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CLIENT'S COPY

## CARRYOVER DATA TO 2018

Name UNIVERSITY OF IOWA COMMUNITY CREDIT UNION	Employer Identification Number 42-0804594
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Based on the information provided with this return, the following are possible carryover amounts to next year.

FEDERAL NET OPERATING LOSS	1,104,157.
FEDERAL AMT NET OPERATING LOSS	1,104,157.




RSM US LLP

201 N. Harrison St., Suite 300, Davenport, IA 52801  
O 563.888.4000 F 563.324.6939

UNIVERSITY OF IOWA COMMUNITY CREDIT  
UNION  
2355 LANDON ROAD  
NORTH LIBERTY, IA 52317

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2017 EXEMPT  
ORGANIZATION RETURNS, AS FOLLOWS...

2017 FORM 990

2017 FORM 990-T

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE  
WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED  
FOR YOUR FILES.

VERY TRULY YOURS,

JOHN J. ROMANO

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING  
DECEMBER 31, 2017

<b>Prepared for</b>	UNIVERSITY OF IOWA COMMUNITY CREDIT UNION 2355 LANDON ROAD NORTH LIBERTY, IA 52317
<b>Prepared by</b>	RSM US LLP 201 N. HARRISON STREET, SUITE 300 DAVENPORT, IA 52801-1999
<b>Amount due or refund</b>	NOT APPLICABLE
<b>Make check payable to</b>	NOT APPLICABLE
<b>Mail tax return and check (if applicable) to</b>	NOT APPLICABLE
<b>Return must be mailed on or before</b>	NOT APPLICABLE
<b>Special Instructions</b>	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY MAY 15, 2018.

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning \_\_\_\_\_, 2017, and ending \_\_\_\_\_, 20\_\_\_\_

# 2017

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization

**UNIVERSITY OF IOWA COMMUNITY CREDIT UNION**

Employer identification number

**42-0804594**

Name and title of officer

**JEFFREY A DISTERHOFT  
PRESIDENT & CHIEF EXECUTIVE OFFICER**

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>217,229,646.</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c) .....	<b>5b</b> _____

## Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize RSM US LLP to enter my PIN 04594  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

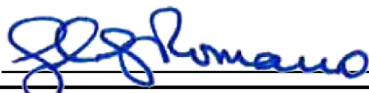
## Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**42396880117**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶  Date ▶ 4/30/2018

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2017)

723051 10-11-17

**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](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2017 calendar year, or tax year beginning and ending**

<b>B</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	<b>C Name of organization</b> UNIVERSITY OF IOWA COMMUNITY CREDIT UNION		<b>D Employer identification number</b> 42-0804594
	Doing business as		<b>E Telephone number</b> 319-339-1000
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	2355 LANDON ROAD		<b>G Gross receipts \$</b> 224,029,312.
	City or town, state or province, country, and ZIP or foreign postal code NORTH LIBERTY, IA 52317		
<b>F Name and address of principal officer:</b> JEFFREY A. DISTERHOFT SAME AS C ABOVE		<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	

**I Tax-exempt status:**  501(c)(3)  501(c) ( 14 ) (insert no.)  4947(a)(1) or  527

**J Website:** WWW.UICCU.ORG

**K Form of organization:**  Corporation  Trust  Association  Other ▶ **L Year of formation:** 1938 **M State of legal domicile:** IA

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>IMPROVE THE QUALITY OF LIFE IN OUR COMMUNITIES BY PROMOTING THE FINANCIAL WELL-BEING OF OUR</b>		
	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)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	513
	6 Total number of volunteers (estimate if necessary)	6	12
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	96,764.
b Net unrelated business taxable income from Form 990-T, line 34	7b	-172,506.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	0.	0.
	9 Program service revenue (Part VIII, line 2g)	148,023,395.	180,443,947.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,821,148.	2,473,771.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	28,690,804.	34,311,928.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	180,535,347.	217,229,646.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,775,223.	2,986,392.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	35,118,907.	38,812,910.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	86,063,510.	106,454,093.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	123,957,640.	148,253,395.
19 Revenue less expenses. Subtract line 18 from line 12	56,577,707.	68,976,251.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 3,902,291,719.	End of Year 4,672,408,712.
	21 Total liabilities (Part X, line 26)	3,578,422,554.	4,278,651,983.
	22 Net assets or fund balances. Subtract line 21 from line 20	323,869,165.	393,756,729.

**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	Date			
	JEFFREY A. DISTERHOFT, PRESIDENT & CHIEF EXECUTIVE OFFICER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JOHN J. ROMANO	Preparer's signature 	Date 4/30/2018	Check if self-employed <input type="checkbox"/>	PTIN P00227323
	Firm's name RSM US LLP	Firm's EIN 42-0714325			
	Firm's address 201 N. HARRISON STREET, SUITE 300 DAVENPORT, IA 52801-1999	Phone no. 563-888-4000			

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) PROVIDE LENDING SERVICES TO THE MEMBERSHIP OF THE CREDIT UNION. IN 2017, THE CREDIT UNION ORIGINATED \$1,475,621,087 OF IN-HOUSE CONSUMER, REAL ESTATE, AND COMMERCIAL LOANS, AND ALSO ORIGINATED \$542,948,809 IN FIRST MORTGAGE LOANS WHICH WERE SOLD ON THE SECONDARY MARKET.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) PROVIDE SAVINGS AND DEPOSIT SERVICES TO THE MEMBERSHIP OF THE CREDIT UNION: IN 2017, TOTAL DEPOSITS IN THE CREDIT UNION GREW FROM \$3,029,134,343 TO \$3,529,893,618.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) PROVIDE TRANSACTION SERVICES TO THE MEMBERSHIP OF THE CREDIT UNION: IN 2017, THE CREDIT UNION PROCESSED 34,764,093 FINANCIAL TRANSACTIONS FOR ITS MEMBERS.

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
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....		<b>X</b>
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....		<b>X</b>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		<b>X</b>
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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> .....		
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> .....		<b>X</b>
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....		<b>X</b>
<b>7</b> 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> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<b>X</b>
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....	<b>X</b>	
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		<b>X</b>
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>X</b>	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> .....		<b>X</b>
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....		<b>X</b>
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> .....		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		<b>X</b>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<b>X</b>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		<b>X</b>
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		<b>X</b>
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		<b>X</b>
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> .....		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		<b>X</b>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		<b>X</b>



**UNIVERSITY OF IOWA COMMUNITY CREDIT  
UNION**

Form 990 (2017)

42-0804594 Page 4

**Part IV Checklist of Required Schedules** *(continued)*

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>X</b>	
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		<b>X</b>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	<b>X</b>	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>X</b>	
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		<b>X</b>
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		<b>X</b>
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		<b>X</b>
<b>33</b> 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> .....	<b>X</b>	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		<b>X</b>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		<b>X</b>
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	<b>X</b>	

**Note.** All Form 990 filers are required to complete Schedule O .....

Form **990** (2017)

**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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	<b>1a</b> 61628		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	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		
	<b>2a</b> 513		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	X	
<b>4a</b>	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)?		X
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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**

			Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	<b>1a</b>	11		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>	11		
<b>2</b> 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?	<b>2</b>			<b>X</b>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	<b>3</b>			<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>			<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>			<b>X</b>
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		<b>X</b>	
<b>7a</b> 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?	<b>7a</b>		<b>X</b>	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		<b>X</b>	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?	<b>8a</b>		<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>		<b>X</b>	
<b>9</b> 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	<b>9</b>			<b>X</b>

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

			Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>			<b>X</b>
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10b</b>			
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>		<b>X</b>	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>		<b>X</b>	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>		<b>X</b>	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>		<b>X</b>	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>		<b>X</b>	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>		<b>X</b>	
<b>15</b> 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?				
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>		<b>X</b>	
<b>b</b> Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	<b>15b</b>			<b>X</b>
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>		<b>X</b>	
<b>b</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?	<b>16b</b>			<b>X</b>

