

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization IOWA CREDIT UNION LEAGUE Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 7745 OFFICE PLAZA DRIVE N STE 170 City or town, state or province, country, and ZIP or foreign postal code WEST DES MOINES, IA 50266	D Employer identification number 83-0494970 E Telephone number (515) 221-3000 G Gross receipts \$ 1,758,194
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	F Name and address of principal officer: MICHAEL J POWERS 7745 OFFICE PLAZA DRIVE N STE 170 WEST DES MOINES, IA 50266	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
J Website: ▶ WWW.IOWACREDITUNIONS.COM		L Year of formation: 1933 M State of legal domicile: IA
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO STRENGTHEN THE CREDIT UNION MOVEMENT BY PROMOTING ITS GROWTH AND WELL-BEING, AND PROVIDING THE TOOLS FOR MEMBERS TO SUCCEED.																												
	2 Check this box <input type="checkbox"/> 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)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;"></th> <th style="width: 15%;">Prior Year</th> <th style="width: 15%;">Current Year</th> </tr> <tr> <td>3</td> <td style="text-align: right;">725,851</td> <td style="text-align: right;">567,295</td> </tr> <tr> <td>4</td> <td style="text-align: right;">1,166,641</td> <td style="text-align: right;">1,073,828</td> </tr> <tr> <td>5</td> <td style="text-align: right;">183,011</td> <td style="text-align: right;">117,071</td> </tr> <tr> <td>6</td> <td style="text-align: right;">579,493</td> <td style="text-align: right;">0</td> </tr> <tr> <td>7a</td> <td style="text-align: right;">2,654,996</td> <td style="text-align: right;">1,758,194</td> </tr> <tr> <td>7b</td> <td style="text-align: right;">0</td> <td style="text-align: right;">0</td> </tr> </table>		Prior Year	Current Year	3	725,851	567,295	4	1,166,641	1,073,828	5	183,011	117,071	6	579,493	0	7a	2,654,996	1,758,194	7b	0	0						
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7b	0	0																											
	4 Number of independent voting members of the governing body (Part VI, line 1b)	11																											
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	11																											
	6 Total number of volunteers (estimate if necessary)	8																											
	7a Total unrelated business revenue from Part VIII, column (C), line 12	20																											
	7b Net unrelated business taxable income from Form 990-T, line 39	0																											
Revenue	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;"></th> <th style="width: 15%;">Prior Year</th> <th style="width: 15%;">Current Year</th> </tr> <tr> <td>8</td> <td style="text-align: right;">5,221</td> <td style="text-align: right;">4,450</td> </tr> <tr> <td>9</td> <td style="text-align: right;">0</td> <td style="text-align: right;">0</td> </tr> <tr> <td>10</td> <td style="text-align: right;">1,104,303</td> <td style="text-align: right;">530,416</td> </tr> <tr> <td>11a</td> <td style="text-align: right;">0</td> <td style="text-align: right;">0</td> </tr> <tr> <td>11b</td> <td style="text-align: right;">0</td> <td style="text-align: right;">0</td> </tr> <tr> <td>12</td> <td style="text-align: right;">4,712,785</td> <td style="text-align: right;">3,568,040</td> </tr> <tr> <td>13</td> <td style="text-align: right;">5,822,309</td> <td style="text-align: right;">4,102,906</td> </tr> <tr> <td>14</td> <td style="text-align: right;">-3,167,313</td> <td style="text-align: right;">-2,344,712</td> </tr> </table>		Prior Year	Current Year	8	5,221	4,450	9	0	0	10	1,104,303	530,416	11a	0	0	11b	0	0	12	4,712,785	3,568,040	13	5,822,309	4,102,906	14	-3,167,313	-2,344,712
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Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;"></th> <th style="width: 15%;">Beginning of Current Year</th> <th style="width: 15%;">End of Year</th> </tr> <tr> <td>20</td> <td style="text-align: right;">112,046,621</td> <td style="text-align: right;">111,062,979</td> </tr> <tr> <td>21</td> <td style="text-align: right;">3,801,290</td> <td style="text-align: right;">1,521,268</td> </tr> <tr> <td>22</td> <td style="text-align: right;">108,245,331</td> <td style="text-align: right;">109,541,711</td> </tr> </table>		Beginning of Current Year	End of Year	20	112,046,621	111,062,979	21	3,801,290	1,521,268	22	108,245,331	109,541,711															
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Net Assets or Fund Balances	20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;"></th> <th style="width: 15%;">Beginning of Current Year</th> <th style="width: 15%;">End of Year</th> </tr> <tr> <td>20</td> <td style="text-align: right;">112,046,621</td> <td style="text-align: right;">111,062,979</td> </tr> <tr> <td>21</td> <td style="text-align: right;">3,801,290</td> <td style="text-align: right;">1,521,268</td> </tr> <tr> <td>22</td> <td style="text-align: right;">108,245,331</td> <td style="text-align: right;">109,541,711</td> </tr> </table>		Beginning of Current Year	End of Year	20	112,046,621	111,062,979	21	3,801,290	1,521,268	22	108,245,331	109,541,711															
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Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer	2020-11-11 Date
	MICHAEL J POWERS CHIEF FINANCIAL OFFICER Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name Preparer's signature Date 2020-11-11 Check <input type="checkbox"/> if self-employed PTIN P00222608	
	Firm's name ▶ RSM US LLP	Firm's EIN ▶ 42-0714325
	Firm's address ▶ 400 LOCUST STREET SUITE 640 DES MOINES, IA 503092354	Phone no. (515) 558-6600

