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.... **990**

Return of Organization Exempt From Income Tax

20

OMB No 1545-0047 20**15**

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For the 2015 calendar year, or tax year beginning

For Paperwork Reduction Act Notice, see the separate instructions.

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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

D Employer identification number C Name of organization Iowa Credit Union Foundation Check if applicable Doing business as 42-1438113 Address change E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite Name change 515-221-3001 Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/terminated G Gross receipts \$ Amended return Des Moines, IA 50325 H(a) Is this a group return for subordinates? ☐ Yes ✓ No Application pending F Name and address of principal officer Jaimie Miller, 1500 NW 118th Street, Des Moines, IA 50325 H(b) Are all subordinates included? Yes No If "No," attach a list (see instructions) 501(c)(3) 501(c) () ◀ (insert no) ☐ 4947(a)(1) or Tax-exempt status H(c) Group exemption number ▶ www iowacreditunionfoundation org Form of organization ☐ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities: Founded as the philanthropic arm of the lowa Credit Activities & Governance 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 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . . . 10 Number of independent voting members of the governing body (Part VI, line 1b) 10 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 1 Total number of volunteers (estimate if necessary) 6 12 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 0 Current Year Contributions and grants (Part VIII, line 1h). 342,226 366,995 Program service revenue (Part VIII, line 2g) 9 Investment income (Part VIII, column (A), likes 3, A, and 7g) 2,116. Other revenue (Part VIII, column (A), lines 66, 8c, 9c, 10c, and 11e) 10 1.679 3,387 11 <u>33,49</u>9 45,877 Total revenue - add lines 8 through 11 (must equal-Part-Vill=column_(A) 12 377,404 416,709 Grants and similar amounts paid (Part IX, column A) Lines 1,3 13 429.655 337.341 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 84.235 91,979 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 Total fundraising expenses (Part_IX._column (D), line 25) > b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 58,992 52,785 18 Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25) 572 882 482,105 19 Revenue less expenses. Subtract line 18 from line 12 . (195,478) (65,396)End of Year **Beginning of Current Year** 20 Total assets (Part X, line 16) 364,404 292,558 21 Total liabilities (Part X, line 26) . 21.203 14,753 22 Net assets or fund balances. Subtract line 21 from line 20 343,201 277.805 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Type or print name and title Date Print/Type preparer's name Preparer's signature Paid Check I if self-employed Preparer Firm's name Firm's EIN ▶ **Use Only** Firm's address ▶ Phone no May the IRS discuss this return with the preparer shown above? (see instructions) 🗌 Yes 🗌 No

Form 990 (2015)

Cat No 11282Y

Part	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 Iowa Credit Union League, the Iowa Credit Union Foundation's (ICUF) mission is to
	help lowans build wealth, responsibility and independence with the vision to eliminate poverty in the state of lowa
	Tielp lowalls build wealth, responsibility and independence with the vision to entitliate poverty in the state of lowal
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.
4a	(Code: n/a) (Expenses \$ 310,206 including grants of \$ 288,799) (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 \$ 26,909 including grants of \$ 26,909) (Revenue \$ 0)
	Children's Miracle Network is a non-profit organization (501c(3)) that raises funds for children's hospitals including three that serve
	Iowa families Donations are used for medical care, research and education
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	•
	•••••••••••••••••••••••••••••••••••••••
4c	(Code:) (Expenses \$ 7,388 including grants of \$ 7,388) (Revenue \$ 0)
	Small Credit Union Grants - This program awards grants to lowa credit unions who are at or below \$35 million in assets toward
	technology improvements, strategic planning services or attending the annual lowa Credit Union League legislative conference
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 14,245 including grants of \$ 14,245) (Revenue \$ 0)
4e	Total program service expenses ▶ 358,748

Part	V Checklist of Required Schedules			
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	-	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	√	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		,	
7	"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? <i>If "Yes," complete Schedule D, Part II</i>	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
9	Did the organization report an amount in Part X, line 21, 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		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	✓	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	V	
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	√	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		✓
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f	✓	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			_
_	Schedule D, Parts XI and XII	12a	✓	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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			
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		✓
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.	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	✓	-
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		~	
	If "Yes," complete Schedule G, Part III	19		1

Part I	Checklist of Required Schedules (Continued)			
00 -	Did the experience appears one or more been tall facilities? If "Vee " complete Schedule H	200	Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		✓
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 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	√	
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 25a	24a		√
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		✓
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 filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		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	-=	√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		√
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I </i>	33		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		✓
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		√
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		▼
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R</i> ,			
38	Part VI	37	1	✓
		- 30		

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	<u>.</u> ;	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
·	reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		Ť	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	İ		لــــا
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		✓
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		√
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ju		
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	required to file Form 8282?	7c		1
ď	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	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		
8	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			<u> </u>
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		√
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		√
10	Section 501(c)(7) organizations. Enter:			İ
a	Initiation fees and capital contributions included on Part VIII, line 12		l	.
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	İ		, 1
b	Gross income from other sources (Do not net amounts due or paid to other sources			, ,
	against amounts due or received from them.)]
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		, ,
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		!
а	Note. See the instructions for additional information the organization must report on Schedule O.	,.Ja		
b	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			i
C	Enter the amount of reserves on hand			ا
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	gan	(2015)
		rom		(CI V.S)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Schedule O. contains a response or note to any line in this Part VI	e ins	tructi	ons.	
Secti	on A. Governing Body and Management				
			Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year 10				
	If there are material differences in voting rights among members of the governing body, or				
	If the governing body delegated broad authority to an executive committee or similar			i	
_	committee, explain in Schedule O.				
Ъ	Enter the number of voting members included in line 1a, above, who are independent . 10 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?			-	
3	Did the organization delegate control over management duties customarily performed by or under the direct			_	
J	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1	
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u></u>	
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		✓	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
	stockholders, or persons other than the governing body?	7b		✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during				
	the year by the following:				
а	The governing body?	8a	✓		
b	Each committee with authority to act on behalf of the governing body?	8b	✓		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			,	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	1 - 1	✓	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	ie Co	Yes	No	
40-	Did the assessment as have lead about as humanhan as officiated?	10a	163	√	
10a	Did the organization have local chapters, branches, or affiliates?	iva		V	
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	<u> </u>		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<u></u>		
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	✓		
13	Did the organization have a written whistleblower policy?	13	✓		
14	Did the organization have a written document retention and destruction policy?	14	✓		
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?				
а	The organization's CEO, Executive Director, or top management official	15a	✓		
b	Other officers or key employees of the organization	15b		L	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			لــــا	
_	with a taxable entity during the year?	16a		✓	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			اــــا	
Co od:	<u> </u>	16b		Щ.	
	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None				
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	5010	c)(3)e	Only	
10	available for public inspection. Indicate how you made these available. Check all that apply.	551(دردرد	(in y	
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inter-	erest i	policy	, and	
	financial statements available to the public during the tax year.	1	,		
20	State the name, address, and telephone number of the person who possesses the organization's books and rec	ords	•		
	Michael J. Powers, 1500 NW 118th Street, Des Moines, IA 50325				
		Form	n 99 0	(2015)	