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 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: ▶  
**TODD FANNING - 319-248-5815**  
**2355 LANDON ROAD, NORTH LIBERTY, IA 52317**

**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, 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 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 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) ELDEAN BORG CHIEF FINANCIAL OFFICER	0.79	X		X				0.	0.	0.
(2) LAUREL DAY SECRETARY	0.79	X		X				0.	0.	0.
(3) LYNSEY ENGELS BOARD MEMBER	0.52	X						0.	0.	0.
(4) SARAH FISHER-GARDIAL VICE CHAIRPERSON	0.79	X		X				0.	0.	0.
(5) KARIN FRANKLIN CHAIRPERSON	0.79	X		X				0.	0.	0.
(6) TOM LEPIC BOARD MEMBER	0.79	X						0.	0.	0.
(7) FRED MIMS AUDIT COMMITTEE CHAIR	0.79	X						0.	0.	0.
(8) MARC MOEN BOARD MEMBER	0.79	X						0.	0.	0.
(9) MARK MOSER FORMER VICE CHAIRPERSON	0.13	X		X				0.	0.	0.
(10) ANDRE PERRY BOARD MEMBER	0.79	X						0.	0.	0.
(11) MARK ROLINGER CREDIT COMMITTEE CHAIR	0.79	X						0.	0.	0.
(12) DAVE WRIGHT BOARD MEMBER	0.79	X						0.	0.	0.
(13) JEFFREY A. DISTERHOFT PRESIDENT & CHIEF EXECUTIVE OFFICER	50.00			X				1,025,588.	0.	30,428.
(14) TODD D. FANNING SENIOR VP & CHIEF FINANCIAL OFFICER	50.00			X				407,689.	0.	38,742.
(15) SUSAN K. FREEMAN SENIOR VP HUMAN RESOURCES	50.00				X			309,222.	0.	38,169.
(16) AMY K. HENDERSON SENIOR VP MORTGAGE	50.00				X			341,762.	0.	32,742.
(17) JAMES F. KELLY SENIOR VP MARKETING	50.00				X			313,234.	0.	32,742.

**UNIVERSITY OF IOWA COMMUNITY CREDIT UNION**

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) RICHARD J. NOBLE SENIOR VP OPERATIONS	50.00				X			380,586.	0.	32,903.
(19) STEVEN L. QUIGLEY SENIOR VP RETAIL	50.00				X			308,534.	0.	34,940.
(20) SCOTT A. WILSON SENIOR VP COMMERCIAL	50.00				X			313,123.	0.	32,742.
(21) PETER D. JOHNSON MORTGAGE LOAN OFFICER	50.00					X		496,839.	0.	32,741.
(22) FELISHA A. JUNGE MORTGAGE LOAN OFFICER	55.00					X		460,371.	0.	32,741.
(23) MARK A. LAW MANAGING DIRECTOR WEALTH MANAGEMENT	50.00					X		516,931.	0.	29,432.
(24) MICHAEL E. LEHMAN WEALTH ADVISOR	50.00					X		529,505.	0.	18,000.
(25) ELI M. WYNES WEALTH ADVISOR	50.00					X		454,034.	0.	22,478.
<b>1b Sub-total</b>								5,857,418.	0.	408,800.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								5,857,418.	0.	408,800.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **53**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f						
<b>Program Service Revenue</b>	<b>2 a</b> LOAN INTEREST REVENUE	<b>Business Code</b> 522100	171,050,758.	171,050,758.			
	<b>b</b> ATM FEE REVENUE	522100	9,393,189.	9,296,425.	96,764.		
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			180,443,947.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		4,064,424.			4,064,424.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real	102,600.				
		(ii) Personal					
		Less: rental expenses	0.				
	<b>c</b> Rental income or (loss)		102,600.				
	<b>d</b> Net rental income or (loss)			102,600.		102,600.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	621,958.				
		(ii) Other	4,587,055.				
		Less: cost or other basis and sales expenses	619,995.	6,179,671.			
		<b>c</b> Gain or (loss)	1,963.	-1,592,616.			
	<b>d</b> Net gain or (loss)			-1,590,653.		-1,590,653.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>					
		<b>b</b> Less: direct expenses	<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> INTERCHANGE REVENUE		522100	10,732,292.	10,732,292.			
	<b>b</b> CUNA REVENUE	522100	9,799,284.	9,799,284.			
	<b>c</b> MISCELLANEOUS REVENUE	522100	6,124,248.	6,124,248.			
	<b>d</b> All other revenue	522100	7,553,504.	7,553,504.			
	<b>e Total.</b> Add lines 11a-11d			34,209,328.			
<b>12 Total revenue.</b> See instructions.			217,229,646.	214,556,511.	96,764.	2,576,371.	

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**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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,986,392.			
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	3,673,144.			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	17,682,539.			
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,212,317.			
<b>9</b> Other employee benefits	13,240,930.			
<b>10</b> Payroll taxes	2,003,980.			
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	190,616.			
<b>c</b> Accounting	216,368.			
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,368,392.			
<b>12</b> Advertising and promotion	2,806,663.			
<b>13</b> Office expenses	3,399,665.			
<b>14</b> Information technology	1,150,664.			
<b>15</b> Royalties				
<b>16</b> Occupancy	2,890,414.			
<b>17</b> Travel	188,480.			
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	14,626.			
<b>20</b> Interest	7,928,651.			
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	5,053,516.			
<b>23</b> Insurance	241,375.			
<b>24</b> 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.)				
<b>a</b> <b>INTEREST PAID TO MEMBER</b>	45,797,782.			
<b>b</b> <b>PROVISION FOR LOAN LOSS</b>	20,279,227.			
<b>c</b> <b>PROCESSING FEES</b>	7,653,978.			
<b>d</b> <b>MISCELLANEOUS EXPENSE</b>	4,671,697.			
<b>e</b> All other expenses	2,601,979.			
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	148,253,395.			
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year		
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>			
	<b>2</b> Savings and temporary cash investments .....	141,136,769.	<b>2</b>	137,791,944.		
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>			
	<b>4</b> Accounts receivable, net .....		<b>4</b>			
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....	7,501,661.	<b>5</b>	11,561,350.		
	<b>6</b> 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 instr). Complete Part II of Sch L .....		<b>6</b>			
	<b>7</b> Notes and loans receivable, net .....	3,542,796,060.	<b>7</b>	4,297,019,303.		
	<b>8</b> Inventories for sale or use .....		<b>8</b>			
	<b>9</b> Prepaid expenses and deferred charges .....	10,108,048.	<b>9</b>	10,645,688.		
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 114,785,156.				
	<b>b</b> Less: accumulated depreciation .....	10b 30,481,301.	81,106,880.	<b>10c</b>	84,303,855.	
	<b>11</b> Investments - publicly traded securities .....	33,447,700.	<b>11</b>	41,005,600.		
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>			
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>			
	<b>14</b> Intangible assets .....	1,137,264.	<b>14</b>	887,702.		
	<b>15</b> Other assets. See Part IV, line 11 .....	85,057,337.	<b>15</b>	89,193,270.		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	3,902,291,719.	<b>16</b>	4,672,408,712.			
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	44,305,499.	<b>17</b>	36,112,499.		
	<b>18</b> Grants payable .....		<b>18</b>			
	<b>19</b> Deferred revenue .....		<b>19</b>			
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>			
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	10,036,664.	<b>21</b>	12,007,943.		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>			
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	494,000,000.	<b>23</b>	700,000,000.		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>			
	<b>25</b> 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 .....	3,030,080,391.	<b>25</b>	3,530,531,541.		
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	3,578,422,554.	<b>26</b>	4,278,651,983.		
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b> Unrestricted net assets .....		<b>27</b>			
	<b>28</b> Temporarily restricted net assets .....		<b>28</b>			
	<b>29</b> Permanently restricted net assets .....		<b>29</b>			
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 30 through 34.</b>					
	<b>30</b> Capital stock or trust principal, or current funds .....	0.	<b>30</b>	0.		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....	0.	<b>31</b>	0.		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....	323,869,165.	<b>32</b>	393,756,729.		
<b>33</b> Total net assets or fund balances .....	323,869,165.	<b>33</b>	393,756,729.			
<b>34</b> Total liabilities and net assets/fund balances .....	3,902,291,719.	<b>34</b>	4,672,408,712.			