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$)

See Additional Data

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

See Additional Data

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	Yes	
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 		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
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 	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	Yes	
11b	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 	Yes	
11c	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 		No
11d	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 		No
11e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 		No
11f	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 	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 		No
12b	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 	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
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		No
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		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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		No

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

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 []

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 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? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 7 Organizations that may receive deductible contributions under section 170(c). 8 Sponsoring organizations maintaining donor advised funds. 9 Sponsoring organizations maintaining donor advised funds. 10 Section 501(c)(7) organizations. 11 Section 501(c)(12) organizations. 12a Section 4947(a)(1) non-exempt charitable trusts. 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 14a Did the organization receive any payments for indoor tanning services during the tax year? 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (11), 1b (11), 2 (Yes), 3 (Yes), 4 (No), 5 (No), 6 (Yes), 7a (Yes), 7b (Yes), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (Yes), 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (No), 16a (No), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: MICHAEL J POWERS CFO 7745 OFFICE PLAZA DRIVE N STE 170 WEST DES MOINES, IA 50266 (515) 221-3000

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

Check if Schedule O contains a response 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PATRICK JURY FORMER CEO	0.00 0.00						X	0	993,103	7,544
(2) MURRAY WILLIAMS CEO	10.00 30.00			X				0	658,690	141,514
(3) MICHAEL J POWERS CFO	8.00 32.00			X				0	444,430	96,503
(4) JAMES NIEDERHAUSER COO/SEC	40.00 0.00			X				0	180,146	31,488
(5) ANDREA DOSE DIRECTOR OF MEMBER SERVICES	40.00 0.00					X		0	107,606	31,845
(6) HELEN PEARCE CHAIRMAN	1.00	X						0	12,000	0
(7) DALE OWEN VICE CHAIRMAN	1.00	X						0	12,000	0
(8) BRAD MERTENS DIRECTOR	1.00	X						0	0	0
(9) DAVE CALE DIRECTOR	1.00	X						0	0	0
(10) JAMI WEEMS DIRECTOR	1.00	X						0	0	0
(11) MARK PETERS DIRECTOR	1.00	X						0	0	0
(12) MATT DODDS DIRECTOR	1.00	X						0	0	0
(13) SCOTT ZAHNLE DIRECTOR	1.00	X						0	0	0
(14) TIM CHAPMAN DIRECTOR (UNTIL 09/19)	1.00	X						0	0	0
(15) DENNIS SIEMERS DIRECTOR (UNTIL 09/19)	1.00	X						0	0	0
(16) BRENT HELIN DIRECTOR (UNTIL 09/19)	1.00	X						0	0	0
(17) JEFF HAYES DIRECTOR (FROM 09/19)	1.00	X						0	0	0

Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1g for Contributions, Gifts, Grants and Other Similar Amounts, and 1h Total.

Table for Program Service Revenue with columns for Business Code, (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, and (D) Revenue excluded from tax under sections 512 - 514. Rows include 2a-2f and 2g Total.