	•							
Part VII	Compensation of Officer	s, Directors,	Trustees,	Key Employees,	Highest (Compensated	Employees,	anc
	Independent Contractors	3						

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

Check this box if neither the organization no	r any relate	d orga	anız	atio	n c	ompe	ensa	ited any curren	t officer, director	r, or trustee.
					C)					
(A)	(B)	 			ition			(D)	(E)	(F)
Name and Title	Average					than one is both		Reportable	Reportable	Estimated
	hours per					or/trus	tee)	compensation	compensation from related	amount of
	week (list any hours for	or Ind	inst	Officer	Key	Highest compensated employee	Former	from the	organizations	other compensation
	related	Individual trustee or director	Institutional trustee	Cer	Key employee	hest	mer	organization	(W-2/1099-MISC)	from the
	organizations below dotted	학학	ona		흥	8 0		(W-2/1099-MISC)		organization and related
	line)	rust	2		ee ee	npe				organizations
	1	%	stee			nsat				
			Ě	_	_	8	_			
(1) Dale Owen										
Chairman and Director	40	✓		✓				0	0	0
(2) Helen Pearce										
Vice-Chairman and Director	0 5	✓		✓				0	0	0
(3) Angela Drury								1		
Secretary and Director	0 5	✓		✓				0	0	0
(4) Lana Shoppe		Į								
Director	0 5	✓			<u> </u>	ļ		0	0	0
(5) Jason Norton										
Director	0.5	✓		<u> </u>				0	0	0
(6) Matthew Carvantes										
Director	0 5	✓	_	_				_0	0	0
(7) Sara Eide										
Director	05	/	<u> </u>	_			_	0	0	0
(8) Sastrı Sıravurı										
Director	0.5	✓	_	_				0	0	. 0
(9) Ann McMillian										
Director	0.5	✓	<u> </u>	<u> </u>				0	0	. 0
(10) Danielle Gratton		_								
Director	0 5	1						0	0	0
(11) Jaimie Miller-Ackley		Į	ŀ			١,				
Executive Director	40 0	ļ	<u> </u>	✓	<u> </u>	✓		73,863	0	9,123
(12)										
(13)										
(14)		_	_				_			
3	†									

Part	Section A. Officers, Directors, Trus	tees, Key E	mplo	yees		nd F C)	igne	sτ C	ompensated E	mpioyees (CONTINU	ied)		
	(A)	(B)			Pos	ition			(D)	(E)			(F)	
	Name and title	Average					than one is both		Reportable	Reportab	ole		mated	
		hours per	office				or/trust		compensation	compensation	n from		ount of	:
		week (list any hours for	오늘	Эĭ	Q	<u>چ</u>	9.E	Ъ	from the	related organization			ther ensatic	on
		related	Individual trustee or director	strtut	Officer	Key employee	ples	Former	organization	(W-2/1099-N		fro	m the	
		organizations below dotted	ct or	liona		nplo	88		(W-2/1099-MISC)				nızatıor related	
		line)	15.	al tr		yee	mpe						nization	
			e	Institutional trustee			Highest compensated employee							
							8.				\longrightarrow			
(15)														
44.5						<u> </u>								
(16)			1											
44.70				\vdash	_	_					-+			
(17)														
(40)				-		<u> </u>					$\overline{}$			
7107			ł					ŀ						
(19)				\vdash	\vdash	\vdash				_	-+			
3			i											
(20)														
32			1											
(21)														
(22)														
											\rightarrow			
(23)					ŀ									
			-	\vdash	<u> </u>	_								
(24)		}	ļ											
(25)		1			\vdash									
<u> </u>		†	1											
1b	Sub-total			•			•		73,863		0	-	-	73,86
С	Total from continuation sheets to Part								,					
d	Total (add lines 1b and 1c)								73,863		0			73,86
2	Total number of individuals (including but	t not limited	d to th	ose	list	ed a	above	e) w	ho received m	ore than \$1	00,000) of		
	reportable compensation from the organi	zation ▶												1
													Yes	No
3	Did the organization list any former of													
	employee on line 1a? If "Yes," complete											3		✓
4	For any individual listed on line 1a, is the organization and related organizations												1	
	individual	-							•			4		-
5	Did any person listed on line 1a receive of												<u> </u>	+
•	for services rendered to the organization											5		1
Section	on B. Independent Contractors		<u>-</u>											1_ <u>*</u>
1	Complete this table for your five highest	compensat	ed inc	depe	end	ent	contr	acto	ors that receive	ed more tha	ın \$100	0,000 of		
	compensation from the organization. Rep													ax
	year													
	(A)								(B)			(C)		
	Name and business add	Iress							Description of s	ervices		Compens	ation	
											_			
								_						
									 ·					
	Total number of independent contractor	ors (includir	na hi	ıt n	ot I	lmit	ed to	 th	ose listed abo	ove) who				
-	received more than \$100,000 of compens							.,,	None	- / - / - / - / - / - / - / - / - / - /				