Form 990 (2017)



**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	217,229,646.
2 Total expenses (must equal Part IX, column (A), line 25) .....	2	148,253,395.
3 Revenue less expenses. Subtract line 2 from line 1 .....	3	68,976,251.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .....	4	323,869,165.
5 Net unrealized gains (losses) on investments .....	5	708,242.
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	203,071.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) .....	10	393,756,729.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? .....	2a		X
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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b Were the organization's financial statements audited by an independent accountant? .....	2b	X	
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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....	2c	X	
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? .....	3a		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits .....	3b		

Form 990 (2017)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization UNIVERSITY OF IOWA COMMUNITY CREDIT UNION

Employer identification number 42-0804594

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring details.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

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

Schedule D (Form 990) 2017

**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):
- |   |   |
|---|---|
| <b>a</b> <input type="checkbox"/> Public exhibition                   | <b>d</b> <input type="checkbox"/> Loan or exchange programs |
| <b>b</b> <input type="checkbox"/> Scholarly research                  | <b>e</b> <input type="checkbox"/> Other _____               |
| <b>c</b> <input type="checkbox"/> Preservation for future generations |   |
- 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:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 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 on 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
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> 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:
- |   | Yes           | No |
|---|---------------|----|
| <b>(i)</b> unrelated organizations  | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations   | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <b>3b</b>     |    |
- 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
<b>1a</b> Land		21,512,245.		21,512,245.
<b>b</b> Buildings		61,834,611.	8,021,397.	53,813,214.
<b>c</b> Leasehold improvements		279,745.	171,773.	107,972.
<b>d</b> Equipment		31,158,555.	22,288,131.	8,870,424.
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				84,303,855.

**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 .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**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)		
<b>Total.</b> (Col. (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)	
<b>Total.</b> (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) <b>MEMBER DEPOSIT ACCOUNTS</b>	3,458,237,588.
(3) <b>INTEREST PAYABLE</b>	5,773.
(4) <b>NONMEMBER MMA</b>	72,288,180.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,530,531,541.

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.

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

**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.

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

**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.

**PART IV, LINE 2B:**

UNIVERSITY OF IOWA COMMUNITY CREDIT UNION COLLECTS AMOUNTS FROM MEMBERS WITH REAL ESTATE LOANS EACH MONTH VIA THEIR CONTRACTUAL PAYMENT SCHEDULE. THESE FUNDS ARE HELD IN ESCROW UNTIL THEY NEED TO BE DISBURSED IN ACCORDANCE WITH THE ESCROW INSTRUCTIONS FOR EACH MEMBER. AMOUNTS HELD IN ESCROW ARE FOR PROPERTY TAXES AND HOMEOWNER'S INSURANCE.

**PART X, LINE 2:**

THE CREDIT UNION IS EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(14) OF THE INTERNAL REVENUE CODE AND, THEREFORE, NO INCOME TAXES HAVE BEEN PROVIDED FOR IN THE FINANCIAL STATEMENTS. THE CREDIT UNION DOES; HOWEVER, PAY PROPERTY TAXES TO THE COUNTY AND CITY ON ITS BUILDINGS AND COMPUTER

Part XIII Supplemental Information (continued)

EQUIPMENT AND IS ASSESSED OTHER AMOUNTS WHICH HAVE BEEN REFLECTED IN THE CREDIT UNION'S FINANCIAL STATEMENTS.

THE CREDIT UNION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE WITH ASC 740, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THIS GUIDANCE, THE CREDIT UNION MAY RECOGNIZE THE TAX BENEFITS FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE-LIKELY-THAN-NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON TECHNICAL MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS. THIS STANDARD DID NOT HAVE AN IMPACT ON THE FINANCIAL STATEMENTS AND THE CREDIT UNION DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS.

THE CREDIT UNION RECOGNIZES INTEREST AND PENALTIES ON INCOME TAXES AS A COMPONENT OF INCOME TAX EXPENSE.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization **UNIVERSITY OF IOWA COMMUNITY CREDIT UNION** Employer identification number **42-0804594**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ABBE CENTER FOR COMMUNITY MENTAL HEALTH - 520 11TH ST NW - CEDAR RAPIDS, IA 52405	42-1045257	501(C)(3)	12,000.	0.			GENERAL SUPPORT
AMERICAN CANCER SOCIETY 250 WILLIAMS STREET NW ATLANTA, GA 30303	13-1788491	501(C)(3)	10,000.	0.			BREAST CANCER AWARENESS MONTH PROMOTION
AMERICAN RED CROSS 6300 ROCKWELL DR CEDAR RAPIDS, IA 52402	53-0196605	501(C)(3)	20,000.	0.			DISASTER RELIEF FOR SOUTHERN US STATES
BLACK HAWK - GRUNDY MENTAL HEALTH CENTER INC - 3251 WEST NINTH STREET - WATERLOO, IA 50702	42-0733463	501(C)(3)	8,000.	0.			GENERAL SUPPORT
BOY SCOUTS OF AMERICA 660 32ND AVENUE CEDAR RAPIDS, IA 52404	42-0680304	501(C)(3)	5,000.	0.			GENERAL SUPPORT
BOYS AND GIRLS CLUB OF CEDAR RAPIDS - 420 6TH STREET NO 240 - CEDAR RAPIDS, IA 52401	42-1434056	501(C)(3)	8,500.	0.			GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 62.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 6.

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

Schedule I (Form 990) (2017)

**UNIVERSITY OF IOWA COMMUNITY CREDIT  
UNION**

Schedule I (Form 990)

42-0804594

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CEDAR RAPIDS COMMUNITY SCHOOL DISTRICT FOUNDATION - 2500 EDGEWOOD RD. NW - CEDAR RAPIDS, IA 52402	42-1197912	501(C)(3)	13,100.	0.			WEEK OF WELCOME
CEDAR RAPIDS PUBLIC LIBRARY FOUNDATION - 450 5TH AVENUE SE - CEDAR RAPIDS, IA 52401	23-7292786	501(C)(3)	6,000.	0.			SUMMER DARE LAUNCH
CEDAR RAPIDS METRO ECONOMIC ALLIANCE - 501 1ST ST SE - CEDAR RAPIDS, IA 52401	42-0172900	501(C)(3)	5,000.	0.			EVENT SPONSORSHIP
CEDAR VALLEY UNITED WAY 425 CEDAR STREET, SUITE 300 WATERLOO, IA 50701	42-0801846	501(C)(3)	24,000.	0.			GENERAL SUPPORT
CITY OF CEDAR RAPIDS P.O. BOX 2148 CEDAR RAPIDS, IA 52406	42-6004336	CEDAR RAPIDS	5,000.	0.			FIVE SEASONS CITIZENSHIP AWARD
COMMUNITY FOUNDATION OF JOHNSON COUNTY - 325 WASHINGTON STREET - IOWA CITY, IA 52240	42-1508117	501(C)(3)	5,000.	0.			HEALTHY KIDS - GET MOVING INITIATIVE
COMMUNITY FOUNDATION OF NORTHEAST IOWA - 3117 GREENHILL CT - CEDAR FALLS, IA 50613	42-6060414	501(C)(3)	5,000.	0.			PINK RIBBON RUN
COMMUNITY HEALTH FREE CLINIC 947 14TH AVENUE SE CEDAR RAPIDS, IA 52401	13-4228071	501(C)(3)	21,000.	0.			VOLUNTEER DINNER AND GENERAL SUPPORT
CRISIS CENTER 1121 GILBERT CT IOWA CITY, IA 52240	42-0955992	501(C)(3)	15,000.	0.			FOOD WAREHOUSE EXPANSION