Table for Other Revenue with columns for (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, and (D) Revenue excluded from tax under sections 512 - 514. Rows include 3-11d and 12 Total revenue.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,450			
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
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	341,520			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	113,543			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	8,729			
9 Other employee benefits	39,833			
10 Payroll taxes	26,791			
11 Fees for services (non-employees):				
a Management	211,000			
b Legal	49,327			
c Accounting	86,900			
d Lobbying	1,513,398			
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	9,860			
12 Advertising and promotion	295,896			
13 Office expenses	35,269			
14 Information technology	39,688			
15 Royalties				
16 Occupancy	40,954			
17 Travel	112,076			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	534,682			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	6,511			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUPPORT SERVICES	438,256			
b CU SYSTEM DEVELOPMENT	169,812			
c HUMAN RESOURCES	19,838			
d EDUCATION & TRAINING	355			
e All other expenses	4,218			
25 Total functional expenses. Add lines 1 through 24e	4,102,906			
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	9,363,414	1	5,662,758
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	3,606,989	4	1,054,113
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	83,203	9	68,442
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	159,081		
	b Less: accumulated depreciation	159,081	0	10c 0
	11 Investments—publicly traded securities	0	11	172,500
	12 Investments—other securities. See Part IV, line 11	98,985,238	12	104,105,062
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	7,777	15	104
16 Total assets. Add lines 1 through 15 (must equal line 34)	112,046,621	16	111,062,979	
Liabilities	17 Accounts payable and accrued expenses	3,714,442	17	1,411,159
	18 Grants payable		18	
	19 Deferred revenue	86,848	19	110,109
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	3,801,290	26	1,521,268
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0	29	0
	30 Paid-in or capital surplus, or land, building or equipment fund	0	30	0
	31 Retained earnings, endowment, accumulated income, or other funds	108,245,331	31	109,541,711
32 Total net assets or fund balances	108,245,331	32	109,541,711	
33 Total liabilities and net assets/fund balances	112,046,621	33	111,062,979	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,758,194
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,102,906
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,344,712
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	108,245,331
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	3,641,092
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	109,541,711

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 83-0494970

Name: IOWA CREDIT UNION LEAGUE

Form 990 (2019)

Form 990, Part III, Line 4a:

LEGISLATIVE ADVOCACY - WORK TO SECURE A FAIR AND FAVORABLE LEGISLATIVE ENVIRONMENT FOR IOWA CREDIT UNIONS THROUGH PROFESSIONAL LOBBYING, COALITION BUILDING, GRASSROOTS ORGANIZATION AND THE CREDIT UNION POLITICAL ACTION COMMITTEE.

Form 990, Part III, Line 4b:

REGULATORY COMPLIANCE - MONITOR REGULATORY ISSUES, FIELD COMPLIANCE QUESTIONS, PROVIDE STRATEGIC DIRECTION CONCERNING CREDIT UNION COMPLIANCE ISSUES, AND CONDUCT BSA INDEPENDENT TESTS AND WEBSITE COMPLIANCE AUDITS.

Form 990, Part III, Line 4c:

PUBLIC AFFAIRS AND MARKETING - THE PUBLIC RELATIONS AND MARKETING DEPARTMENT WORKS CLOSELY WITH CREDIT UNIONS TO DISSEMINATE PERTINENT INFORMATION TO THE MEDIA AND COMMUNITY ABOUT IOWA CREDIT UNIONS AND NEW DEVELOPMENTS IN THE INDUSTRY. ALSO SERVES AS THE RESOURCE FOR COMMUNITY AND MEDIA RELATIONS, MARKETING THE CREDIT BRAND, AND THE ANNUAL ADVOCACY CAMPAIGN.

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

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

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

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

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2019

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization IOWA CREDIT UNION LEAGUE	Employer identification number 83-0494970
--	--

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions)

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

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

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
FORM 990, PART IV, LINE 5	PURSUANT TO REV. PROC. 98-19, EXEMPT FROM 6033(E) DISCLOSURE AS ALL MEMBERS UNDER IRC SECTION 501(A), NOT SECTION 501(C)(4)/(5)/(6).

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ 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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
IOWA CREDIT UNION LEAGUE

Employer identification number
83-0494970

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**

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

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

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

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

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Temporarily restricted endowment ▶

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

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

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		20,571	20,571	0
e Other		138,510	138,510	0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				0

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests	104,055,594	C
(3) Other _____ (A) INVESTMENT IN CREDIT UNION HOUSE LLC	40,988	C
(B) INVESTMENT IN CUNA STRATEGIC SERVICES	8,480	C
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	104,105,062	

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 83-0494970

Name: IOWA CREDIT UNION LEAGUE

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE COMPANY FOLLOWS THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. THE COMPANY HAS EVALUATED THE MATERIAL TAX POSITIONS AND DETERMINED NO INCOME TAX EFFECTS WITH RESPECT TO THE FINANCIAL STATEMENTS.

