Also ate political organization in provide information in the contributions received. (a) Amount of policontributions received promptly and directly	he filing so enter on, such Part IV. Itical ed and ectly parate ion. If
5	Did the filing organization Enter the names, address organization made payme the amount of political co as a separate segregated	n file Form 1120-POL for this year sees and employer identification nurents. For each organization listed, ontributions received that were profund or a political action committed.	nber (EIN) of all senter the amount property and directly e (PAC). If addition	ection 527 political o paid from the filing o delivered to a separ nal space is needed, (d) Amount paid fror filing organization's	s rganizations to which the rganization's funds. Also ate political organization provide information in left contributions received. (e) Amount of political organization promptly and directly are do a seppolitical organization.	he filing so enter on, such Part IV. Itical ed and ectly parate ion. If
_	Did the filing organization Enter the names, address organization made payme the amount of political co as a separate segregated	n file Form 1120-POL for this year sees and employer identification nurents. For each organization listed, ontributions received that were profund or a political action committed.	nber (EIN) of all senter the amount property and directly e (PAC). If addition	ection 527 political o paid from the filing o delivered to a separ nal space is needed, (d) Amount paid fror filing organization's	s rganizations to which the rganization's funds. Also ate political organization provide information in left contributions received. (e) Amount of political organization promptly and directly are do a seppolitical organization.	he filing so enter on, such Part IV. Itical ed and ectly parate ion. If
(1)	Did the filing organization Enter the names, address organization made payme the amount of political co as a separate segregated	n file Form 1120-POL for this year sees and employer identification nurents. For each organization listed, ontributions received that were profund or a political action committed.	nber (EIN) of all senter the amount property and directly e (PAC). If addition	ection 527 political o paid from the filing o delivered to a separ nal space is needed, (d) Amount paid fror filing organization's	s rganizations to which the rganization's funds. Also ate political organization provide information in left contributions received. (e) Amount of political organization promptly and directly are do a seppolitical organization.	he filing so enter on, such Part IV. Itical ed and ectly parate ion. If
5	Did the filing organization Enter the names, address organization made payme the amount of political co as a separate segregated	n file Form 1120-POL for this year sees and employer identification nurents. For each organization listed, ontributions received that were profund or a political action committed.	nber (EIN) of all senter the amount property and directly e (PAC). If addition	ection 527 political o paid from the filing o delivered to a separ nal space is needed, (d) Amount paid fror filing organization's	s rganizations to which the rganization's funds. Also ate political organization provide information in left contributions received. (e) Amount of political organization promptly and directly are do a seppolitical organization.	he filing so enter on, such Part IV. Itical ed and ectly parate ion. If
(1)	Did the filing organization Enter the names, address organization made payme the amount of political co as a separate segregated	n file Form 1120-POL for this year sees and employer identification nurents. For each organization listed, ontributions received that were profund or a political action committed.	nber (EIN) of all senter the amount property and directly e (PAC). If addition	ection 527 political o paid from the filing o delivered to a separ nal space is needed, (d) Amount paid fror filing organization's	s rganizations to which the rganization's funds. Also ate political organization provide information in left contributions received. (e) Amount of political organization promptly and directly are do a seppolitical organization.	he filing so enter on, such Part IV. Itical ed and ectly parate ion. If
(1)	Did the filing organization Enter the names, address organization made payme the amount of political co as a separate segregated	n file Form 1120-POL for this year sees and employer identification nurents. For each organization listed, ontributions received that were profund or a political action committed.	nber (EIN) of all senter the amount property and directly e (PAC). If addition	ection 527 political o paid from the filing o delivered to a separ nal space is needed, (d) Amount paid fror filing organization's	s rganizations to which the rganization's funds. Also ate political organization provide information in left contributions received. (e) Amount of political organization promptly and directly are do a seppolitical organization.	he filing so enter on, such Part IV. Itical ed and ectly parate ion. If
(1)	Did the filing organization Enter the names, address organization made payme the amount of political co as a separate segregated	n file Form 1120-POL for this year sees and employer identification nurents. For each organization listed, ontributions received that were profund or a political action committed.	nber (EIN) of all senter the amount property and directly e (PAC). If addition	ection 527 political o paid from the filing o delivered to a separ nal space is needed, (d) Amount paid fror filing organization's	s rganizations to which the rganization's funds. Also ate political organization provide information in left contributions received. (e) Amount of political organization promptly and directly are do a seppolitical organization.	he filing so enter on, such Part IV. Itical ed and ectly parate ion. If
(1) (2) (3)	Did the filing organization Enter the names, address organization made payme the amount of political co as a separate segregated	n file Form 1120-POL for this year sees and employer identification nurents. For each organization listed, ontributions received that were profund or a political action committed.	nber (EIN) of all senter the amount property and directly e (PAC). If addition	ection 527 political o paid from the filing o delivered to a separ nal space is needed, (d) Amount paid fror filing organization's	s rganizations to which the rganization's funds. Also ate political organization provide information in left contributions received. (e) Amount of political organization promptly and directly are do a seppolitical organization.	he filing so enter on, such Part IV. Itical ed and ectly parate ion. If
(1) (2) (3)	Did the filing organization Enter the names, address organization made payme the amount of political co as a separate segregated	n file Form 1120-POL for this year sees and employer identification nurents. For each organization listed, ontributions received that were profund or a political action committed.	nber (EIN) of all senter the amount property and directly e (PAC). If addition	ection 527 political o paid from the filing o delivered to a separ nal space is needed, (d) Amount paid fror filing organization's	s rganizations to which the rganization's funds. Also ate political organization provide information in left contributions received. (e) Amount of political organization promptly and directly are do a seppolitical organization.	he filing so enter on, such Part IV. Itical ed and ectly parate ion. If
(1) (2) (3) (4)	Did the filing organization Enter the names, address organization made payme the amount of political co as a separate segregated	n file Form 1120-POL for this year sees and employer identification nurents. For each organization listed, ontributions received that were profund or a political action committed.	nber (EIN) of all senter the amount property and directly e (PAC). If addition	ection 527 political o paid from the filing o delivered to a separ nal space is needed, (d) Amount paid fror filing organization's	s rganizations to which the rganization's funds. Also ate political organization provide information in left contributions received. (e) Amount of political organization promptly and directly are do a seppolitical organization.	he filing so enter on, such Part IV. Itical ed and ectly parate ion. If