Schedule I (Form 990)



**UNIVERSITY OF IOWA COMMUNITY CREDIT  
UNION**

Schedule I (Form 990)

42-0804594

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DES MOINES AREA COMMUNITY COLLEGE FOUNDATION - 2006 S ANKENY BLVD - ANKENY, IA 50023	23-7229486	501(C)(3)	5,000.	0.			PRAIRIE TRAIL SCHOLARSHIP FUND
ELDER SERVICES INC 1556 S FIRST AVENUE IOWA CITY, IA 52240	42-1146533	501(C)(3)	5,000.	0.			GENERAL SUPPORT
ENGLERT CIVIC THEATRE INC 211 E WASHINGTON STREET IOWA CITY, IA 52240	42-1508154	501(C)(3)	27,500.	0.			GENERAL SUPPORT
ENTREPRENEURIAL DEVELOPMENT CENTER INC - 230 2ND ST SE STE 212 - CEDAR RAPIDS, IA 52401	42-1447565	501(C)(6)	5,000.	0.			GENERAL SUPPORT
EYERLY-BALL COMMUNITY MENTAL HEALTH SERVICES - 945 19TH STREET - DES MOINES, IA 50314	42-0942273	501(C)(3)	5,000.	0.			GENERAL SUPPORT
FEARLESSLY GIRL USA INC 224 18TH STREET STE 300 ROCK ISLAND, IL 61201	82-1370182	501(C)(3)	5,000.	0.			GENERAL SUPPORT
FOUR OAKS FAMILY AND CHILDREN SERVICES - 5400 KIRKWOOD BLVD - CEDAR RAPIDS, IA 52404	42-0998726	501(C)(3)	28,000.	0.			FOUR OAKS TOTAL CHILD CAMPAIGN AND FACEBOOK PROMOTION
GIRL SCOUTS OF EASTERN IOWA AND WESTERN ILLINOIS INC - 940 GOLDEN VALLEY DRIVE - BETTENDORF, IA 52722	42-1008848	501(C)(3)	5,000.	0.			GENERAL SUPPORT
GREATER CEDAR RAPIDS COMMUNITY FOUNDATION - 324 3RD STREET SE - CEDAR RAPIDS, IA 52401	42-6053860	501(C)(3)	5,000.	0.			ARC OF EAST CENTRAL IOWA FRIENDS FUND

Schedule I (Form 990)

**UNIVERSITY OF IOWA COMMUNITY CREDIT  
UNION**

Schedule I (Form 990)

42-0804594

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER DES MOINES PARTNERSHIP 601 LOCUST ST STE 700 DES MOINES, IA 50309	42-1489668	501(C)(6)	20,000.	0.			GENERAL SUPPORT
GREATER POWESHIEK COMMUNITY FOUNDATION - 1510 PENROSE STREET - GRINNELL, IA 50112	42-1298055	501(C)(3)	5,000.	0.			SKATE PARK PROJECT PLEDGE
GRINNELL REGIONAL MEDICAL CENTER FOUNDATION - 210 4TH AVENUE - GRINNELL, IA 50112	42-1454737	501(C)(3)	5,000.	0.			GENERAL SUPPORT
HOPE MINISTRIES PO BOX 862 DES MOINES, IA 50304	42-1512992	501(C)(3)	5,000.	0.			GENERAL SUPPORT
HORIZONS - A FAMILY SERVICE ALLIANCE - 819 5TH STREET SE - CEDAR RAPIDS, IA 52401	42-1135083	501(C)(3)	5,000.	0.			GENERAL SUPPORT
HOSPITALITY HOUSE OF THE CEDAR VALLEY - 1003 MULBERRY STREET - WATERLOO, IA 50703	81-5070898	501(C)(3)	5,000.	0.			GENERAL SUPPORT
HUMILATY OF MARY SHELTER INC 1016 W 5TH STREET BETTENDORF, IA 52802	01-0916973	501(C)(3)	5,000.	0.			GENERAL SUPPORT
I HOPE MINISTRIES 722 S HACKETT ROAD WATERLOO, IA 50701	61-1499424	501(C)(3)	10,000.	0.			GENERAL SUPPORT
IOWA CHILDREN'S MUSEUM INC. 1451 CORAL RIDGE AVE CORALVILLE, IA 52241	42-1461422	501(C)(3)	15,000.	0.			EVENT SPONSORSHIP

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA CITY AREA DEVELOPMENT GROUP INC - 316 EAST COURT ST - IOWA CITY, IA 52240	42-1234837	501(C)(6)	72,500.	0.			GENERAL SUPPORT
IOWA CITY COMMUNITY SCHOOL DISTRICT FOUNDATION - 1725 NORTH DODGE STREET - IOWA CITY, IA 52245	42-1177023	IOWA CITY	58,470.	0.			ONE COMMUNITY-ONE BOARD, SCHOOL OF THE WILD, AND GENERAL SUPPORT
IOWA CITY DOWNTOWN SELF SUPPORTED MUNICIPAL IMPROVEMENT DISTRICT - 14 1/2 S CLINTON ST - IOWA CITY, IA 52240	42-1376887	501(C)(6)	27,500.	0.			GENERAL SUPPORT
IOWA CITY FREE MEDICAL CENTER 2440 TOWNCREST DRIVE IOWA CITY, IA 52240	42-0960955	501(C)(3)	15,000.	0.			GENERAL SUPPORT
IOWA CITY PUBLIC LIBRARY FRIENDS FOUNDATION - 123 S LINN ST - IOWA CITY, IA 52240	42-1181774	501(C)(3)	10,000.	0.			EVENT SPONSORSHIP AND GENERAL SUPPORT
IOWA STATE UNIVERSITY EXTENSION AND OUTREACH - BEARDSHEAR HALL, 2150, MORRILL ROAD - AIMES, IA 50011	42-6021441	STATE OF IOWA	5,000.	0.			BIG BROTHERS BIG SISTERS OF JOHNSON COUNTY
IOWA SOCCER CLUB INCORPORATED 220 LAFAYETTE ST, SUITE 134 IOWA CITY, IA 52240	39-1894135	501(C)(3)	6,000.	0.			GENERAL SUPPORT
IOWA VALLEY HABITAT FOR HUMANITY 2401 SCOTT BLVD SE IOWA CITY, IA 52240	42-1410210	501(C)(3)	23,000.	0.			LDP BUILD
JOHN DEERE FOUNDATION ONE JOHN DEERE PLACE MOLINE, IL 61265	36-6051024	501(C)(3)	7,500.	0.			JOHN DEERE GOLF OUTING CHARITY CONCERT

Schedule I (Form 990)

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUNIOR ACHIEVEMENT OF EASTERN IOWA 324 3RD AVENUE SE, SUITE 134 IOWA CITY, IA 52401	42-0919209	501(C)(3)	8,522.	0.			PENN, KIRKWOOD, AND MANN 1ST GRADE CLASS SUPPORT
NATIONAL WRESTLING HALL OF FAME INC - 205 W HALL OF FAME AVE - STILLWATER, OK 74075	23-7233488	501(C)(3)	20,000.	0.			CAPITAL CAMPAIGN
NEIGHBORHOOD FINANCE CORPORATION 1912 SIXTH AVENUE DES MOINES, IA 50314	42-1353472	501(C)(3)	25,000.	0.			GENERAL SUPPORT
NEWBO CITY MARKET 1100 3RD ST SE CEDAR RAPIDS, IA 52401	27-0600567	501(C)(3)	11,000.	0.			GENERAL SUPPORT
NORTH LIBERTY COMMUNITY BETTERMENT GROUP - P.O. BOX 77 - NORTH LIBERTY, IA 52317	27-2559163	501(C)(3)	9,000.	0.			NORTH LIBERTY BARBEQUE AND BLUES
ORCHESTRA IOWA, INC 119 THIRD AVENUE SE CEDAR RAPIDS, IA 52401	42-0772544	501(C)(3)	5,000.	0.			MUSIC IN THE SCHOOLS
PREUCIL SCHOOL OF MUSIC 524 N JOHNSON STREET IOWA CITY, IA 52245	42-1057429	501(C)(3)	5,770.	0.			MUSIC TOGETHER IN THE PARKS
QUAD CITIES GOLF CLASSIC CHARITABLE FOUNDATION - 15623 COALTOWN ROAD - EAST MOLINE, IL 61244	93-1332421	501(C)(3)	10,000.	0.			GENERAL SUPPORT
QUAD CITY TIMES BIX 7 500 EAST 3RD STREET DAVENPORT, IA 52801	93-0708918		5,000.	0.			AGE CATEGORY AWARDS SPONSOR