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047
2019
Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
IOWA CREDIT UNION LEAGUE

Employer identification number
83-0494970

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2	Yes								
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	Yes								
	4b	Yes								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a									
	5b									
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a									
	6b									
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7									
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8									
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	BUSINESS CLASS TRAVEL WAS PROVIDED FOR INTERNATIONAL TRIPS TAKEN BY MR. WILLIAMS AND MR. POWERS RELATED TO THE ACQUISITION OF A COMPANY LOCATED IN IRELAND BY A SUBSIDIARY COMPANY OF AFFILIATES MANAGEMENT COMPANY. AFFILIATES MANAGEMENT COMPANY PAYS FOR THE COST OF SOCIAL CLUB MEMBERSHIPS FOR MR. WILLIAMS WHICH ARE USED FOR BUSINESS PURPOSES.
PART I, LINE 3	THE COMPENSATION COMMITTEE WHICH OVERSEES THE COMPENSATION OF THE CEO IS COMPRISED OF ALL OUTSIDE DIRECTORS OF AFFILIATES MANAGEMENT COMPANY.
PART I, LINES 4A-B	MICHAEL J. POWERS AND MURRAY WILLIAMS PARTICIPATED IN A NON QUALIFIED DEFERRED COMPENSATION PLAN. EMPLOYER CONTRIBUTIONS IN 2019 AMOUNTED TO THE FOLLOWING: MURRAY WILLIAMS \$82,504 MICHAEL J. POWERS \$49,536. MURRAY WILLIAMS RECEIVED A DISTRIBUTION OF \$134,520 FROM THE PLAN IN 2019.
PART II	THE IOWA CREDIT UNION LEAGUE ("ICUL") IS A TAX-EXEMPT 501C(6) MEMBER-BASED BUSINESS LEAGUE WHICH SERVES AS A TRADE ASSOCIATION FOR ALL IOWA CREDIT UNIONS. ICUL IS THE SOLE OWNER OF AFFILIATES MANAGEMENT COMPANY ("AMC") WHICH IS A TAXABLE FOR-PROFIT IOWA CORPORATION. AMC IS IN THE BUSINESS OF OWNING SEVERAL FOR-PROFIT OPERATING SUBSIDIARIES. THE CHIEF EXECUTIVE OFFICER ("CEO") OF ICUL ALSO SERVES AS CEO OF AMC. ACCORDINGLY, THE CEO AND OTHER MEMBERS OF THE EXECUTIVE MANAGEMENT TEAM HAVE RESPONSIBILITIES FOR AND ARE COMPENSATED BY BOTH ICUL AND AMC. THE COMPENSATION AMOUNTS THAT ARE DISCLOSED HEREIN ARE SHOWN ON A CONSOLIDATED BASIS AND REFLECT AMOUNTS PAID BY BOTH ICUL AND AMC.

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.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization
IOWA CREDIT UNION LEAGUE