Scheduk	e C (Form 990 or 990-EZ) 2014					Page 2
Part	I-A Complete if the organization	is exempt u	nder section 50)1(c)(3) and file	d Form 5768 (ele	ection under
- 01	section 501(h)).		illated annua (an	el liet in Dout IV.	and offiliated are	our member's
A Ch	neck ► ☐ if the filing organization beloname, address, EIN, expens	ongs to an an ses and shar	illated group (ar e of excess lobb	ovina expenditur	each anilialeo gro es).	oup member s
B Ch	neck ► ☐ if the filing organization che					
<u> </u>	Limits on Lobby			<u> </u>	(a) Filing	(b) Affiliated
	(The term "expenditures" me)	organization's totals	group totals
1a	Total lobbying expenditures to influence	public opinion	grass roots lobby	ing)		
b	Total lobbying expenditures to influence					
C	Total lobbying expenditures (add lines 1a					
d	Other exempt purpose expenditures			 .		,
e	Total exempt purpose expenditures (add					
f	Lobbying nontaxable amount. Enter t columns.	he amount fr	om the following	table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amoun	t is:		
	Not over \$500,000	20% of the am	ount on line 1e.			-
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000.		,
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess o	ver \$1,500,000.	ļ.	*
[Over \$17,000,000	\$1,000,000.			ļ	
g	Grassroots nontaxable amount (enter 25					
h	Subtract line 1g from line 1a. If zero or le		.			
i	Subtract line 1f from line 1c. If zero or les	s, enter -0-			<u> </u>	
j	If there is an amount other than zero					Yes No
	reporting section 4911 tax for this year?		· · · · ·			
	(Some organizations that made a sec See the	tion 501(h) ele separate instr	uctions for lines	e to complete all 2a through 2f.)	of the five colum	ns below.
	Lobbying	Expenditures	During 4-Year A	veraging Period	.	T
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
C	Total lobbying expenditures					
d	Grassroots nontaxable amount					

Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Pärt II-	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	5768
For eac	th "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(4	8)	(b)
	tion of the lobbying activity.	Yes	No	Amount
le	uring the year, did the filing organization attempt to influence foreign, national, state or local iglislation, including any attempt to influence public opinion on a legislative matter or offerendum, through the use of:	-		,
	olunteers?	1		
	aid staff or management (Include compensation in expenses reported on lines 1c through 1)?	1		
	ledia advertisements?		П	
d M	failings to members, legislators, or the public?			
	ublications, or published or broadcast statements?			
f G	irants to other organizations for lobbying purposes?			
g D	irect contact with legislators, their staffs, government officials, or a legislative body?	✓		842
h R	allies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	<u> </u>		
1 0	ther activities?			<u> </u>
•	otal. Add lines 1c through 1i	1		842
	ild the activities in line 1 cause the organization to be not described in section 501(c)(3)? "Yes," enter the amount of any tax incurred under section 4912	 	-	
	"Yes," enter the amount of any tax incurred by organization managers under section 4912 .			
d If	the filling organization incurred a section 4912 tax, did it file Form 4720 for this year?	İ		
	501(c)(6). /ere substantially all (90% or more) dues received nondeductible by members?			Yes No
	old the organization make only in-house lobbying expenditures of \$2,000 or less?			2
	id the organization agree to carry over lobbying and political expenditures from the prior year?			3
Pärt III	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," C answered "Yes."		Part	
	ues, assessments and similar amounts from members		1	
	ection 162(e) nondeductible lobbying and political expenditures (do not include amounts olitical expenses for which the section 527(f) tax was paid).	s OI		
	Current year		2a	
	Carryover from last year		2b	
	otal	•	2c	
	ggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	<u> </u>
e:	notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of xcess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditure next year?			
	axable amount of lobbying and political expenditures (see instructions)	•	5	
Part IV			1 9 1	 _
Provide	the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grostructions); and Part II-B, line 1. Also, complete this part for any additional information.	oup lis	t); Par	t II-A, lines 1 and
	The Organization provided information to legislators and other state officials regarding the individual	Devel	opent /	Account
program	through direct contact.			

Schedule C (Form	m 990 or 990-EZ) 2014	Page 4
Part IV	m 990 or 990-EZ) 2014 Supplemental Information (continued)	
-,		

	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
•		
		·
		•••••

ŞCHEDULE D (Form 990)

OMB No. 1545-0047

2014

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Inspection Department of the Treasury Internal Revenue Service

,							
a Credit Union Foundation	Danie Adda	and Francis and Others Circling Fra			<u>42-143811</u>	3	
		ed Funds or Other Similar Fu		aucol	#11 25 .		
Complete if the organization	answered "Y	es" to Form 990, Part IV, line 6	<u>'- </u>	6-) C			
	ļ	(a) Donor advised funds		(D) FUE	ds and other	P accounts	
Total number at end of year	<u></u>	1					
Aggregate value of contributions to (d	- · · -	10,172					
Aggregate value of grants from (during		47,448					
Aggregate value at end of year		25,844				_	
Did the organization inform all donor							
funds are the organization's property,		_			_	_ Yes ⊈	No
Did the organization inform all grante							
only for charitable purposes and not					_	_	
conferring impermissible private bene	πγ	· · · · · · · · · · · · · · · · · · ·	· · ·	• •	<u> </u>	Yes 🗸	<u>No</u>
Conservation Easements.	4 445 4						
		es" to Form 990, Part IV, line 7	<u>. </u>				
Purpose(s) of conservation easements							
Preservation of land for public use	e (e.g., recreatio						
Protection of natural habitat		☐ Preservation	of a certi	lied hi	storic stru	cture	
Preservation of open space			<u>1</u> _ AL.		**		
Complete lines 2a through 2d if the or	*	i a quaimed conservation contribu	tion in the T			ervation and of the Tax	
easement on the last day of the tax ye				 	HOILD BY CHO E	XEI SIU IO DIX	Tear
Total number of conservation easeme				2a			
Total acreage restricted by conservati				2b			
Number of conservation easements o				2c			
Number of conservation easements							
historic structure listed in the National Number of conservation easements in				2d		Alan duda.	
number of conservation easements fr tax year ►	noamea, transie	arec, released, extinguished, or te	rminateo	Dy U	e organiza	ition duning	uie
Number of states where property subj	inet to consecut	ation apparent is located by					
Does the organization have a writte	on policy roce	rding the periodic monitoring in	penection	 han	dling of		
violations, and enforcement of the co						☐ Yes 🗓	No
Staff and volunteer hours devoted to							110
Stall and voidiffeer flouis devoted to	monitoring, ma	pacting, and emoroting conscivation) OLGO 1	01165 0	uning mo	you	
Amount of expenses incurred in monit	torina inenecti	ng and enforcing conservation ea	sements	durina	the vear		
►\$	toring, incpoeti	ng, and officiong concentation sa	2011101110	G G 1 1 1 2	, and your		
Does each conservation easement rep	orted on line 20	(d) above satisfy the requirements	of section	1700	n)(4)(B)(i)		
and section 170(h)(4)(B)(li)?						☐ Yes ☐	No
in Part XIII, describe how the organiza							
balance sheet, and include, if applical							he
organization's accounting for conserv							
Organizations Mainteining	Collections	of Art, Historical Treasures, o	or Other	Simi	lar Asse	ts.	
Complete if the organization	answered "Y	es" to Form 990, Part IV, line 8	3.				
If the organization elected, as permit	ted under SFAS	S 116 (ASC 958), not to report in	its revenu	ie sta	ement an	d balance s	heef
works of art, historical treasures, or							CO O
public service, provide, in Part XIII, the	e text of the foc	otnote to its financial statements ti	hat descri	ibes th	ese items	3.	
If the organization elected, as permi							
works of art, historical treasures, or	other similar a	assets held for public exhibition,	educatio	n, or r	esearch i	n furtheran	C8 O
public service, provide the following a	amounts relating	g to these items:					
(i) Revenue included in Form 990, Pa	ırt VIII, line 1			. •	\$		
(ii) Assets included in Form 990, Part							
If the organization received or held				for f	nancial g	ain, provid	e the
following amounts required to be repo	orted under SF/	AS 116 (ASC 958) relating to these	e items:				
Revenue included in Form 990, Part V	/ill, line 1 .			. >	. \$		

