

# Return of Organization Exempt From Income Tax

**2021**

Open to Public Inspection

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

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

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

Department of the Treasury  
Internal Revenue Service

<b>A</b> For the 2021 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</b> Name of organization GREENSTATE CREDIT UNION		<b>D</b> Employer identification number 42-0804594
	Doing business as		<b>E</b> Telephone number (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</b> Gross receipts \$ 424,604,791.
	City or town, state or province, country, and ZIP or foreign postal code NORTH LIBERTY, IA 52317-0800		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<b>F</b> Name and address of principal officer: JEFFREY A. DISTERHOFT 2355 LANDON ROAD, NORTH LIBERTY, IA 52317-0800		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If "No," attach a list. See instructions.</small>
<b>I</b> Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(14) (insert no.) 4947(a)(1) or 527			
<b>J</b> Website: WWW.GREENSTATE.ORG			<b>H(c)</b> Group exemption number ▶
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: 1938 <b>M</b> State of legal domicile: IA

Part I Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: IMPROVE THE QUALITY OF LIFE IN OUR COMMUNITIES BY PROMOTING THE FINANCIAL WELL-BEING OF OUR RESIDENTS.	
	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 2021 (Part V, line 2a)	5 817
	6	Total number of volunteers (estimate if necessary)	6 12
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 151,720.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b NONE	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: NONE Current Year: NONE
	9	Program service revenue (Part VIII, line 2g)	288,886,579. 336,910,307.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-5,956,367. 4,142,292.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	79,554,498. 77,700,411.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	362,484,710. 418,753,010.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,662,937. 4,450,344.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	NONE NONE
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	66,135,255. 75,222,588.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	NONE NONE
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	181,919,583. 139,972,871.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	251,717,775. 219,645,803.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	110,766,935. 199,107,207.
	20	Total assets (Part X, line 16)	Beginning of Current Year: 7,112,600,980. End of Year: 9,006,590,517.
	21	Total liabilities (Part X, line 26)	6,442,688,617. 8,137,394,896.
	22	Net assets or fund balances. Subtract line 21 from line 20.	669,912,363. 869,195,621.

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: 11/15/2022	
	▶ JEFFREY A. DISTERHOFT	PRESIDENT & CEO			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> self-employed <input type="checkbox"/> If	PTIN
	MICHAEL J SUMMERS		11/15/2022		P00838533
	Firm's name ▶ FORVIS, LLP	Firm's EIN ▶ 44-0160260		Phone no. 317-383-4000	
Firm's address ▶ 201 N. ILLINOIS STREET INDIANAPOLIS, IN 46204					
May the IRS reduce this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2021)

**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?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

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

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

PROVIDE LENDING SERVICES TO THE MEMBERSHIP OF THE CREDIT UNION. IN  
2021, THE CREDIT UNION ORIGINATED \$895,160,068 OF IN-HOUSE  
CONSUMER, REAL ESTATE, AND COMMERCIAL LOANS, AND ALSO ORIGINATED  
\$1,670,477,577 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 2021, TOTAL DEPOSITS IN THE CREDIT UNION GREW  
FROM \$5,729,017,278 TO \$7,474,622,696.

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

PROVIDE TRANSACTION SERVICES TO THE MEMBERSHIP OF THE CREDIT  
UNION: IN 2021, THE CREDIT UNION PROCESSED 54,132,646 FINANCIAL  
TRANSACTIONS FOR ITS MEMBERS.

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

**4e** Total program service expenses **▶**

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

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

	Yes	No
<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>		X
<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>	X	
<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>		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>24c</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>24d</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>25b</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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II. . . . .</i>	X	
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
<b>28a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		X
<b>28b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV. . . . .</i>		X
<b>28c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		X
<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>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		X
<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>		X
<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>	X	
<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>		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
<b>35b</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>		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O. . . . .	X	

**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>1b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable. . . . .		
<b>1c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	X	

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> <i>(continued)</i>		Yes	No
<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. <span style="float:right">2a 817</span>		
<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? <i>If "No" to line 3b, provide an explanation on Schedule O</i> . . . . .	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 <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span> 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 <span style="float:right">7d</span>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		
<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 . . . . . <span style="float:right">10a</span>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . <span style="float:right">10b</span>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders . . . . . <span style="float:right">11a</span>		
<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.) . . . . . <span style="float:right">11b</span>		
<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>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . . <span style="float:right">12b</span>		
<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? . . . . . <span style="float:right">13a</span> <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<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 . . . . . <span style="float:right">13b</span>		
<b>c</b>	Enter the amount of reserves on hand . . . . . <span style="float:right">13c</span>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> . . . . .		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . <span style="float:right">15</span> If "Yes," see the instructions and file Form 4720, Schedule N.	X	
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. <span style="float:right">16</span>		X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? . . . . . <span style="float:right">17</span> If "Yes," complete Form 6069.		