Part	VIII	Statement of Revenue			5		_
		Check if Schedule O contains a res	ponse or note to	O any line in this (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns 1a					
Grants nounts	b	Membership dues 1b					
s, G	С	Fundraising events 1c					
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations 1d	_				
s, C mil	е	Government grants (contributions) 1e	88,877				
Sign	f	All other contributions, gifts, grants,					
the		and similar amounts not included above 1f	278,118				
ᅙᆴ	g	Noncash contributions included in lines 1a-1f. \$	270,110				
Son	h	Total. Add lines 1a–1f		366,995			:
		TOTAL FIGURIOS FOR THE	Business Code	300,993			
eun	2a						
Şe,	b						-
e F				. +			
Ž	ب 0						
Š	d						
ran	e	All all and an arrangement of the state of t					
Program Service Revenue	f	All other program service revenue.	. •			L	<u></u>
	<u>g</u> 3	Total. Add lines 2a–2f					I
	3	and other similar amounts)	I	0.007			
		•		3,837			
	4	Income from investment of tax-exempt be	· .				
	5	Royalties	(ii) Personal				
	_	· · · · · · · · · · · · · · · · · · ·	(II) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					
	_d	Net rental income or (loss)					
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory		}			!
	b	Less: cost or other basis					
		and sales expenses					
	С	Gain or (loss)					
	d	Net gain or (loss)	<u> </u>				
				<u></u>			
nue	8a	Gross income from fundraising					
Other Rever		events (not including \$					
Ě		of contributions reported on line 1c).					
he		See Part IV, line 18 a	52,020				
5		Less: direct expenses b	,0,002				
		Net income or (loss) from fundraising	events . ►	45,877			
	9a	Gross income from gaming activities.					
		See Part IV, line 19 a					
	b	Less: direct expenses b					
	С	Net income or (loss) from gaming act	vities ►				
	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 inve					
		Miscellaneous Revenue	Business Code				
	11a						ļ
	b						_
	С	••••					
	d	All other revenue					
	е	Total. Add lines 11a-11d					<u> </u>
	12 _	Total revenue. See instructions.	<u>.</u> ▶	416,709			

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	ll other organization	s must complete co	olumn (A).
	Check if Schedule O contains a respon	se or note to any lir	e in this Part IX .		🗆
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	39,291	39,291		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	298,049	298,049		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
-		70.040	47.044	50.400	
7 8	Other salaries and wages	76,046	17,644	58,402	<u> </u>
0	section 401(k) and 403(b) employer contributions)	3 530	002	2647	
9	Other employee benefits	3,529 7,171	882 1,399	2,647 5,772	
9 10	Payroll taxes	5,232	1,399	3,930	
11	Fees for services (non-employees):	5,232	1,302	3,930	
	Management				•
b	Legal				<u> </u>
C	Accounting	17,188		17,188	
d	Lobbying	,			
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column		_		
	(A) amount, list line 11g expenses on Schedule O.)	3,369		3,369	
12	Advertising and promotion	10,593		10,593	·
13	Office expenses	4,268	180	4,088	
14	Information technology	6,588		6,588	
15	Royalties				
16	Occupancy	2,350		2,350	
17 18	Travel	3,956		= 3,056	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	<u>3,367</u>		3,367	
20	Interest				
21 22	Payments to affiliates	212		212	
23	Depreciation, depletion, and amortization . Insurance	212 185		212 185	
24	Other expenses. Itemize expenses not covered	163	_		
27	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
_					
a					, ,
b		_			
d					
e	All other expenses	711		711	
25	Total functional expenses. Add lines 1 through 24e	482,105	358,747	123,358	
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 I following SOP 98-2 (ASC 958-720)	402,103	330,747	123,330	

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 1 Cash—non-interest-bearing 351.964 279,970 2 2 Savings and temporary cash investments 3 3 4 11,833 4 10,237 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges 175 2,130 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation 10b 10c 432 414 221 b 11 11 Investments—publicly traded securities 12 12 Investments—other securities. See Part IV, line 11 . 13 13 Investments—program-related. See Part IV, line 11. 14 14 15 15 Other assets. See Part IV, line 11 16 16 Total assets. Add lines 1 through 15 (must equal line 34) . 364,404 292,558 Accounts payable and accrued expenses 17 21,203 17 14,753 18 Grants payable 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 Unsecured notes and loans payable to unrelated third parties . . . 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 26 Total liabilities. Add lines 17 through 25 21.203 14,753 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 38,375 60,180 Temporarily restricted net assets 28 304.826 28 217,625 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds . 32 33 33 343,201 277,805 34 Total liabilities and net assets/fund balances . . . 364.404 292,558 Form 990 (2015)

_	4	4
Page		4

. 0 50	0 (2010)				.gc		
Part	XI Reconciliation of Net Assets		<u>-</u>				
	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		41	16,709		
2	Total expenses (must equal Part IX, column (A), line 25)	2		48	32,10 <u>5</u>		
3	Revenue less expenses. Subtract line 2 from line 1	3		(6	<u>5,396)</u>		
4							
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					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	10		27	77,80 <u>5</u>		
Part	• • • • • • • • • • • • • • • • • • • •				_		
	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		_				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ı	n		İ		
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				✓		
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled c	or				
	reviewed on a separate basis, consolidated basis, or both:				1		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		. <u>2b</u>	✓	ļ		
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	a				
	separate basis, consolidated basis, or both:						
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				ال ـ ـ ـ ـ		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or		. 1				
	of the audit, review, or compilation of its financial statements and selection of an independent account			/			
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın ı	n	•	1		
	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i					
	the Single Audit Act and OMB Circular A-133?		· 3a		✓		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under						
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b				
			Fo	m 990	(2015)		