Employer identification number

83-0494970

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	DALE OWEN, HELEN PEARCE, MURRAY WILLIAMS, AND MICHAEL J. POWERS ARE OFFICERS, DIRECTORS, OR KEY EMPLOYEES OF AFFILIATES MANAGEMENT COMPANY, A 100% OWNED RELATED ENTITY THAT HAS A BUSINESS RELATIONSHIP WITH IOWA CREDIT UNION LEAGUE. MURRAY WILLIAMS IS A DIRECTOR AND MICHAEL J. POWERS IS A CEO OF AMC FS INC., A 82.47% OWNED RELATED ENTITY THAT HAS A BUSINESS RELATIONSHIP WITH IOWA CREDIT UNION LEAGUE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	AMC EMPLOYEE BENEFITS COMPANY LLC, A 100% OWNED RELATED ENTITY, IS THE PAYROLL AGENT FOR THE ORGANIZATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	AFFILIATES MANAGMENT COMPANY, A 100% OWNED RELATED ENTITY, PROVIDES ACCOUNTING, HUMAN RESO URCES, RISK MANAGEMENT, FACILITIES MANAGEMENT, AND LEGAL SERVICES FOR THE ORGANIZATION.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	<p>AT LEAST FIVE MONTHS PRIOR TO THE LEAGUE'S ANNUAL MEETING, THE LEAGUE WILL SEND TO ALL MEMBERS THE FOLLOWING: 1) A REPORT OF EACH MEMBER'S RESPECTIVE ASSET CATEGORY, BASED ON THE MOST RECENT CALL REPORT DATA; 2) A NOMINATION FORM INDICATING: (A) THE OPEN BOARD POSITION(S) TO BE FILLED WITHIN EACH RESPECTIVE ASSET CATEGORY AT THE UPCOMING ELECTION; AND (B) ANY OPEN BOARD AT-LARGE BOARD POSITION(S) TO BE FILLED AT THE UPCOMING ELECTION. THE BOARD OF DIRECTORS OF ANY MEMBER CREDIT UNION MAY NOMINATE ONE (1) OF THE EMPLOYEES OR BOARD MEMBERS OF THAT CREDIT UNION AS A CANDIDATE TO THE LEAGUE BOARD PROVIDED (1) IT FALLS WITHIN THE ASSET CATEGORY IN WHICH THERE WILL BE A VACANCY AT THE ENSUING ANNUAL MEETING, EXCEPT IN THE CASE OF A VACANCY FOR AN AT-LARGE MEMBER, IN WHICH CASE THE CREDIT UNION'S ASSET SIZE IS IMMATERIAL; AND (2) THE CREDIT UNION DOES NOT ALREADY HAVE A MEMBER ON THE BOARD, UNLESS THE CURRENT DIRECTOR'S TERM IS EXPIRING OR IS NOT SEEKING REELECTION. WITHIN THIRTY (30) DAYS FOLLOWING THE LEAGUE'S DISTRIBUTION OF A NOMINATION FORM TO MEMBERS, EACH MEMBER SHALL SUBMIT ITS NOMINATION, IF ANY, TO THE LEAGUE BY RETURNING THE COMPLETED NOMINATION FORM. THE LEAGUE WILL USE THE SUBMITTED NOMINATION FORMS TO COMPILER THE LIST OF CANDIDATES FOR OPEN BOARD POSITION(S) IN EACH ASSET CATEGORY, AS WELL AS ANY OPEN BOARD POSITION(S) IN THE AT-LARGE CATEGORY. WITHIN THIRTY (30) DAYS FOLLOWING THE DEADLINE FOR THE SUBMISSION OF NOMINATION FORMS TO THE LEAGUE, THE LEAGUE SHALL SEND TO ALL MEMBERS THE LIST OF CANDIDATES FOR THE OPEN BOARD POSITION(S) TO BE FILLED WITHIN THEIR RESPECTIVE ASSET CATEGORY, AS WELL AS ANY CANDIDATES FOR OPEN AT-LARGE POSITIONS. EACH MEMBER CREDIT UNION SHALL BE ENTITLED TO CAST A VOTE FOR EACH DIRECTOR TO BE ELECTED IN ITS RESPECTIVE ASSET CATEGORY, AND ALSO SHALL BE ENTITLED TO CAST A VOTE FOR EACH AT-LARGE DIRECTOR TO BE ELECTED. A NOMINEE MUST RECEIVE A MAJORITY OF THE VOTES CAST IN ORDER TO BE DECLARED ELECTED. WITHIN THIRTY (30) DAYS FOLLOWING THE DEADLINE FOR THE LEAGUE TO SEND THE LIST OF CANDIDATES TO EACH MEMBER, EACH MEMBER WILL SEND ITS VOTE(S) TO THE LEAGUE FOR TABULATION. IN THE EVENT A NOMINEE DOES NOT RECEIVE A MAJORITY OF THE VOTES CAST, THE TWO (2) NOMINEES, OR MORE, SHOULD THERE BE A TIE VOTE, RECEIVING THE GREATEST NUMBER OF VOTES SHALL AGAIN BE BALLOTTED PRIOR TO THE ANNUAL MEETING AND THE ONE RECEIVING THE MAJORITY NUMBER OF VOTES SHALL BE DECLARED ELECTED. IN THE EVENT OF A TIE VOTE WHICH CANNOT BE RESOLVED AMONG: (A) TWO (2) NOMINEES IN THE SAME ASSET CATEGORY; OR (B) TWO (2) NOMINEES IN THE AT-LARGE CATEGORY, SUCH DIRECTORSHIP SHALL BE RESOLVED BY THE DELEGATES ASSEMBLED AT THE NEXT ANNUAL MEETING.