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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.
19 Describe on 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 2355 LANDON ROAD NORTH LIBERTY, IA 53217 3192485815

**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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) JEFFREY A. DISTERHOFT PRESIDENT & CEO	50.00 NONE			X				1,310,141.	NONE	54,670.
(2) FELISHA A. JUNGE MORTGAGE LOAN OFFICER	55.00 NONE					X		1,042,551.	NONE	6,841.
(3) PETER D. JOHNSON MORTGAGE LOAN OFFICER	50.00 NONE					X		833,256.	NONE	28,921.
(4) MICHAEL R. WARD MORTGAGE LOAN OFFICER	50.00 NONE					X		746,121.	NONE	26,043.
(5) SCOTT R. LANGENBERG MORTGAGE LOAN OFFICER	50.00 NONE					X		700,845.	NONE	8,283.
(6) MARSHA L. WOLFF CHIEF HR & INFORMATION OFFICER	50.00 NONE					X		609,289.	NONE	34,193.
(7) MATTHEW E. FRASCHT MORTGAGE LOAN OFFICER	50.00 NONE					X		619,757.	NONE	19,903.
(8) TODD D. FANNING EVP & CHIEF FINANCIAL OFFICER	50.00 NONE			X				533,966.	NONE	31,014.
(9) AMY K. HENDERSON CHIEF CONSUMER SERVICE OFFICER	50.00 NONE					X		498,196.	NONE	36,120.
(10) KATHERINE B. COURTNEY CHIEF OPERATING OFFICER	50.00 NONE					X		467,255.	NONE	39,068.
(11) JAMES F. KELLY CHIEF MARKETING OFFICER	50.00 NONE					X		411,702.	NONE	33,209.
(12) SAMANTHA R. MCSORLEY CHIEF COMMERCIAL OFFICER	50.00 NONE					X		439,859.	NONE	41.
(13) RYAN M. DOEHRMANN CHIEF MORTGAGE OFFICER	50.00 NONE					X		301,116.	NONE	29,170.
(14) LAUREL DAY SECRETARY	0.53 NONE	X		X				NONE	NONE	NONE

**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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15 ) DREW DENNING DIRECTOR	1.75 NONE	X					NONE	NONE	NONE	
( 16 ) MJ DOLAN GOVERNANCE COMMITTEE CHAIR	1.57 NONE	X					NONE	NONE	NONE	
( 17 ) LYNSEY ENGELS NOMINATING SUBCOMMITTEE CHAIR	0.91 NONE	X					NONE	NONE	NONE	
( 18 ) FRED MIMS CHAIRPERSON	11.96 NONE	X		X			NONE	NONE	NONE	
( 19 ) MARC MOEN DIRECTOR	0.56 NONE	X					NONE	NONE	NONE	
( 20 ) LORAS NEUROTH AUDIT/RISK COMMITTEE CHAIR	2.02 NONE	X					NONE	NONE	NONE	
( 21 ) TIFFANY O'DONNELL DIRECTOR	0.27 NONE	X					NONE	NONE	NONE	
( 22 ) ANDRE PERRY CHIEF FINANCIAL OFFICER	0.96 NONE	X		X			NONE	NONE	NONE	
( 23 ) MARK ROLINGER CREDIT COMMITTEE CHAIR	0.99 NONE	X					NONE	NONE	NONE	
( 24 ) DAVE WRIGHT VICE CHAIR	10.04 NONE	X		X			NONE	NONE	NONE	
( 25 ) BARRY BOYER DIRECTOR	0.31 NONE	X					NONE	NONE	NONE	
<b>1b Sub-total</b> . . . . .							8,514,054.	NONE	347,476.	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .							NONE	NONE	NONE	
<b>d Total (add lines 1b and 1c)</b> . . . . .							8,514,054.	NONE	347,476.	