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 ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

Open to Public Inspection

Name	of the organization		- · ·			Employer identification	n number	
Iowa	Credit Union Foundation						38113	
Par							ons.	
The c	organization is not a private found							
1	A church, convention of church							
2	A school described in section							
3	A hospital or a cooperative ho						=	
4	A medical research organization		onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the	
_	hospital's name, city, and sta							
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)							
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)							
8	A community trust described	ın section 170(b)(1)(A)(vi). (Complete I	Part II.)				
9	An organization that normally							
	receipts from activities relate							
	support from gross investme						x) from businesses	
	acquired by the organization							
10	An organization organized and	•	•					
11	An organization organized and one or more publicly supporte							
	the box in lines 11a through 11	•						
_	☐ Type I. A supporting organi			_				
а	the supported organization(
	organization. You must cor			ot a majo	inty Of the	e directors or trastet	23 of the supporting	
b	☐ Type II. A supporting organ	=		nection w	uth its su	nnorted organizatio	n(s) by having	
_	control or management of the							
	organization(s). You must c			•		•	, ,,	
С	☐ Type III functionally integral	ated. A supporti	ng organization opera	ted in cor	nection	with, and functionall	y integrated with,	
	its supported organization(s) (see instruction	s). You must comple	te Part I\	/, Sectio	ns A, D, and E.		
d	☐ Type III non-functionally ir							
	that is not functionally integ			_			an attentiveness	
_	requirement (see instruction	•	-					
е	Check this box if the organi						II, Type III	
	functionally integrated, or Ty	pe III non-functi	onally integrated supp	orting or	ganizatio	n.		
f	Enter the number of supported	•						
g	Provide the following information	1	· · · · · · · · · · · · · · · · · · ·	1		 	r	
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see	
			above (see instructions))	docu	ment?	instructions)	instructions)	
				Yes	No			
	 		 -	1.55				
(A)								
(B)								
(C)								
(D)								
			-					
(E)								
Total								

Part							
	(Complete only if you checked the						alify under
Secti	Part III. If the organization fails to on A. Public Support	quality und	er trie tests iis	sted below, p	nease compie	ete Fait III.)	
	idar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and	(4) 2011	(5) 2012	(0) 2010	(4) 2011	(6) 20.0	17.7
·	membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	-					
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)			:			
_6	Public support. Subtract line 5 from line 4.				<u> </u>		
	on B. Total Support	4 3 9 9 4 4	4 > 0040	4) 0040	()) 0044	() 0045	(0 T-1-1
	dar year (or fiscal year beginning in) Amounts from line 4	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc First five years. If the Form 990 is for the organization, check this box and stop here.	ne organization	n's first, secon	d. third, fourth			
Secti	on C. Computation of Public Suppor				· · · · ·		
14	Public support percentage for 2015 (line			1, column (f))		14	%
15 16a	Public support percentage from 2014 Sch 331/3% support test—2015. If the organization qua	nedule A, Part zation did not	II, line 14 . check the box	on line 13, an	 d line 14 is 33¹		check this
b	331/3% support test—2014. If the organ check this box and stop here. The organ					e 15 is 33¹æ% 	or more,
17a	10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization memory supported organization in supported organization in the control of the control organization in the control organ	tion meets the leets the "fact	e "facts-and-ci	rcumstances" tances" test. T	test, check th	nis box and st	top here. a publicly
18	Private foundation. If the organization di	d not check a	box on line 13	, 16a, 16b, 17a		k this box and	► L Isee ► Γ

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

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

	in the organization rane to quality	andor the tee	to notoa boto	m, picaco co	p.0.0.	·· '/	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	264,722	646,004	375,799	342,226	366,995	1,995,746
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.	28,975	37,528	58,126	42,736	62,829	230,194
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	293,697	683,532	433,925	384,962	429,824	2,225,940
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			·			
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						2,225,940
Secti	on B. Total Support			L		<u>_</u>	2,223,340
	dar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	293,697	683,532	433,925	384,962	429,824	2,225,940
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
b	royalties and income from similar sources . Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	11,645	4,151	2,719	1,679	3,387	23,581
С	Add lines 10a and 10b	11,645	4 151	_2 719	1,679	3,387	- 23,581
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	11,010				3,000	20,00
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.)	305,342	687,683	436,644	386,641	433,211	2,249,521
14	First five years. If the Form 990 is for the organization, check this box and stop her	_			or fifth tax ye		501(c)(3) . ▶ □
Secti	on C. Computation of Public Suppor	t Percentage	•				
15	Public support percentage for 2015 (line 8	3, column (f) div	rided by line 13	3, column (f))		15	98 95 %
16	Public support percentage from 2014 Sch		-			16	98 17 %
	on D. Computation of Investment Inc						
17	Investment income percentage for 2015 (line 10c, colum	n (f) divided by	/ line 13, colun	nn (f))	17	1 05 %
18	Investment income percentage from 2014					18	1 83 %
19a	331/3% support tests - 2015. If the organi						
	17 is not more than 331/3%, check this box						
b	331/2% support tests – 2014. If the organize line 18 is not more than 331/2%, check this b	ation did not ch	eck a box on l	ine 14 or line 1	9a, and line 16	is more than 3	31/3%, and
20	Private foundation. If the organization di		-		_		
	<u> </u>						

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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.)