Schedule I (Form 990)

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGINA FOUNDATION PO BOX 1581 IOWA CITY, IA 52244	51-0158837	501(C)(3)	25,000.	0.			GENERAL SUPPORT AND CAPITAL CAMPAIGN
ROTARY CLUB OF MARION - EAST CEDAR RAPIDS - PO BOX 1183 - MARION, IA 52302	23-7024519	501(C)(3)	7,500.	0.			GENERAL SUPPORT
SHELTER HOUSE COMMUNITY SHELTER AND TRANSITION SERVICES - 429 SOUTHGATE AVENUE - IOWA CITY, IA 52240	42-1231451	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SUMMER OF THE ARTS, INC. P.O. BOX 3128 IOWA CITY, IA 52244	42-1412706	501(C)(3)	33,000.	0.			SUMMER OF ARTS JAZZ FESTIVAL AND FREE MOVIE SERIES
TANAGER PLACE 2309 C STREET SW CEDAR RAPIDS, IA 52404	42-0688079	501(C)(3)	66,666.	0.			CAPITAL CAMPAIGN
THE LEUKEMIA & LYMPHOMA SOCIETY 1311 MAMARONECK AVENUE, SUITE 310 WHITE PLAINS, NY 10605	13-5644916	501(C)(3)	10,000.	0.			GALA FUNDRAISER
UNITED FUND OF GRINNELL IOWA INC PO BOX 149 GRINNELL, IA 50112	23-7120759	501(C)(3)	12,000.	0.			GENERAL SUPPORT
UNITED WAY OF CENTRAL IOWA 1111 19TH STREET, SUITE 100 DES MOINES, IA 50314	42-0680425	501(C)(3)	12,000.	0.			GENERAL SUPPORT
UNITED WAY OF EAST CENTRAL IOWA 317 7TH AVE SE, SUITE 401 CEDAR RAPIDS, IA 52401	42-0861239	501(C)(3)	70,000.	0.			GENERAL SUPPORT AND ANNUAL MEETING SPONSOR

Schedule I (Form 990)

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF JOHNSON COUNTY IOWA, INC. - 1150 5TH STREET, SUITE 290 - CORALVILLE, IA 52241	42-6062055	501(C)(3)	70,000.	0.			GENERAL SUPPORT AND HOLIDAY MARKET EVENT
UNITED WAY OF THE QUAD CITY AREA 3247 E 35TH STREET COURT DAVENPORT, IA 52807	36-2725960	501(C)(3)	24,000.	0.			GENERAL SUPPORT
UNIVERSITY OF IOWA FOUNDATION P.O. BOX 4550 IOWA CITY, IA 52244	42-0796760	501(C)(3)	42,500.	0.			DANCE MARATHON, ARTS CAMPUS PLEDGE, AND MUSEUM OF ART
UNIVERSITY OF NORTHERN IOWA FOUNDATION - 205 COMMONS - CEDAR FALLS, IA 50614	42-6058591	501(C)(3)	10,000.	0.			UNI PANTHER SCHOLARSHIP CLUB
US CELLULAR CENTER 370 1ST AVENUE NE CEDAR RAPIDS, IA 52401	42-6004336		22,500.	0.			BBQ ROUNDUP
VERA FRENCH COMMUNITY MENTAL HEALTH - 1441 W CENTRAL PARK - DAVENPORT, IA 52804	42-0716337	501(C)(3)	5,000.	0.			GENERAL SUPPORT
WAYPOINT SERVICES FOR WOMEN CHILDREN AND FAMILIES - 318 FIFTH STREET SE - CEDAR RAPIDS, IA 52401	42-0680307	501(C)(3)	10,000.	0.			CAPITAL CAMPAIGN
WILLIS DADY HOMELESS SERVICES 1247 4TH AVENUE SE CEDAR RAPIDS, IA 52403	42-1311668	501(C)(3)	15,000.	0.			BUILDING CAMPAIGN AND GENERAL SUPPORT

Schedule I (Form 990)

**UNIVERSITY OF IOWA COMMUNITY CREDIT  
UNION**

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

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

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2:**

THE UNIVERSITY OF IOWA COMMUNITY CREDIT UNIONS ISSUES ALL GRANT FUNDS  
DIRECTLY TO THE RECIPIENT ORGANIZATION FOR USE AT THEIR DISCRETION.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2017**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **UNIVERSITY OF IOWA COMMUNITY CREDIT UNION** Employer identification number **42-0804594**

**Part I Questions Regarding Compensation**

**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.

- |  |   |
|--|---|
| <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 indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)       |

**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 .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**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.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**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:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**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:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**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:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**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 .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		
<b>5b</b>		
<b>6a</b>		
<b>6b</b>		
<b>7</b>		
<b>8</b>		
<b>9</b>		

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

Schedule J (Form 990) 2017



**UNIVERSITY OF IOWA COMMUNITY CREDIT  
UNION**

Schedule J (Form 990) 2017

42-0804594

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JEFFREY A. DISTERHOFT PRESIDENT & CHIEF EXECUTIVE OFFICER	(i)	674,364.	313,900.	37,324.	18,000.	12,428.	1,056,016.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TODD D. FANNING SENIOR VP & CHIEF FINANCIAL OFFICER	(i)	304,084.	98,364.	5,241.	24,000.	14,742.	446,431.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SUSAN K. FREEMAN SENIOR VP HUMAN RESOURCES	(i)	227,737.	77,000.	4,485.	24,000.	14,169.	347,391.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) AMY K. HENDERSON SENIOR VP MORTGAGE	(i)	237,368.	92,386.	12,008.	18,000.	14,742.	374,504.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JAMES F. KELLY SENIOR VP MARKETING	(i)	231,961.	73,150.	8,123.	18,000.	14,742.	345,976.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) RICHARD J. NOBLE SENIOR VP OPERATIONS	(i)	288,771.	87,072.	4,743.	24,000.	8,903.	413,489.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) STEVEN L. QUIGLEY SENIOR VP RETAIL	(i)	203,567.	98,744.	6,223.	24,000.	10,940.	343,474.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) SCOTT A. WILSON SENIOR VP COMMERCIAL	(i)	223,786.	78,472.	10,865.	18,000.	14,742.	345,865.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) PETER D. JOHNSON MORTGAGE LOAN OFFICER	(i)	47,010.	449,729.	100.	18,000.	14,741.	529,580.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) FELISHA A. JUNGE MORTGAGE LOAN OFFICER	(i)	46,946.	412,608.	817.	18,000.	14,741.	493,112.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) MARK A. LAW MANAGING DIRECTOR WEALTH MANAGEMENT	(i)	65,494.	451,437.	0.	18,000.	11,432.	546,363.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) MICHAEL E. LEHMAN WEALTH ADVISOR	(i)	52,068.	477,437.	0.	18,000.	0.	547,505.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) ELI M. WYNES WEALTH ADVISOR	(i)	48,267.	405,767.	0.	18,000.	4,478.	476,512.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

PART I, LINE 1A:

IN TAX YEAR 2017, THE UNIVERSITY OF IOWA COMMUNITY CREDIT UNION PROVIDED CLUB DUES TO JEFFREY A. DISTERHOFT. THE AMOUNT IS INCLUDED IN REPORTABLE COMPENSATION IN PART VII AND SCHEDULE J.