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	<p>THE FISCAL YEAR OF THE LEAGUE SHALL BE ESTABLISHED BY A MAJORITY VOTE OF THE BOARD OF DIRECTORS. THE ANNUAL MEETING SHALL BE HELD ON A DATE TO BE SET BY THE BOARD OF DIRECTORS. HOWEVER, THE BOARD OF DIRECTORS MAY CANCEL ANY ANNUAL MEETING FOR JUST CAUSE. THE PLACE OF THE NEXT ANNUAL MEETING SHALL BE DETERMINED BY THE DELEGATES AT THE ANNUAL MEETING, OR THE DELEGATES MAY ASSIGN SUCH CHOICE TO THE BOARD OF DIRECTORS. AT LEAST SIXTY (60) DAYS PRIOR THERETO, THE PRESIDENT SHALL NOTIFY EACH MEMBER THEREOF IN WRITING OF THE DATE, PLACE AND HOUR OF THE MEETING. AT ALL MEETINGS EACH MEMBER CREDIT UNION SHALL BE ENTITLED TO CAST TWO (2) VOTES ON ALL QUESTIONS. SAID VOTES SHALL BE CAST BY ONE (1) OR TWO (2) DELEGATES OR ALTERNATES WHO MUST BE MEMBERS OF THE CREDIT UNION, AND WHO HAVE BEEN SELECTED BY THAT CREDIT UNION'S BOARD OF DIRECTORS, WHICH SELECTION SHALL BE CERTIFIED TO THE LEAGUE BOARD OF DIRECTORS PRIOR TO EACH MEETING. ONLY DELEGATES OR ALTERNATES SO CERTIFIED SHALL HAVE THE PRIVILEGE OF VOTING AT ANY MEETING. THERE SHALL BE NO VOTING BY PROXY. AT EACH ANNUAL MEETING, COUNSEL TO THE LEAGUE SHALL CAUSE THE CREDENTIALS OF THE DELEGATES AND ALTERNATES ATTENDING THE ANNUAL MEETING TO BE CERTIFIED. IT SHALL FURTHER BE THE DUTY OF THE COUNSEL TO CAUSE A REPORT TO BE PRESENTED TO THE CHAIRPERSON REGARDING THE DELEGATES AND ALTERNATES PRESENT. SPECIAL MEETINGS OF THE MEMBERS MAY BE CALLED BY THE PRESIDENT, A TWO-THIRDS (2/3) VOTE OF THE BOARD OF DIRECTORS OR SHALL BE CALLED UPON THE REQUEST, IN WRITING, OF TWENTY-FIVE PERCENT (25%) OR MORE OF MEMBER CREDIT UNIONS, PROVIDED THE REQUESTING CREDIT UNIONS COME FROM MORE THAN ONE (1) ASSET CATEGORY (AS REFERRED TO IN ARTICLE IV, SECTION 2, OF THESE BYLAWS). NOTICE OF ANY SPECIAL MEETING SHALL CONTAIN A STATEMENT OF THE PURPOSES OF THE MEETING AND ONLY THE BUSINESS SPECIFIED IN THE CALL MAY BE ACTED UPON AT SUCH MEETING. EACH MEMBER CREDIT UNION SHALL BE GIVEN AT LEAST FIFTEEN (15) DAYS WRITTEN NOTICE OF THE DATE, PLACE AND HOUR OF ALL SPECIAL MEETINGS. AT ALL REGULAR OR SPECIAL MEETINGS TEN PERCENT (10%) OR MORE OF THE MEMBER CREDIT UNIONS SHALL CONSTITUTE A QUORUM.</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	AFFILIATES MANAGMENT COMPANY (AMC) IS A 100% OWNED RELATED ENTITY OF THE IOWA CREDIT UNION LEAGUE (ICUL). THE AMC BOARD OF DIRECTORS HAS FORMED A COMPENSATION COMMITTEE TO REVIEW MARKET DATA COMPILED BY AN INDEPENDENT THIRD PARTY AND OTHER RELEVANT INFORMATION TO DESIGN THE COMPENSATION PLAN FOR THE CEO. THE COMPENSATION COMMITTEE REVIEWS THE COMPENSATION PLAN FOR THE CEO ON AN ANNUAL BASIS. A REVIEW BY AN INDEPENDENT THIRD PARTY IS REQUIRED BY POLICY TO BE PERFORMED NO LESS THAN ONCE EVERY THREE YEARS. THE MOST RECENT REVIEW BY THE INDEPENDENT THIRD PARTY WAS PERFORMED IN 2019.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	EQUITY EARNINGS OF AFFILIATES MANAGEMENT COMPANY, INC. -6,317,686. EQUITY EARNINGS OF AMC ASSET HOLDINGS, LLC 9,232,565. EQUITY EARNINGS OF AMC REAL ESTATE HOLDINGS, LLC 726,213.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 6: EXPLANATION OF VOLUNTEERS	11 MEMBERS SERVED ON THE ORGANIZATION'S BOARD OF DIRECTORS DURING THE YEAR AND ARE CONSIDERED VOLUNTEERS. THERE ARE ALSO 9 OTHER INDIVIDUALS WHO WORK ON COMMITTEES AS VOLUNTEERS. NO BOARD OR COMMITTEE MEMBERS RECEIVED ANY COMPENSATION, WITH THE EXCEPTION OF INDIVIDUALS SERVING AS BOARD MEMBERS OF AFFILIATES MANAGEMENT COMPANY WHO RECEIVE DIRECTORS FEES AT A RATE OF \$3,000 PER QUARTER. HELEN PEARCE AND DALE OWEN SERVED ON THE AFFILIATES MANAGEMENT COMPANY BOARD AND RECEIVED DIRECTORS FEES. MURRAY WILLIAMS SERVED ON THE BOARD OF AFFILIATES MANAGEMENT COMPANY BUT RECEIVED NO DIRECTOR FEES.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
IOWA CREDIT UNION LEAGUE