Secu	on A. All Supporting Organizations		Voc	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	res	NO
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	-	
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		
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	-	
С	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		
4a	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.	4a		
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		
С	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	-	
5a	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		
b	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 -	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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	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 or 990-EZ).	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 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b 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.)	10a		

0011000				
Part	V Supporting Organizations (continued)		- -	- Na
	lles the surrounded a sufficient surround the following surround		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
h	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		
	on B. Type I Supporting Organizations	1		<u> </u>
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	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.			
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		
<u>Secti</u>	on C. Type II Supporting Organizations			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 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).		Yes	No
Secti	on D. All Type III Supporting Organizations	<u> </u>		l
0000	on b. Air Type in oupporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1_		
2	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).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a 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			l
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	instru	ction	e).
a b c	☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (s			
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		1.53	0
a	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, how the organization was responsive to those supported organizations, and how the organization determined			
-	that these activities constituted substantially all of its activities.	2a	<u> </u>	
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more 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 activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
b	trustees of each of the supported organizations? <i>Provide details in Part VI</i> . Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If</i> "Yes," <i>describe in Part VI</i> the role played by the organization in this regard.	3a 3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	-		instructions. All
other Type III non-functionally integrated supporting organizations must co			
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		
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			
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	-	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
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):			
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, see instructions).	4		
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			Current Year
1 Adjusted net income for prior year (from Section A, line 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			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	ly-ın	tegrated Type III supporti	ng organization (see
instructions).			

Part) Supporting Organi	zations (continued)						
	on D - Distributions			Current Year					
1_									
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted						
	organizations, in excess of income from activity								
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations						
4	Amounts paid to acquire exempt-use assets								
	Qualified set-aside amounts (prior IRS approval required)								
6	Other distributions (describe in Part VI). See instructions.								
	Total annual distributions. Add lines 1 through 6.								
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive						
	(provide details in Part VI). See instructions		-						
9_	Distributable amount for 2015 from Section C, line 6								
10	Line 8 amount divided by Line 9 amount		4113						
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015					
1	Distributable amount for 2015 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2015								
	(reasonable cause required-see instructions)								
3	Excess distributions carryover, if any, to 2015.								
а									
<u>b</u>									
С									
<u>d</u>	From 2013								
е	From 2014								
f	Total of lines 3a through e								
<u>g</u>	Applied to underdistributions of prior years								
<u>h</u>	Applied to 2015 distributable amount								
<u> </u>	Carryover from 2010 not applied (see instructions)								
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.								
4	Distributions for 2015 from Section D, line 7: \$								
а	Applied to underdistributions of prior years								
b	Applied to 2015 distributable amount								
С	Remainder. Subtract lines 4a and 4b from 4.								
5	Remaining underdistributions for years prior to 2015, if								
	any. Subtract lines 3g and 4a from line 2 (if amount								
	greater than zero, see instructions).								
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see								
	instructions).								
7	Excess distributions carryover to 2016. Add lines 3j and 4c.								
8	Breakdown of line 7:								
а									
b	1								
С	Excess from 2013								
d	Excess from 2014								
е	Excess from 2015								

Page	8
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Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. 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 20**15**

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.

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

. 47, (oo ooparate moa donone,, a				
	ection 501(c)(4), (5), or (6) orga	anizations: Complete Part III		Employer ide	ntification number
Name	of organization			Employer ide	ntification number
	Credit Union Foundation				42-1438113
Part		e organization is exempt und			organization.
1	•	the organization's direct and indire		-	•
2	Political expenditures .				\$0
3	Volunteer hours				0
Part	I-B Complete if the	e organization is exempt und	er section 501(c)(3).	
1	Enter the amount of any	excise tax incurred by the organization	ation under section	n 4955 ▶	\$ 0
2	Enter the amount of any	excise tax incurred by organization	n managers under	section 4955 ▶ \$	\$ 0
3		ed a section 4955 tax, did it file Fo			
4a	Was a correction made?				🗌 Yes 🔲 No
b	If "Yes," describe in Part	IV.			
Part	I-C Complete if the	e organization is exempt und	er section 501(c), except section 501	I(c)(3).
1	Enter the amount direct	ly expended by the filing organiz	ation for section	527 exempt function	
	activities			🕨 🖠	\$
2	Enter the amount of the	filing organization's funds contrib	outed to other org	janizations for section	
	527 exempt function acti	ivities			3
3	Total exempt function e	expenditures. Add lines 1 and 2	. Enter here and	on Form 1120-POL,	
	line 17b			🕨 🛭	S
4	Did the filing organization	n file Form 1120-POL for this year	?		Yes No
5	Enter the names, address	ses and employer identification nui	mber (EIN) of all se	ection 527 political organ	izations to which the filing
	organization made payme	ents. For each organization listed,	enter the amount	paid from the filing organ	nization's funds. Also enter
		ontributions received that were pro			
	as a separate segregated	fund or a political action committe	ee (PAC). If additio	nal space is needed, prov	vide information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Hamo	(5) / 1551555	(5) 2	filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly delivered to a separate
					political organization If
					none, enter -0-
(1)					
(2)					
(3)					
					
(4)			-		
(5)	_				
		-			
(6)			1		

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	rt II-A	Complete if the organization section 501(h)).	•					
A	Check ▶	Check ► ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's						
_	Charle N	name, address, EIN, expenses, and share of excess lobbying expenditures). Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.						
R	Check ►	Limits on Lob	troi provisions a		(b) Affiliated			
		(The term "expenditures" r)	(a) Filing organization's totals	group totals	
-1	a Total lo	obbying expenditures to influence						
		obbying expenditures to influence		-				
		obbying expenditures (add lines	-					
		exempt purpose expenditures .	•					
		xempt purpose expenditures (ac						
		ng nontaxable amount. Enter						
	column	าร.			_			
	If the ar	mount on line 1e, column (a) or (b) i	s: The lobbying	nontaxable amoun	it is:			
		r \$500,000		mount on line 1e.				
	Over \$5	00,000 but not over \$1,000,000	\$100,000 plus	s 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 of	over \$1,500,000.		{	
		7,000,000	\$1,000,000					
	_	oots nontaxable amount (enter 2						
		ct line 1g from line 1a. If zero or						
		ct line 1f from line 1c If zero or I				(1.5. 1700		
	•	e is an amount other than zerong section 4911 tax for this year	^	•	the organization		Yes No	
	4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)							
		Lobbyin	g Expenditures	During 4-Year A	veraging Period	T		
	Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total	
2	2a Lobbyı	ng nontaxable amount						
		ng ceiling amount of line 2a, column (e))						
	c Total lo	obbying expenditures			_ =			
	d Grassr	oots nontaxable amount						
		oots ceiling amount of line 2d, column (e))						
	f Grassr	oots lobbying expenditures						