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

**Transactions With Interested Persons**

OMB No. 1545-0047

**2017**

**Open To Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization **UNIVERSITY OF IOWA COMMUNITY CREDIT UNION** Employer identification number **42-0804594**

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

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

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

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
JEFFREY A. DISTOFFICER	SPLIT DO			X	14,643,612.	11,561,350.		X	X		X	
<b>Total</b> .....						▶ \$	11,561,350.					

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

SEE PART V FOR CONTINUATIONS

Part IV Business Transactions Involving Interested Persons.

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

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of transaction, (d) Description of transaction, and (e) Sharing of organization's revenues? with sub-columns for Yes and No.

Part V Supplemental Information

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

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: JEFFREY A. DISTERHOFT

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

(C) PURPOSE OF LOAN: SPLIT DOLLAR LIFE INSURANCE AGREEMENT

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 14,643,612.(F) BALANCE DUE \$ 11,561,350.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

UNIVERSITY OF IOWA COMMUNITY CREDIT  
UNION

Employer identification number  
42-0804594

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RESIDENTS.

FORM 990, PART VI, SECTION A, LINE 6:

THE UNIVERSITY OF IOWA CREDIT UNION DOES HAVE MEMBERS AS SPECIFIED BY THEIR  
BYLAWS.

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBERS OF THE BOARD OF DIRECTORS ARE ELECTED BY THE MEMBERSHIP.  
MEMBERS MAY VOTE ELECTRONICALLY OR IN PERSON AT THE ANNUAL MEETING EACH  
YEAR.

FORM 990, PART VI, SECTION A, LINE 7B:

THERE ARE FIVE SITUATIONS FOR STATE CHARTERED CREDIT UNIONS IN IOWA IN  
WHICH MEMBERSHIP VOTE IS REQUIRED FOR APPROVAL: CHARTER CONVERSION,  
AMENDING OR REVERSING AN ACT OF THE BOARD OF DIRECTORS, MERGERS, VOLUNTARY  
DISSOLUTION, AND THE SUSPENSION OF AN OFFICER, DIRECTOR, OR MEMBER OF THE  
AUDITING COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 11B:

THE ORGANIZATION'S GOVERNING BODY IS PROVIDED AN ELECTRONIC COPY OF THE  
FORM 990 PRIOR TO FILING. THE FORM 990 WILL BE REVIEWED BY THE  
ORGANIZATION'S CHIEF EXECUTIVE OFFICER AND THE CHIEF FINANCIAL OFFICER.

FORM 990, PART VI, SECTION B, LINE 12C:

A DIRECTOR SHALL PROMPTLY DISCLOSE TO THE BOARD ANY KNOWN INTEREST,

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization UNIVERSITY OF IOWA COMMUNITY CREDIT UNION	Employer identification number 42-0804594
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RELATIONSHIP OR RESPONSIBILITY (FINANCIAL, PROFESSIONAL OR OTHERWISE) HELD BY THE DIRECTOR, ANY MEMBER OF HIS OR HER IMMEDIATE FAMILY, OR ANY OF HIS OR HER BUSINESS ASSOCIATES WITH RESPECT TO ANY POTENTIAL OR ACTUAL TRANSACTION, AGREEMENT OR OTHER MATTER WHICH IS OR MAY BE PRESENTED TO THE BOARD FOR CONSIDERATION, EVEN IF SUCH INTEREST, RELATIONSHIP OR RESPONSIBILITY HAS OTHERWISE GENERALLY BEEN DISCLOSED TO THE BOARD. IN ADDITION, DIRECTORS MUST DISCLOSE INFORMATION REGARDING THEIR FINANCIAL INTERESTS IN ORGANIZATIONS DOING BUSINESS WITH THE CREDIT UNION. THE CONFLICT OF INTEREST STATEMENT IS REQUIRED TO BE COMPLETED ANNUALLY.

FOR ANY POTENTIAL CONFLICT, THE BOARD, WITH THE ABSTENTION OF THE INTERESTED DIRECTOR, MAY DECIDE WHETHER SUCH DIRECTOR MAY PARTICIPATE IN ANY REPORTING, DISCUSSION OR VOTE ON THE ISSUE THAT GAVE RISE TO THE POTENTIAL CONFLICT. THE BOARD SHALL WITHHOLD ANY INFORMATION ON SUCH ISSUES FROM THE BOARD MATERIALS DISTRIBUTED TO THE APPLICABLE DIRECTOR AND TAKE ALL SUCH OTHER ACTION NECESSARY TO EFFECTUATE THIS POLICY. IF A MAJORITY OF THE DIRECTORS WHO HAVE NO DIRECT OR INDIRECT INTEREST IN THE TRANSACTION VOTE TO AUTHORIZE, APPROVE, OR RATIFY THE TRANSACTION, A QUORUM IS PRESENT FOR THE PURPOSE OF TAKING SUCH ACTION.

ANY DIRECTOR WITH SUCH AN INTEREST, RELATIONSHIP OR RESPONSIBILITY WHICH CONFLICTS OR POTENTIALLY CONFLICTS WITH THE INTEREST OF THE CREDIT UNION, SHALL RECUSE HIMSELF OR HERSELF FROM ANY REPORTING, DISCUSSIONS AND VOTE ON THE ISSUE THAT GAVE RISE TO THE CONFLICT AND, IF NECESSARY, FROM THE BOARD MEETING, OR APPLICABLE PART THEREOF.

FORM 990, PART VI, SECTION B, LINE 15A:

THE COMPENSATION COMMITTEE IS APPOINTED BY THE UNIVERSITY OF IOWA COMMUNITY

Name of the organization UNIVERSITY OF IOWA COMMUNITY CREDIT UNION	Employer identification number 42-0804594
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CREDIT UNION'S (UICCU) BOARD OF DIRECTORS (THE "BOARD") TO DISCHARGE THE BOARD'S RESPONSIBILITIES RELATING TO COMPENSATION OF THE CREDIT UNION'S PRESIDENT/CEO. THE COMMITTEE HAS OVERALL RESPONSIBILITY FOR APPROVING AND EVALUATING THE PRESIDENT/CEO COMPENSATION, BENEFIT AND PERQUISITE PLANS, POLICIES AND PROGRAMS OF THE CREDIT UNION. THE COMPENSATION COMMITTEE IS ALSO RESPONSIBLE FOR PRODUCING AN ANNUAL REPORT ON EXECUTIVE COMPENSATION FOR REVIEW BY THE ENTIRE BOARD.

THE COMPENSATION COMMITTEE SHALL CONSIST OF THREE TO FOUR MEMBERS OF THE BOARD. THE BOARD WILL DESIGNATE ONE MEMBER OF THE COMPENSATION COMMITTEE AS ITS CHAIRPERSON. THE COMPENSATION COMMITTEE SHALL HAVE THE AUTHORITY TO RETAIN AND TERMINATE ANY COMPENSATION CONSULTANT ASSISTING IN THE COMPENSATION EVALUATION OF THE PRESIDENT/CEO, AND SHALL HAVE AUTHORITY TO APPROVE THE CONSULTANT'S FEES AND OTHER RETENTION TERMS. THE COMPENSATION COMMITTEE SHALL ALSO HAVE AUTHORITY TO OBTAIN ADVICE AND ASSISTANCE FROM INTERNAL OR EXTERNAL LEGAL, ACCOUNTING OR OTHER ADVISORS.