Employer identification number

83-0494970

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CU STRUCTURED FINANCE LLC 7745 OFFICE PLAZA DRIVE N SUITE 170 WEST DES MOINES, IA 50266 27-3552312	BUSINESS SERVICES	IA		59,019	AMC FS INC
(2) COOPERA CONSULTING 7745 OFFICE PLAZA DRIVE N SUITE 170 WEST DES MOINES, IA 50266 90-0340857	CONSULTING SERVICES	IA		72,298	AFFILIATES MANAGEMENT COMPANY
(3) AMC ASSET HOLDINGS 7745 OFFICE PLAZA DRIVE N SUITE 170 WEST DES MOINES, IA 50266 38-4028982	HOLDING COMPANY	IA		55,640,581	AFFILIATES MANAGEMENT COMPANY
(4) AMC REAL ESTATE HOLDINGS 7745 OFFICE PLAZA DRIVE N SUITE 170 WEST DES MOINES, IA 50266 36-4862387	HOLDING COMPANY	IA		7,738,611	AFFILIATES MANAGEMENT COMPANY
(5) AMC EMPLOYEE BENEFITS COMPANY LLC 7745 OFFICE PLAZA DRIVE N SUITE 170 WEST DES MOINES, IA 50266 42-1290173	BUSINESS SERVICES	IA		158,308	AFFILIATES MANAGEMENT COMPANY
(6) POLICYWORKS - IOWA LLC 7745 OFFICE PLAZA DRIVE N SUITE 170 WEST DES MOINES, IA 50266 36-4807307	LOBBYING & REGULATORY SERVICES	IA		607,119	AFFILIATES MANAGEMENT COMPANY