	(election under section		(8	a)		(b)	
	each "Yes," response on lines cription of the lobbying activity.	1a through 1i below, provide in Part IV a detailed	Yes	i –	A	moun	t
1	legislation, including any attempt	nization attempt to influence foreign, national, state or local to influence public opinion on a legislative matter or	-				
	referendum, through the use of:				1		
a		compensation in expenses reported on lines 1c through 1i)?	/	-	ĺ		
b	•	, , ,	-				
c d		the public?					
e	-	cast statements?			-		
f		bying purposes?	_				_
g g		staffs, government officials, or a legislative body?	1				920
h		conventions, speeches, lectures, or any similar means?					
i							
j	Total. Add lines 1c through 1i						920
2a		organization to be not described in section 501(c)(3)?		✓			
b	•	cincurred under section 4912					
c d		c incurred by organization managers under section 4912 . ection 4912 tax, did it file Form 4720 for this year?					
Part	t III-A Complete if the organiza 501(c)(6).	ation is exempt under section 501(c)(4), section 501(c)(5), d	or se	ction		
						Yes	No
1	Were substantially all (90% or more)	dues received nondeductible by members?			1		
2	Did the organization make only in-ho	ouse lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry of	over lobbying and political expenditures from the prior year? .			3		
	501(c)(6) and if either (a) answered "Yes."	ation is exempt under section 501(c)(4), section 501(c BOTH Part III-A, lines 1 and 2, are answered "No," O		Part		line :	3, is
1 2	Dues, assessments and similar amo Section 162(e) nondeductible lobb political expenses for which the s	bying and political expenditures (do not include amounts	of	1			
а	Current year			2a	L		
b	Carryover from last year			2b			
C				2c			
3 -4		on 6033(e)(1)(A) notices of nondeductible section 162(e) dues . int on line 2c exceeds the amount on line 3, what portion of		3			
	excess does the organization agree and political expenditure next year?	to carryover to the reasonable estimate of nondeductible lobby		4			
5	Taxable amount of lobbying and pol	itical expenditures (see instructions)		5			
Par							
		A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro	up lis	t), Par	t II-A, I	ınes 1	and
•	·	so, complete this part for any additional information.					
Part II	I-B The organization provided information	on to legislators and other state officials regarding the individual E	<u>evelo</u>	pmen	t Accou	int pro	ogram
throug	gh direct contact						
							

	hedule C (Form 990 or 990-EZ) 2015 Page 4						
Part IV	Supplemental Information (continued)						
· 							
		·					

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name o	f the organization		Employer identification number
Iowa C	redit Union Foundation		42-1438113
Par		rised Funds or Other Similar Fun	ds or Accounts.
	Complete if the organization answered '		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	11	
2	Aggregate value of contributions to (during year)	0	
3	Aggregate value of grants from (during year) .	3,865	
4	Aggregate value at end of year	21,978	
5	Did the organization inform all donors and donor funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the beneficonferring impermissible private benefit?		or any other purpose
Par	Conservation Easements.		
	Complete if the organization answered '	'Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the	- · · · · · · · · · · · · · · · · · · ·	
	 Preservation of land for public use (e.g., recreat Protection of natural habitat Preservation of open space 	☐ Preservation of	f a certified historic structure
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easement		
C	Number of conservation easements on a certified h		
d	Number of conservation easements included in historic structure listed in the National Register .		on a
3	Number of conservation easements modified, transtax year ▶	sferred, released, extinguished, or terr	ninated by the organization during the
4	Number of states where property subject to conser	rvation easement is located ▶	
5	Does the organization have a written policy required violations, and enforcement of the conservation ea	garding the periodic monitoring, ins	
6	Staff and volunteer hours devoted to monitoring, inspect	ting, handling of violations, and enforcing of	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspectin	g, handling of violations, and enforcing	conservation easements during the year
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of	
9	In Part XIII, describe how the organization reports of balance sheet, and include, if applicable, the text of organization's accounting for conservation easement	of the footnote to the organization's fin	
Part	Organizations Maintaining Collections Complete if the organization answered "		
1a	If the organization elected, as permitted under SF, works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the form	assets held for public exhibition, ec	lucation, or research in furtherance of
b	If the organization elected, as permitted under S works of art, historical treasures, or other similar public service, provide the following amounts relative	assets held for public exhibition, eding to these items:	ducation, or research in furtherance of
2	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X	historical treasures, or other similar	▶ \$ assets for financial gain, provide the
	following amounts required to be reported under S		
а	Revenue included on Form 990, Part VIII, line 1 .		
b	Assets included in Form 990, Part X	<u> </u>	<u>.</u> ▶ \$