b Assets included in Form 990, Part X

SCHOOL	8 U (Form 990) 2014							Payo &
Rart	III Organizations Maintaining							
3	Using the organization's acquisition,	accession, and oth	er records, chec	k any of the	follow	ing that are a	significan	it use of its
	collection items (check all that apply):	•						
а	☐ Public exhibition			or exchange	e progn	ams		
b	Scholarly research		e 🗌 Other	,				
c	Preservation for future generation	8						
4	Provide a description of the organiza	tion's collections ar	nd explain how the	hey further t	he orga	anization's exe	mpt purp	ose in Part
	XIII.							
5	During the year, did the organization assets to be sold to raise funds rathe	solicit or receive of than to be maintain	lonations of art, I ned as part of the	historical tre e organizatio	asures on's col	, or other simil		'es 🗌 No
Ran								
_	Complete if the organization 990, Part X, line 21.		to Form 990, P	art IV, line	9, or n	eported an an	nount or	ı Form
18	is the organization an agent, trustee	. custodian or othe	r Intermediary fo	or contributi	ons or	other assets n	ot	
	included on Form 990, Part X?							res 🗌 No
b	If "Yes," explain the arrangement in F	art XIII and complet	te the following to	able:				
-		•	J				\mount	
c	Beginning balance		, ,		1c			
ď	Additions during the year				1d	1		
e	Distributions during the year				1e	·		
f	Ending balance				11			
2a	Did the organization include an amou				stodial	account liabilit	v? □ Y	'es 🗌 No
ь	If "Yes," explain the arrangement in F							
	Endowment Funds.	are with officer field	ii tito expiration		<i></i>			
	Complete if the organization	n answered "Yes"	to Form 990. P	art IV. line	10.			
	Complete if the organization	(a) Current year	(b) Prior year	(c) Two years		(d) Three years bas	ck (e) Fou	ur years back
4-	Designing of year halance		688,121		56,357	643,4		314,961
18	Beginning of year balance	489,899			62,083	156,9		476,522
b	Net investment earnings, gains, and	226,800	221,795		02,003	130,34	-	470,322
¢	losses		- 574		اء	0.		2 125
		846	1,574		0		52	3,135
d	Grants or scholarships	(390,904)	(396,611)	[30	1,508)	(301,79	(8)	(151,170)
е	Other expenditures for facilities and	_	_		_			_
_	programs	0	0		0		0	0
f	Administrative expenses	(21,815)	(24,980)	1	28,811)		_	0
g	End of year balance	304,826	489,899		88,121	456,3	57	643,448
2	Provide the estimated percentage of			j, column (a))) neid a	15 :		
8	Board designated or quasi-endowme		<u>3</u> %					
b	Permanent endowment	0.0%						
C	Temporarily restricted endowment		_					
	The percentages in lines 2a, 2b, and	2c should equal 100	0%.					
3e	Are there endowment funds not in the	ne possession of the	e organization th	at are held a	and ad	ministered for t	ine	- Tai
	organization by:						<u> </u>	Yes No
	(i) unrelated organizations						. 3a(í	
	(ii) related organizations				• •		_ 3a(I	
b	If "Yes" to 3a(ii), are the related organ					 .	. <u>3b</u>	
4	Describe in Part XIII the intended use		n's endowment f	unds.				
Rar								
	Complete if the organizatio	n answered "Yes"	to Form 990, F	Part IV, line	11a. S	See Form 990	<u>, Part X,</u>	line 10.
	Description of property	(a) Cost or oth (Investme		or other basis other)		Accumulated spreciation	(d) Bo	ook value
1a	Land							
Ь	Buildings							
-	Leasehold improvements							
d	Equipment	·		635	·	203		432
e	Other	: 		033		203		732
	Add lines 1a through 1e. (Column (d)	must equal Form 00	0. Part X. colum	n (B), line 10)c.) .			432
	The most a through to toom to		,					736