TOP MANAGEMENT TEAM MEMBERS' COMPENSATION LEVELS ARE DETERMINED BY THE CEO USING THE SAME METHODOLOGY USED BY OTHER SUPERVISORS AT THE CREDIT UNION - TO ENSURE THAT EMPLOYEE REVIEWS ARE PROPERLY CONDUCTED IN A TIMELY MANNER, AND PAY RATES ARE PROPERLY AUTHORIZED BY THE APPROPRIATE MANAGEMENT, PROCEDURES FOR DETERMINING HOURLY PAY ARE REVIEWED AND DETERMINED BY THE HUMAN RESOURCE EXECUTIVE. A SALARY ADMINISTRATION PLAN AND JOB POSITION SCORING SYSTEM IS USED BY THE CREDIT UNION. SUPERVISORS REVIEW AND UPDATE JOB DESCRIPTIONS EVERY TWO YEARS OR MORE FREQUENTLY AS JOB RESPONSIBILITIES CHANGE OR NEW POSITIONS ARE CREATED. POSITIONS ARE SCORED AND ANNUALLY UPDATED TO REFLECT THE LABOR MARKET BOTH GEOGRAPHICALLY AND INDUSTRY WIDE TO ENSURE RANGES ARE INTERNALLY CONSISTENT, EXTERNALLY COMPETITIVE AND

Name of the organization	UNIVERSITY OF IOWA COMMUNITY CREDIT UNION	Employer identification number	42-0804594
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RESPONSIVE TO CHANGES IN ECONOMIC CONDITIONS. THE SALARY SCALE FOR EACH POSITION HAS A MINIMUM, MIDPOINT, AND MAXIMUM SALARY. THE CREDIT UNIONS BASE SALARY LEVELS ARE TARGETED AT OR ABOVE MARKET LEVELS, SO THEY CAN BEST ATTRACT AND RETAIN THE HIGHEST QUALITY EMPLOYEES. THE CREDIT UNION ADJUSTS ITS SALARY SCALE YEARLY FOR EACH POSITION SO THAT THE MIDPOINT OF EACH RANGE, WHEN COMBINED WITH INCENTIVE OPPORTUNITIES, APPROXIMATES THE 75% COMPENSATION FOR THE POSITION. TOP MANAGEMENT OFFICIALS INCLUDE: RICHARD NOBLE, SR. VP/OPERATIONS; TODD FANNING, SR. VP/CFO; STEVEN QUIGLEY, SR. VP/RETAIL SERVICES; SUSAN FREEMAN, SR. VP/HUMAN RESOURCES; AMY HENDERSON, SR. VP/MORTGAGE; SCOTT WILSON, SR. VP/COMMERCIAL SERVICES; JAMES KELLY, SR. VP/MARKETING; AND DOUG SANDERS, INTERNAL AUDITOR. THE PROCESS TAKES PLACE ANNUALLY AND WAS LAST PERFORMED ON SEPTEMBER 7, 2017.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE (WWW.UICCU.ORG).

FORM 990, PART X, COLUMN (A), LINES 17 AND 21:

IN 2017, UNIVERSITY OF IOWA COMMUNITY CREDIT UNION DETERMINED THAT IT WAS MORE APPROPRIATE TO INCLUDE IN COLUMN (B) (END OF YEAR) FOR LINE 21 (ESCROW OR CUSTODIAL ACCOUNT LIABILITY) CERTAIN ITEMS INCLUDED IN PRIOR YEAR FORMS 990 IN LINE 17 (ACCOUNTS PAYABLE), RESPECTIVELY. CONFORMING ADJUSTMENTS HAVE BEEN MADE TO THE 2017 BEGINNING OF YEAR AMOUNTS LISTED IN COLUMN (A) OF PART X.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:



Name of the organization UNIVERSITY OF IOWA COMMUNITY CREDIT UNION	Employer identification number 42-0804594
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CHANGE IN OTHER COMPREHENSIVE INCOME 203,071.

FORM 990, PART XII, LINE 2C:

THE OVERSIGHT AND SELECTION PROCESS HAS NOT CHANGED FROM THE PRIOR TAX YEAR.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public Inspection

Name of the organization **UNIVERSITY OF IOWA COMMUNITY CREDIT UNION** Employer identification number **42-0804594**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" 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
UICCU FINANCIAL, LLC - 27-4335678 500 IOWA AVENUE IOWA CITY, IA 52240	ORIGINATE COMMERCIAL LOANS	IOWA	5,026,830.	143,210,786.	UNIVERSITY OF IOWA COMMUNITY CREDIT UNION
UICCU INSURANCE SERVICES, LLC - 46-3811330 2355 LONDON ROAD NORTH LIBERTY, IA 52317	INSURANCE BROKERAGE SERVICES	IOWA	599,435.	3,544,252.	UICCU FINANCIAL, LLC

**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

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

Schedule R (Form 990) 2017

**UNIVERSITY OF IOWA COMMUNITY CREDIT**

**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	
UICCU TITLE AND CLOSING SERVICES LLC - 82-1251916, 201 WEST 2ND STREET, SUITE 801, DAVENPORT, IA 52801	TITLE INSURANCE	IA	UICCU FINANCIAL, LLC	RELATED	32,922.	206,658.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	50.00%

**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

**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.

**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?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**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) UICCU TITLE AND CLOSING SERVICES LLC	B	60,000.	FAIR MARKET VALUE
(2)			
(3)			
(4)			
(5)			
(6)			

UNIVERSITY OF IOWA COMMUNITY CREDIT UNION

Schedule R (Form 990) 2017

42-0804594 Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

Table with 11 main columns: (a) Name, address, and EIN of entity; (b) Primary activity; (c) Legal domicile; (d) Predominant income; (e) Are all partners sec. 501(c)(3) orgs.?; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations?; (i) Code V-UBI amount; (j) General or managing partner?; (k) Percentage ownership.

**Part VII Supplemental Information.**

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for providing supplemental information.

# TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING  
DECEMBER 31, 2017

<b>Prepared for</b>	UNIVERSITY OF IOWA COMMUNITY CREDIT UNION 2355 LANDON ROAD NORTH LIBERTY, IA 52317
<b>Prepared by</b>	RSM US LLP 201 N. HARRISON STREET, SUITE 300 DAVENPORT, IA 52801-1999
<b>Amount due or refund</b>	NO AMOUNT IS DUE.
<b>Make check payable to</b>	NO AMOUNT IS DUE.
<b>Mail tax return and check (if applicable) to</b>	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
<b>Return must be mailed on or before</b>	MAY 15, 2018
<b>Special Instructions</b>	THE RETURN SHOULD BE SIGNED AND DATED.  TO DOCUMENT THE TIMELY FILING OF YOUR TAX RETURN, WE SUGGEST THAT YOU OBTAIN AND RETAIN PROOF OF MAILING. PROOF OF MAILING CAN BE ACCOMPLISHED BY SENDING THE TAX RETURN BY REGISTERED OR CERTIFIED MAIL (METERED BY THE U.S. POSTAL SERVICE) OR THROUGH THE USE OF AN IRS APPROVED DELIVERY METHOD.

# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

## 2017

For calendar year 2017 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed  <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(14) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>UNIVERSITY OF IOWA COMMUNITY CREDIT UNION</b>  Number, street, and room or suite no. If a P.O. box, see instructions. <b>2355 LANDON ROAD</b>  City or town, state or province, country, and ZIP or foreign postal code <b>NORTH LIBERTY, IA 52317</b>	<b>D</b> Employer identification number (Employees' trust, see instructions.) <b>42-0804594</b>  <b>E</b> Unrelated business activity codes (See instructions.) <b>522100</b>
--	---------------------	---	---

<b>C</b> Book value of all assets at end of year <b>4,672,408,712.</b>	<b>F</b> Group exemption number (See instructions.) ▶ <b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust
---	---