Part						
3	Using the organization's acquisition, collection items (check all that apply):	·	ner records, chec	k any of the f	ollowing that are a	significant use of its
а	☐ Public exhibition		d 🗌 Loan	or exchange p	orograms	
	☐ Scholarly research		e 🗌 Other	r		
С	☐ Preservation for future generations					
4	Provide a description of the organiza XIII.	tion's collections a	ind explain how t	hey further the	e organization's exe	mpt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather	r than to be mainta				
Part	Complete of the organization 990, Part X, line 21.	n answered "Yes"				
1a	Is the organization an agent, trustee included on Form 990, Part X? .				s or other assets n	oot Yes No
b	If "Yes," explain the arrangement in P	art XIII and comple	te the following to	able:		
					<u> </u>	Amount
C	Beginning balance				1c	
d	9 ,				1d	
e	Distributions during the year				1e	
f	Ending balance				If	N==
2a	Did the organization include an amoulf "Yes," explain the arrangement in P					
b Pari		art Alli. Check here	s ii tile explanatio	i nas been pro	DVILLEG OIL PAIL AIII .	<u> </u>
· ai	Complete if the organization	answered "Yes"	on Form 990. F	Part IV. line 1	0.	
	Complete ii are organization	(a) Current year	(b) Prior year	(c) Two years ba		ck (e) Four years back
1a	Beginning of year balance	304,826	489,899	688,	121 456,35	57 643,448
b	Contributions	222,928	226,800			
C	Net investment earnings, gains, and					
	losses	1,011	846	1,	574	0 852
d	Grants or scholarships	(298,864)	(390,904)	(396,6	611) (301,50	8) (301,798)
е	Other expenditures for facilities and programs	0	0		0	0 0
f	Administrative expenses	(12,276)	(21,815)	(24,9	980) (28,81	1) (43,045)
g	End of year balance	217,625	304,826	489,	899 688,12	21 456,357
2	Provide the estimated percentage of t	the current year en	d balance (line 1g	, column (a)) h	eld as:	
а	Board designated or quasi-endowme	nt ▶08	3%			
b	Permanent endowment	00%				
C	Temporarily restricted endowment					
_	The percentages on lines 2a, 2b, and					i
3a	Are there endowment funds not in the	e possession of the	e organization tha	at are neid and	administered for the	
	organization by:					Yes No
	(i) unrelated organizations .					3a(i)
b	(ii) related organizations					3a(ii) ✓ 3b
4	Describe in Part XIII the intended uses	•	•			OD
Part						
	Complete if the organization		on Form 990. F	Part IV, line 1	1a. See Form 990	, Part X, line 10.
	Description of property	(a) Cost or oth		or other basis	(c) Accumulated	(d) Book value
		(investme	ent) (o	ther)	depreciation	
1a	Land					
b	Buildings					
C	Leasehold improvements					
d	Equipment	·		635	414	221
e Total	Other	nuot oqual Form 00	O Port V solvens	/P) Ima 10= 1		221
	was moses to conclude the California (O) fo	oosi muuai enim 99	u cau a commo	commune nur`l		221

Part VII	Investments—Other Securities		Га 00	00 David IV II-	a 11h Can For	m 000 Port V line 12
	Complete if the organization ans					
	(a) Description of security or category (including name of security)	у	(1	o) Book value		lethod of valuation nd-of-year market value
(1) Financia	derivatives					
(2) Closely-I	held equity interests					
(O) OH	· · · · · · · · · · · · · · · · · · ·					
`(A)						
(B)	•••••					
(C)	•					
(D)						
(E)			 			
(F)						· · · · · · · · · · · · · · · · ·
(G)						
(U) (H)						
	h must soud form 000 Port V sel (R) ins 12 \					
	b) must equal Form 990, Part X, col (B) line 12.)					
Part VIII	Investments—Program Relater Complete if the organization ans		on Form 99	0, Part IV, lir	ne 11c. See For	m 990, Part X, line 13.
	(a) Description of investment		(E) Book value		Method of valuation
(4)					003: 01 61	- Jour market value
(1)						
(2)		<u></u>				
(3)				 -	-	<u> </u>
(4)					<u> </u>	
(5)	· · · · · · · · · · · · · · · · · · ·					
(6)						
(7)					-	
(8)						
(9)	200 0 17 1 17 10 10					
	(b) must equal Form 990, Part X, col (B) line 13)					
Part IX	Other Assets.				44.0	000 5 13/11 45
	Complete if the organization ans		on Form 99	0, Part IV, lir	ne 11d. See For	
	(a) Description				(b) Book value
(1)						
(2)						-
(3)						
(4)						
(5)			_ =			
(6) -						
(7)						
(8)						
(9)						
Total. (Colu	mn (b) must equal Form 990, Part X, c	ol. (B) line 15.)	<u> </u>		<u> ></u>	<u> </u>
Part X	Other Liabilities.					
	Complete if the organization ans	wered "Yes" o	on Form 99	0, Part IV, lir	ne 11e or 11f. S	ee Form 990, Part X,
	line 25.					
1.	(a) Description of liability	(b) Book	value			<u> </u>
(1) Federal II	ncome taxes					
(2)				1		
(3)			•	1		
(4)			·-	1		
(5)			 -	1		
(6)				1		
(7)		 		1		
(8)		 		1		
		 		1		
(9)	(h) must equal Form 000 Part V and (D) line 25 L	 		{		
	(b) must equal Form 990, Part X, col. (B) line 25.) ▶	Ido the toyt of the	n fantanta t-	the erger-set-	n'a financial states	nonto that rangets the
	r uncertain tax positions. In Part XIII, prov					
organization'	s liability for uncertain tax positions unde	1 FIN 48 (ASC /4	o). Grieck nei	e ii the text of	uie iootilote nas b	een provided in Part XIII