	Investments - Other Securiti Complete if the organization a	nswered "Yes" to Fo	rm 990, Part IV, line	11b. See Form 990, Part X, line 1
	(a) Description of security or cate (including name of security)	gory	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial	derivatives			
•	neld equity interests			
Other				
(A)				
(B)			-	
(C)				
(D)	··-		-	
E)			-	
(F) (G)				
(H)			-	
	b) must equal Form 990, Part X, col. (B) line 12.)		-	
art VIII	Investments—Program Rela		<u> </u>	
			rm 990. Part IV. line	11c. See Form 990, Part X, line 1
	(a) Description of Investment		(b) Book value	(o) Method of valuation. Cost or end-of-year market value
)	-			
)				
				
	b) must equal Form 990, Part X, col. (B) line 13.)	>		
	Other Assets.			111 O- F 000 D-1V II 1
al. (Column (Other Assets.	inswered "Yes" to Fo	orm 990, Part IV, line	11d. See Form 990, Part X, line 1
al. (Column (Other Assets.		orm 990, Part IV, line	11d. See Form 990, Part X, line 1
al. (Column (Other Assets.	inswered "Yes" to Fo	orm 990, Part IV, line	
al. (Column (art IX)	Other Assets.	inswered "Yes" to Fo	orm 990, Part IV, line	
al (Column (Other Assets.	inswered "Yes" to Fo	orm 990, Part IV, line	
al (Column (Other Assets.	inswered "Yes" to Fo	orm 990, Part IV, line	
al (Column (Other Assets.	inswered "Yes" to Fo	orm 990, Part IV, line	
al (Column (Other Assets.	inswered "Yes" to Fo	orm 990, Part IV, line	
al (Column (Other Assets.	inswered "Yes" to Fo	orm 990, Part IV, line	
al (Column)	Other Assets.	inswered "Yes" to Fo	orm 990, Part IV, line	
al (Column (Other Assets. Complete if the organization a	nswered "Yes" to Fo		(b) Book value
al. (Column (Other Assets. Complete if the organization a	nswered "Yes" to Fo		
al. (Column)	Other Assets. Complete if the organization a mn (b) must equal Form 990, Part X Other Liabilities. Complete if the organization a	(a) Description (b) Control (c) (c) (d) Description (c) (d) Description		(b) Book value
al. (Column (Other Assets. Complete if the organization a mn (b) must equal Form 990, Part X Other Liabilities.	(a) Description (b) Control (c) (c) (d) Description (c) (d) Description	erm 990, Part IV, line	(b) Book value
al (Column) art IX	Other Assets. Complete if the organization a mn (b) must equal Form 990, Part X Other Liabilities. Complete if the organization a line 25.	(a) Description (a) Description (c) Col. (B) line 15.)	erm 990, Part IV, line	(b) Book value
al (Column) art IX tal. (Colu	Other Assets. Complete if the organization a mn (b) must equal Form 990, Part X Other Liabilities. Complete if the organization a line 25. (a) Description of liability	(a) Description (a) Description (c) Col. (B) line 15.)	erm 990, Part IV, line	(b) Book value
al. (Column) art IX tal. (Column) bederal in	Other Assets. Complete if the organization a mn (b) must equal Form 990, Part X Other Liabilities. Complete if the organization a line 25. (a) Description of liability	(a) Description (a) Description (c) Col. (B) line 15.)	erm 990, Part IV, line	(b) Book value
al. (Column) art IX tal. (Column) Federal in	Other Assets. Complete if the organization a mn (b) must equal Form 990, Part X Other Liabilities. Complete if the organization a line 25. (a) Description of liability	(a) Description (a) Description (c) Col. (B) line 15.)	erm 990, Part IV, line	(b) Book value
al. (Column (art IX)))))) tal. (Column	Other Assets. Complete if the organization a mn (b) must equal Form 990, Part X Other Liabilities. Complete if the organization a line 25. (a) Description of liability	(a) Description (a) Description (c) Col. (B) line 15.)	erm 990, Part IV, line	(b) Book value
al. (Column) art IX tal. (Column) Federal II	Other Assets. Complete if the organization a mn (b) must equal Form 990, Part X Other Liabilities. Complete if the organization a line 25. (a) Description of liability	(a) Description (a) Description (c) Col. (B) line 15.)	erm 990, Part IV, line	(b) Book value
al. (Column) art IX tal. (Column) Federal II	Other Assets. Complete if the organization a mn (b) must equal Form 990, Part X Other Liabilities. Complete if the organization a line 25. (a) Description of liability	(a) Description (a) Description (c) Col. (B) line 15.)	erm 990, Part IV, line	(b) Book value
al (Column (art IX)))))) tal. (Column (art IX))))))))))))	Other Assets. Complete if the organization a mn (b) must equal Form 990, Part X Other Liabilities. Complete if the organization a line 25. (a) Description of liability	(a) Description (a) Description (c) Col. (B) line 15.)	erm 990, Part IV, line	(b) Book value
al. (Column (art IX)))) tal. (Column (art It)) Federal in ()	Other Assets. Complete if the organization a mn (b) must equal Form 990, Part X Other Liabilities. Complete if the organization a line 25. (a) Description of liability	(a) Description (a) Description (c) Col. (B) line 15.)	erm 990, Part IV, line	(b) Book value