**H** Describe the organization's primary unrelated business activity. ▶ **NON-MEMBER SURCHARGE REVENUE**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ **TODD FANNING** Telephone number ▶ **319-248-5815**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances			
<b>c</b> Balance ▶	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4a</b> Capital gain net income (attach Schedule D)	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from partnerships and S corporations (attach statement)	<b>5</b>		
<b>6</b> Rent income (Schedule C)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b>		
<b>11</b> Advertising income (Schedule J)	<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule) <b>STATEMENT 1</b>	<b>12</b> 96,764.		96,764.
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b> 96,764.		96,764.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)  
(Except for contributions, deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>		
<b>15</b> Salaries and wages	<b>15</b>		
<b>16</b> Repairs and maintenance	<b>16</b>		
<b>17</b> Bad debts	<b>17</b>		
<b>18</b> Interest (attach schedule)	<b>18</b>		
<b>19</b> Taxes and licenses	<b>19</b>		
<b>20</b> Charitable contributions (See instructions for limitation rules)	<b>20</b>		
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>	53,982.	
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>		53,982.
<b>23</b> Depletion	<b>23</b>		
<b>24</b> Contributions to deferred compensation plans	<b>24</b>		
<b>25</b> Employee benefit programs	<b>25</b>		
<b>26</b> Excess exempt expenses (Schedule I)	<b>26</b>		
<b>27</b> Excess readership costs (Schedule J)	<b>27</b>		
<b>28</b> Other deductions (attach schedule) <b>SEE STATEMENT 2</b>	<b>28</b>		215,288.
<b>29 Total deductions.</b> Add lines 14 through 28	<b>29</b>		269,270.
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>		-172,506.
<b>31</b> Net operating loss deduction (limited to the amount on line 30) <b>SEE STATEMENT 3</b>	<b>31</b>		
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	<b>32</b>		-172,506.
<b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	<b>33</b>		1,000.
<b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	<b>34</b>		-172,506.



<b>Part III Tax Computation</b>	
<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:	
<b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____	
<b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____	
<b>c</b> Income tax on the amount on line 34	<b>35c</b> 0.
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	<b>36</b>
<b>37 Proxy tax.</b> See instructions	<b>37</b>
<b>38 Alternative minimum tax</b>	<b>38</b>
<b>39 Tax on Non-Compliant Facility Income.</b> See instructions	<b>39</b>
<b>40 Total.</b> Add lines 37, 38 and 39 to line 35c or 36, whichever applies	<b>40</b> 0.

<b>Part IV Tax and Payments</b>	
<b>41a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>41a</b>
<b>b</b> Other credits (see instructions)	<b>41b</b>
<b>c</b> General business credit. Attach Form 3800	<b>41c</b>
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>41d</b>
<b>e Total credits.</b> Add lines 41a through 41d	<b>41e</b>
<b>42</b> Subtract line 41e from line 40	<b>42</b> 0.
<b>43</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	<b>43</b>
<b>44 Total tax.</b> Add lines 42 and 43	<b>44</b> 0.
<b>45a</b> Payments: A 2016 overpayment credited to 2017	<b>45a</b>
<b>b</b> 2017 estimated tax payments	<b>45b</b>
<b>c</b> Tax deposited with Form 8868	<b>45c</b>
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)	<b>45d</b>
<b>e</b> Backup withholding (see instructions)	<b>45e</b>
<b>f</b> Credit for small employer health insurance premiums (Attach Form 8941)	<b>45f</b>
<b>g</b> Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	<b>45g</b>
<b>46 Total payments.</b> Add lines 45a through 45g	<b>46</b>
<b>47</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>47</b>
<b>48 Tax due.</b> If line 46 is less than the total of lines 44 and 47, enter amount owed	<b>48</b> 0.
<b>49 Overpayment.</b> If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	<b>49</b> 0.
<b>50</b> Enter the amount of line 49 you want: <b>Credited to 2018 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>50</b>

<b>Part V Statements Regarding Certain Activities and Other Information</b> (see instructions)	
<b>51</b> At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
<b>52</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.	<input type="checkbox"/> <input checked="" type="checkbox"/>
<b>53</b> Enter the amount of tax-exempt interest received or accrued during the tax year \$	

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 taxpayer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer _____	Date _____	PRESIDENT & CHIEF EXECUTIVE OFFICER Title _____	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Paid Preparer Use Only</b>	Print/Type preparer's name JOHN J. ROMANO	Preparer's signature <i>John J. Romano</i>	
	Firm's name RSM US LLP	Firm's EIN 42-0714325	Check <input type="checkbox"/> if self-employed	PTIN P00227323
	Firm's address 201 N. HARRISON STREET, SUITE 300 DAVENPORT, IA 52801-1999	Phone no. 563-888-4000		

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year .....	1		6	Inventory at end of year .....	6			
2	Purchases .....	2		7	<b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2 .....	7			
3	Cost of labor .....	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? .....			Yes	No
4a	Additional section 263A costs (attach schedule) .....	4a							
b	Other costs (attach schedule) .....	4b							
5	<b>Total.</b> Add lines 1 through 4b .....	5							

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) .....

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... 0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> .....			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
<b>Total dividends-received deductions</b> included in column 8 .....				0.

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). 0.	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 0.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....		Enter here and on page 1, Part I, line 9, column (A). 0.		Enter here and on page 1, Part I, line 9, column (B). 0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> .....		Enter here and on page 1, Part I, line 10, col. (A). 0.	Enter here and on page 1, Part I, line 10, col. (B). 0.			Enter here and on page 1, Part II, line 26. 0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) .....		0.	0.			0.

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**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> .....	<b>0.</b>	<b>0.</b>				<b>0.</b>
<b>Totals, Part II (lines 1-5)</b> .....	Enter here and on page 1, Part I, line 11, col. (A). <b>0.</b>	Enter here and on page 1, Part I, line 11, col. (B). <b>0.</b>				Enter here and on page 1, Part II, line 27. <b>0.</b>

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 .....			<b>0.</b>

Form 990-T (2017)

FORM 990-T	OTHER INCOME	STATEMENT	1
DESCRIPTION		AMOUNT	
NON-MEMBER SURCHARGE REVENUE		96,764.	
TOTAL TO FORM 990-T, PAGE 1, LINE 12		96,764.	

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	2
DESCRIPTION		AMOUNT	
SERVICING FEES		74,882.	
MAINTENANCE CONTRACTS		93,863.	
OPPORTUNITY COST		4,563.	
SURCHARGE PAYMENT TO HOST MERCHANT		41,980.	
TOTAL TO FORM 990-T, PAGE 1, LINE 28		215,288.	

FORM 990-T	NET OPERATING LOSS DEDUCTION			STATEMENT	3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
12/31/09	114.	0.	114.	114.	
12/31/10	161,499.	0.	161,499.	161,499.	
12/31/11	124,309.	0.	124,309.	124,309.	
12/31/12	82,359.	0.	82,359.	82,359.	
12/31/13	153,862.	0.	153,862.	153,862.	
12/31/14	121,103.	0.	121,103.	121,103.	
12/31/15	147,755.	0.	147,755.	147,755.	
12/31/16	140,650.	0.	140,650.	140,650.	
NOL CARRYOVER AVAILABLE THIS YEAR			931,651.	931,651.	

**Report of Employer-Owned Life Insurance Contracts**

▶ **Attach to the policyholder's tax return. See instructions.**  
 ▶ **Go to [www.irs.gov/Form8925](http://www.irs.gov/Form8925) for the latest information.**

Name(s) shown on return <b>UNIVERSITY OF IOWA COMMUNITY CREDIT UNION</b>	Identifying number <b>42-0804594</b>
Name of policyholder, if different from above	Identifying number, if different from above

Type of business  
**CREDIT UNION**

<b>1</b> Enter the number of employees the policyholder had at the end of the tax year .....	<b>1</b>	<b>513.</b>
<b>2</b> Enter the number of employees included on line 1 who were insured at the end of the tax year under the policyholder's employer-owned life insurance contract(s) issued after August 17, 2006. See <i>Section 1035 exchanges</i> for an exception .....	<b>2</b>	<b>1.</b>
<b>3</b> Enter the total amount of employer-owned life insurance in force at the end of the tax year for employees who were insured under the contract(s) specified on line 2 .....	<b>3</b>	<b>10,894,118.</b>
<b>4a</b> Does the policyholder have a valid consent for each employee included on line 2? See instructions ..... <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
<b>b</b> If "No," enter the number of employees included on line 2 for whom the policyholder does not have a valid consent .....	<b>4b</b>	