Page	4

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per F	Return.	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1 4	40.000
2	Total revenue, gains, and other support per audited financial statements	4	19,029
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
ď	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
_ 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 4	16,709
Part		Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1 48	84,425
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С 5	Add lines 4a and 4b	4c 5 4s	00.100
	XIII Supplemental Information.	3 48	82,105
2; Par Part X	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional info. Line 2 - The Foundation is organized as a nonprofit corporation which is exempt from federal and state activities Code Section 501(c)(3) Management has evaluated their material tax positions and concluded that the Foundation is a concluded that the Foundation for the code Section 501(c)(3) Management has evaluated their material tax positions and concluded that the Foundation is a concluded that the Foundation for the code Section 501(c)(3) Management has evaluated their material tax positions and concluded that the Foundation for the code Section 501(c)(3) Management has evaluated their material tax positions and concluded that the Foundation for the code Section 501(c)(3) Management has evaluated their material tax positions and concluded that the Foundation for the code Section 501(c)(3) Management has evaluated their material tax positions and concluded that the Foundation for the code Section 501(c)(3) Management has evaluated their material tax positions and concluded that the Foundation for the code Section 501(c)(3) Management has evaluated their material tax positions and concluded that the foundation for the code Section 501(c) (3) Management has evaluated their material tax positions and concluded the code Section for the cod	ormation. vities taxes under Inte	ernal .
uncert	ain tax positions that require adjustments to the financial statements. With few exceptions, the Foundation i	s no longer subject to	o the
II C fo	doral or state activities toy everynations by toy outborities for years before 2012		
03 16	deral or state activities tax examinations by tax authorities for years before 2012		
	Line 4b and Part XII, Line 4b - Certain items of revenue and expense are shown on a net basis for presentat re shown on a gross basis for presentation in the audited financial statements to conform to GAAP	ion in the Form 990 w	hile
			·

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

Information about Schedule G /Form 990 or 990-FZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

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civities. Complete if the result of the resu	complete through any	this part.		orm 990, Part IV,	1438113 line 17.
rs are not required to ganization raised funds	complete through any	this part.		orm 990, Part IV,	
rs are not required to ganization raised funds	complete through any	this part.			
		of the follo	aa aatuutisa C		
olicitations	e 🗹		owing activities. C	heck all that apply.	
olicitations] Solicitati	on of non-govern	ment grants	
	f ☑] Solicitati	on of government	grants	
	g ☑] Special f	undraising events	3	
ns					
ve a written or oral agre in Form 990, Part VII) o					
		draisers) pi	ursuant to agreem	nents under which th	ne fundraiser is to be
ual (ii) Activity	custody o	r control of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
	Yes	No		· · · · ·	
				<u>-</u>	
		i			
- = -		_			
	stered or lic	ensed to s	olicit contribution	s or has been notifi	ed it is exempt from
· ·					
	ual (ii) Activity	the organization is registered or lice	the organization is registered or licensed to s	sual (ii) Activity (iii) Did fundraiser have custody or control of contributions? Yes No No The property of the organization is registered or licensed to solicit contribution in the organization is registered or licensed to solicit contribution.	ual (ii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity fundraiser listed in col (i) fundraiser listed in col (ii) the contributions of the organization is registered or licensed to solicit contributions or has been notification.

		gross receipts greater tha				and 6b. List events with
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			ICUL Convention (event type)	Golf Outing (event type)	(total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	40,555	22,274		62,829
LL.	2	Less: Contributions Gross income (line 1 minus				
		line 2)	40,555	22,274		62,829
	4	Cash prizes				
	5	Noncash prizes	200	228		428
Direct Expenses	6	Rent/facility costs	6,111	3,515		9,626
t Expe	7	Food and beverages	597	3,105		3,702
Direc	8	Entertainment	2,088			2,088
	9	Other direct expenses .	654	454		1,108
Pa	10 11 rt II		act line 10 from line 3, c e organization answer	olumn (d)	🕨	16,952 45,877 reported more
Revenue		than \$15,000 on Form 99	90-EZ, line 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Rev	1	Gross revenue				
es	2	Cash prizes				
xbeus	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No	
	7	Direct expense summary. Ad	ld lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summary	y. Subtract line 7 from li	ne 1, column (d)		
9) E	Enter the state(s) in which the or	ganization conducts ga	ming activities:		
		s the organization licensed to co f "No," explain:		s in each of these states	?	🗌 Yes 🗌 No

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

Schedu	lle G (Form 990 or 990-EZ) 2015
11 12	Does the organization conduct gaming activities with nonmembers?
13 a	Indicate the percentage of gaming activity conducted in: The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ►
	Address►
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ lf "Yes," enter name and address of the third party:
	Name ►
	Address►
16	Gaming manager information:
	Name ►
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	□ Director/officer □ Employee □ Independent contractor
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$
Part	Supplemental information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE 1 (Form 990)

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

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

OMB No. 1545-0047 2015

support children's hospital Open to Public Inspection ° □ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant or assistance **Employer identification number** □ Yes 42-1438113 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of non-cash assistance ▶ Information alsout Schedule I (Form 990) and its instructions is at www.irs.gov/form990. (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ Attach to Form 990. 26,909 (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? General Information on Grants and Assistance 501c(3) 87-0387205 (p) EIN (1) Children's Miracle Network 1 (a) Name and address of organization 205 W 700 South, Salt Lake City, UT owa Credit Union Foundation or government Department of the Treasury Internal Revenue Service Name of the organization Part II Part I <u>N</u> 8 <u></u> (12) ල € 9 9 5 8

Schedule I (Form 990) (2015)

Cat. No. 50055P

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2015)

Schedule I (Form 990) (2015) (f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. n/a n/a (e) Method of valuation (book, FMV, appraisal, other) 0 n/a 0 n/a 0 n/a (d) Amount of non-cash assistance 6,250 3,000 288,799 (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients 146 (a) Type of grant or assistance 1 Individual development accounts 3 Disaster grants 2 Scholarships Part IV Part III Ŋ 9

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 ► 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.

2015
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Name of the organization				Employer identification number
lowa Credit Union Foundation			_	42-1438113
5 000 B 1 5				
Form 990, Part III, Line 4d - Other program	m services			
	Expenses	Grants	Revenue	
Scholarships	\$6,250	\$6,250	\$0	
Disaster Relief	3,000	3,000	\$0	
DISASter Relier	3,000		ΨΟ	
Jump Start	3,000	3,000	\$0	
Financial Education	1,995	1,995	\$0	
Total	\$14,245	\$14,245	\$0	
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			·····	
				