Par	Reconciliation of Revenue per Audited Financial Stateme	ents W	/ith Revenue per	Return.	
	Complete if the organization answered "Yes" to Form 990, F				
1	Total revenue, gains, and other support per audited financial statements			1	383,274
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a		4 24	
ь	Donated services and use of facilities	2b			
C	Recoverles of prior year grants	2c		inga ,	
ď	Other (Describe in Part XIII.)			2.4	
е	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:	1 1		^* .	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		- # .	
ь	Other (Describe in Part XIII.)	4b	(5,870)	(Sec.)	
	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	377,404
	XII Reconciliation of Expenses per Audited Financial Statem				
	Complete if the organization answered "Yes" to Form 990, F			, , , , , , , , , , , , , , , , , , , ,	
1	Total expenses and losses per audited financial statements			1	578,752
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			7.	
	Donated services and use of facilities	28		50.0	
8 L	Prior year adjustments	2b	****	12.77 To	
b	Other losses	2C			
Ċ		2d		-	
d	Other (Describe in Part XIII.)			2e	
. 0	Add lines 2a through 2d			3	
3	Subtract line 2e from line 1	i 'ı'		- 3	
4	Amounts included on Form 990, Part IX, Ilne 25, but not on line 1:	.			
_	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1 1	
b	,	4b	(5,870)	1 - 1	
	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	U 10.) .	· · · · · · ·	5	572,882
Part	Supplemental Information.	4 4. Da	+ D/ U 15 10b	· Dom V	line 4: Boot V. line
Provid	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to pro	rc iv, ilnes to and zo); rari v, iformatici	nne 4, ran A, me
z; Par	T AI, lines 20 and 40, and Part AII, lines 20 and 40. Also complete this part	to prov	nue any accitiona ii	IIOI II IELIOI	1.
		_			
Part X	Line 2-"The Foundation is organized as a nonprofit corporation which is exe	mpt froi	n federal and state ac	tivities ta	xes under
		_			
Intern	al Revenue Code Section 501(c)(3). Management has evaluated their material t	ax posi	tions and concluded	that the Fo	oundation had
taken	no uncertain tax positions that require adjustments to the financial statements	. With I	ew exceptions, the F	oundation	is no longer
subje	ct to the U.S. federal or state activities tax examinations by tax authorities for y	ears be	fore 2011.		
Part X	(), Line 4b and Part XII Line 4bCertain items of revenue and expense are show	n on a r	net basis for presenta	tion in the	Form 990
Part X	(I, Line 4b and Part XII Line 4bCertain items of revenue and expense are show	n on a r	net basis for presenta	tion in the	Form 990
				tion in the	Form 990
	(I. Line 4b and Part XII Line 4bCertain items of revenue and expense are show they are shown on a gross basis for presentation in the audited financial states			tion in the	Form 990
				tion in the	Form 990
				tion in the	Form 990
				tion in the	Form 990
				tion in the	Form 990
				tion in the	Form 990
				tion in the	Form 990
				tion in the	Form 990

Page 5	t XIII Supplemental Information (continued)	chedule D (For
	XIII Supplemental Information (continued)	art XIII
	,.,, <u></u> ,,.,,,	,.,.,
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
•••••••••••••••••••••••••••••••••••••••		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
\$		
······································		

<u> </u>		

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundralsing or Gaming Activities

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.in

Complete if the organization enswered "Yes" to Form 890, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

20**14**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

Employer identification number Name of the organization Iowa Credit Union Foundation 42-1438113 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants **b** Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d 🗹 In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☑ No

b If "Yes," list the ten highest paid individuals or entitles (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fun custody c contril	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
	· · · · · · · · · · · · · · · · · · ·	1	Yes	No			†
1					1		
				ļ	ļ		
2			-	1			
3			 	 			
•							
4							
_			-	ļ			
5							
6				<u> </u>		·	
				ļ			
7							
8			 	 			<u> </u>
•							
9							
			 	ļ	ļ		
10							
			.l	1	 		
otal		<u> </u>		▶			
3	List all states in which the org registration or licensing.	ganization is regis	stered or lic	ensed to s	solicit contribution	ns or has been notifi	ed It is exempt from
		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					***************************************
- -							
	***************************************			-			

b If "Yes," explain:

Pá	rt II	Fundraising Events. Corr than \$15,000 of fundraisin gross receipts greater that	g event contributions a			
			(a) Event #1 ICUL Convention (event type)	(b) Event #2 Golf Outing (event type)	(c) Other events	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	25,021	17,715		42,736
	3	Less: Contributions Gross income (line 1 minus line 2)	25,021	17,715		42,73
	4	Cash prizes ,				
	5	Noncash prizes	898			898
Direct Expenses	6	Rent/facility costs	5,160			5,16
¥ Exp	7	Food and beverages		2,590		2,59
		Entertainment				
	8					
Dire	9	Other direct expenses .	366	223		58
		Direct expense summary. Ad Net income summary. Subtra	d lines 4 through 9 in co	olumn (d)	>	9,23 33,499
Pā	9 10 11	Direct expense summary. Ad Net income summary. Subtra	d lines 4 through 9 in co act line 10 from line 3, co organization answer	olumn (d)	>	9,23 33,499
	9 10 11	Direct expense summary. Ad Net income summary. Subtra Gaming. Complete if the	d lines 4 through 9 in co act line 10 from line 3, co organization answer 90-EZ, line 6a.	olumn (d)	Part IV, line 19, or	9,23' 33,499 reported more
Revenue	9 10 11	Direct expense summary. Ad Net income summary. Subtra Gaming. Complete if the than \$15,000 on Form 99	d lines 4 through 9 in co act line 10 from line 3, co organization answer 90-EZ, line 6a.	olumn (d)	Part IV, line 19, or	9,23' 33,499 reported more
Revenue	9 10 11	Direct expense summary. Ad Net income summary. Subtra Gaming. Complete if the than \$15,000 on Form 99	d lines 4 through 9 in co act line 10 from line 3, co organization answer 90-EZ, line 6a.	olumn (d)	Part IV, line 19, or	9,23' 33,499 reported more
Revenue	9 10 11 10 11 1	Direct expense summary. Ad Net income summary. Subtra Gaming. Complete if the than \$15,000 on Form 99 Gross revenue	d lines 4 through 9 in co act line 10 from line 3, co organization answer 90-EZ, line 6a.	olumn (d)	Part IV, line 19, or	9,23' 33,499 reported more
Pā	9 10 11 1 1 2 3	Direct expense summary. Ad Net income summary. Subtra Gaming. Complete if the than \$15,000 on Form 99 Gross revenue	d lines 4 through 9 in coact line 10 from line 3, co organization answer 90-EZ, line 6a.	blumn (d)	Part IV, line 19, or (c) Other gaming	9,23' 33,499 reported more
Revenue	9 10 11 11 1 2 3 4	Direct expense summary. Ad Net income summary. Subtra Gaming. Complete if the than \$15,000 on Form 99 Gross revenue	d lines 4 through 9 in co act line 10 from line 3, co organization answer 90-EZ, line 6a.	blumn (d)	Part IV, line 19, or	9,23' 33,499 reported more
Revenue	9 10 11 1 1 2 3 4 5	Direct expense summary. Ad Net income summary. Subtra Gaming. Complete if the than \$15,000 on Form 99 Gross revenue	d lines 4 through 9 in coact line 10 from line 3, cos organization answers 90-EZ, line 6a. (a) Bingo	blumn (d)	Part IV, line 19, or (c) Other gaming	9,23' 33,499 reported more

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? .

Yes
No

Schedu	ule G (Form 990 or 990-EZ) 2014		Page	3
11 12	Does the organization conduct gaming activities with nonmembers?	_	s 🗌 No	
13	Indicate the percentage of garning activity conducted in:		_	
a	The organization's facility		%	
ь			%	_
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ►			
	Address ▶			
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		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 ▶ \$			
C	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	Mandatory distributions:			
8	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		s 🗆 No	
b		_	:5 L M	,
Pärt				_
				_
******	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
				_
				-
				-
				-
				-
				-
				-
				-

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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

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

OMB No. 1545-0047 2014

Open to Public Inspection

Employer identification number

► Attach to Form 990. ► Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990.