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CREDIT UNION POLITICAL ACTION COMMITTEE 7745 OFFICE PLAZA DRIVE N SUITE 170 WEST DES MOINES, IA 50266 42-1224090	POLITICAL ACTION COMMITTEE	IA	527	N/A	N/A		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) POLICYWORKS LLC 7745 OFFICE PLAZA DRIVE N SUITE 170 WEST DES MOINES, IA 50266 20-4130529	LOBBYING & REGULATORY SERVICES	IA	AFFILIATES MANAGEMENT COMPANY	UNRELATED	-30,550	152,955	Yes				No	60.000 %
(2) COMMUNITY BUSINESS LENDERS LLC 7745 OFFICE PLAZA DRIVE N SUITE 170 WEST DES MOINES, IA 50266 34-2033742	BUSINESS SERVICES	IA	AFFILIATES MANAGEMENT COMPANY	UNRELATED				No		Yes		53.000 %
(3) AMC-LMG VENTURES LLC 7745 OFFICE PLAZA DRIVE N SUITE 170 WEST DES MOINES, IA 50266 83-1626171	BUSINESS SERVICES	IA	AFFILIATES MANAGEMENT COMPANY	UNRELATED	-353,840			No			No	51.000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) AMC FS INC 7745 OFFICE PLAZA DRIVE N SUITE 170 WEST DES MOINES, IA 50266 74-3203348	CREDIT CARD SERVICES	IA	AFFILIATES MANAGEMENT COMPANY	C	1,624,586	1,535,817	82.470 %		No
(2) AFFILIATES MANAGEMENT COMPANY 7745 OFFICE PLAZA DRIVE N SUITE 170 WEST DES MOINES, IA 50266 36-4861424	HOLDING COMPANY	IA	IOWA CREDIT UNION LEAGUE	C	4,436,804	51,375,559	100.000 %		No
(3) FIRST COMMUNITY TRUST 3385 HILLCREST ROAD DUBUQUE, IA 52002 42-1512084	TRUST BANKING ASSOCIATION	IA	AFFILIATES MANAGEMENT COMPANY	C	3,531,875	11,799,950	100.000 %		No

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	Yes
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)AFFILIATES MANAGEMENT COMPANY - POLICYWORKS	M	944,818	GAAP
(2)AFFILIATES MANAGEMENT COMPANY (AMC)	K	40,954	GAAP
(3)COOPERA CONSULTING (SUBSIDIARY OF AMC)	M	57,143	GAAP
(4)AMC EMPLOYEE BENEFITS COMPANY (SUBSIDIARY OF AMC)	O	516,004	GAAP
(5)AFFILIATES MANAGEMENT COMPANY (AMC)	M	546,345	GAAP
(6)AMC EMPLOYEE BENEFITS COMPANY (SUBSIDIARY OF AMC)	M	28,374	GAAP

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 83-0494970

Name: IOWA CREDIT UNION LEAGUE

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
CU STRUCTURED FINANCE LLC 7745 OFFICE PLAZA DRIVE N SUITE 170 WEST DES MOINES, IA 50266 27-3552312	BUSINESS SERVICES	IA		59,019	AMC FS INC
COOPERA CONSULTING 7745 OFFICE PLAZA DRIVE N SUITE 170 WEST DES MOINES, IA 50266 90-0340857	CONSULTING SERVICES	IA		72,298	AFFILIATES MANAGEMENT COMPANY
AMC ASSET HOLDINGS 7745 OFFICE PLAZA DRIVE N SUITE 170 WEST DES MOINES, IA 50266 38-4028982	HOLDING COMPANY	IA		55,640,581	AFFILIATES MANAGEMENT COMPANY
AMC REAL ESTATE HOLDINGS 7745 OFFICE PLAZA DRIVE N SUITE 170 WEST DES MOINES, IA 50266 36-4862387	HOLDING COMPANY	IA		7,738,611	AFFILIATES MANAGEMENT COMPANY
AMC EMPLOYEE BENEFITS COMPANY LLC 7745 OFFICE PLAZA DRIVE N SUITE 170 WEST DES MOINES, IA 50266 42-1290173	BUSINESS SERVICES	IA		158,308	AFFILIATES MANAGEMENT COMPANY
POLICYWORKS - IOWA LLC 7745 OFFICE PLAZA DRIVE N SUITE 170 WEST DES MOINES, IA 50266 36-4807307	LOBBYING & REGULATORY SERVICES	IA		607,119	AFFILIATES MANAGEMENT COMPANY

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
AFFILIATES MANAGEMENT COMPANY - POLICYWORKS	M	944,818	GAAP
AFFILIATES MANAGEMENT COMPANY (AMC)	K	40,954	GAAP
COOPERA CONSULTING (SUBSIDIARY OF AMC)	M	57,143	GAAP
AMC EMPLOYEE BENEFITS COMPANY (SUBSIDIARY OF AMC)	O	516,004	GAAP
AFFILIATES MANAGEMENT COMPANY (AMC)	M	546,345	GAAP
AMC EMPLOYEE BENEFITS COMPANY (SUBSIDIARY OF AMC)	M	28,374	GAAP