Iowa Credit Union Foundation	opio opione	Andress					42-1438113
ة ع	i oil Granus and	Assistante the emor	nt of the grante or	ossistanca tha	rantees' elicibility fo	withe grants or assistance	and
the selection criteria used to award the grants or assistance?	award the grants	or assistance?					· · · · · · · · · · · · · · · · · · ·
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ization's procedur	es for monitoring	the use of grant fu	nds in the United	States.		
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization Doct IV line of the management of the m	ssistance to Do	mestic Organiz	ations and Dom	lestic Governm	ents. Complete If	the organization answ	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Dot 10, 100 of the organization answered "Yes" to Form 990,
(a) Name and address of organization or government	S EIN	(c) IRC section If applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Children's Miracle Network 205 W 700 South, Salt Lake City, UT	87-0387205	501c(3)	25,183				Support children's hospital
Z.							
(3)							
(4)							
(5)							
(6)							
ω							
(8)							
(6)							
(10)							
(11)							
(12)			}			·	
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	n 501(c)(3) and govorganizations listed	emment organizat	tions listed in the l	ine 1 table			A A
18	, see the Instruction	a for Form 990.		ð	Cat. No. 50055P		Schedule I (Form 990) (2014)

Schedule I (F	Schedule I (Form 990) (2014)
Part III	Pair III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

	. C car ac arbitrario III acanico III perces	Special of Special		The second secon		
	(a) Type of grant or assistance	(b) Number of reciplents	(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
1 Individ	1 Individual development accounts	151	387,575		0 r <i>u</i> 'a	n/a
2 Scholarships	rships	7	7,750		0 n/a	u/a
3 Disaster grants	er grants	9	009'8		0 r⁄a	rva
4						
.						
6						
~						
Part IV	Part IV Supplemental Information. Provide the	the information r	equired in Part I, lin	e 2, Part III, column	information required in Part I, line 2, Part III, column (b), and any other additional information.	ional information.

1DA funds are disbursed through credit unions which verify that the grantees meet the eligibility requirements for the program and that funds are disbursed for the Intended purpose.

i		i	į	:			1	i
	!	!	!	ŀ			}	
į	i	i	İ	i	•		Ì	
1	ŀ	l	i	ŀ	!		!	
i	i	i	Ì	į	;		Ì	i
i	ĺ	İ	!				i	i
	•	1	•	1				į
i	ŀ	į	į					
i	i	1	i	1	!		1	
i	i	ì	į	İ	•		•	
1	1	1	ļ	Ì				
1	l	•	i				!	
İ	1	;	į	}	} ;		ŧ i	i
!	l	i	i				:	ŀ
1	1	1	1	}	!			į
	1		1	i	l i		1	
	l	Į.	!	ļ	!		1	
i	i	i	!	i				
1	!	!	•	1	!	1	1	
1	İ	i	i				•	
1	!		1					İ
i	i		i				;	
1	•	•	l				1	
i	į	i	•				•	
1	•	1			•		1	
i	į	i					}	
!	į				;		;	
İ	İ	i			;		•	į
i	i				[
İ	1	ļ					1	
1	i	i					•	
į	•	<u> </u>					•	
1	i						i	
!	1	1						
1	i							
İ								
!	l	!					!	1
1	l	,					!	
	i				i :		!	1
	İ						ļ	
•	1	Ī						
1	1						!	
į	i	i						
		!	!					
ļ		ł	1					
		ļ	ļ					
		i	1		•			
!	!	Į	1		l			
!		ĺ			1			
i		!			l		!	
}	ł	İ						
•	i	i						
İ		j .						İ
!					•		1	
1	!	1						ì
i		i						i
								ŀ
	i							
1								
]								
1								
!							1	•
1								
					! :			i
		•						
1		i						
								}
					!			
1								
! :		1						
					ĺ			i
!								
1								i
1					}			
1					į			i
1								
!					į			ļ
		(· '	,			
								ì
					i			
1				<u>l</u> i	İ			ļ
•					:		•	
<u> </u>					l		1	:
į į		į			i		l	
1								
]	į i	l			į		İ	i
1		i						

Schedule I (Form 990) (2014)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2014
Open to Public

Inspection

Employer Identification number

lowa Credit Union Foundation				42-1438113
Form 990, Part III, Line 3In prior years t	he Organization conducted a pro	ogram that provided to	wa credit unions wit	n training and
echnical assistance to enhance their ab	ility to provide financial education	on to their members.	This program was no	t renewed in 2014.
·				
Form 990, Part III, Line 4d Other program	n services			
	Expenses	Grants	Revenue	
Disaster Relief	\$3,500	\$3,500	\$0	
Jump Start	3,000	3,000	0	
Small credit union grants	2,647	2,647	0	
Total	\$9,147	\$9,147	\$0	·

•••••••••••••••••••••••••••••••••••••••				

			·	
	•			