**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 **▶** 133

	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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	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? <i>If "Yes," complete Schedule J for such person</i> . . . . .		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
SEE SCHEDULE O		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 20



**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</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>1g</b>	\$				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶			NONE			
<b>Program Service Revenue</b>				Business Code				
	<b>2a</b>	LOAN INTEREST REVENUE		522100	327,050,708.	327,050,708.		
	<b>b</b>	ATM FEE REVENUE		522100	9,859,599.	9,859,599.	151,720.	
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶			336,910,307.			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶			5,126,891.		5,126,891.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . ▶			NONE			
	<b>5</b>	Royalties . . . . . ▶			NONE			
	<b>6a</b>	Gross rents . . . . .	<b>6a</b>	(i) Real	(ii) Personal			
					267,075.			
				<b>6b</b>	Less: rental expenses			
	<b>6c</b>	Rental income or (loss)		267,075.	NONE			
	<b>d</b>	Net rental income or (loss) . . . . . ▶			267,075.		267,075.	
	<b>7a</b>	Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	(ii) Other			
					4,867,182.			
				<b>7b</b>	Less: cost or other basis and sales expenses . .		5,851,781.	
	<b>7c</b>	Gain or (loss) . . . . .			-984,599.			
	<b>d</b>	Net gain or (loss) . . . . . ▶			-984,599.		-984,599.	
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>		NONE			
				<b>8b</b>	Less: direct expenses . . . . .		NONE	
<b>c</b>				Net income or (loss) from fundraising events . . . . . ▶		NONE		
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>		NONE				
			<b>9b</b>	Less: direct expenses . . . . .		NONE		
			<b>c</b>	Net income or (loss) from gaming activities . . . . . ▶		NONE		
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>		NONE				
			<b>10b</b>	Less: cost of goods sold . . . . .		NONE		
			<b>c</b>	Net income or (loss) from sales of inventory . . . . . ▶		NONE		
<b>Miscellaneous Revenue</b>				Business Code				
	<b>11a</b>	SERVICE RELEASE PREMIUMS		522100	39,764,229.	39,764,229.		
	<b>b</b>	INTERCHANGE REVENUE		522100	19,867,243.	19,867,243.		
	<b>c</b>	MISCELLANEOUS REVENUE		522100	6,378,816.	6,378,816.		
	<b>d</b>	All other revenue . . . . .		522100	11,423,048.	11,423,048.		
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶			77,433,336.				
<b>12</b>	<b>Total revenue.</b> See instructions . . . . . ▶			418,753,010.	414,343,643.	151,720.	4,409,367.	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	4,450,344.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	NONE			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	NONE			
4 Benefits paid to or for members . . . . .	NONE			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	4,829,007.			
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	NONE			
7 Other salaries and wages . . . . .	36,837,361.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	4,066,686.			
9 Other employee benefits . . . . .	25,534,514.			
10 Payroll taxes . . . . .	3,955,020.			
11 Fees for services (nonemployees):				
a Management . . . . .	NONE			
b Legal . . . . .	420,665.			
c Accounting . . . . .	771,050.			
d Lobbying . . . . .	NONE			
e Professional fundraising services. See Part IV, line 17 . . . . .	NONE			
f Investment management fees . . . . .	NONE			
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	251,714.			
12 Advertising and promotion . . . . .	3,912,331.			
13 Office expenses . . . . .	6,689,113.			
14 Information technology . . . . .	8,525,748.			
15 Royalties . . . . .	NONE			
16 Occupancy . . . . .	5,296,019.			
17 Travel . . . . .	191,351.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	NONE			
19 Conferences, conventions, and meetings . . . . .	10,428.			
20 Interest . . . . .	12,592,140.			
21 Payments to affiliates . . . . .	NONE			
22 Depreciation, depletion, and amortization . . . . .	6,498,962.			
23 Insurance . . . . .	496,479.			
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a INTEREST PAID TO MEMBERS	54,568,189.			
b PROVISION FOR LOAN LOSS	18,931,183.			
c MISCELLANEOUS EXPENSE	7,583,674.			
d PROCESSING FEES	13,233,825.			
e All other expenses _____				
25 <b>Total functional expenses.</b> Add lines 1 through 24e	219,645,803.			
26 <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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	298,980,765.	<b>1</b>	555,621,296.
	<b>2</b> Savings and temporary cash investments . . . . .	NONE	<b>2</b>	NONE
	<b>3</b> Pledges and grants receivable, net . . . . .	NONE	<b>3</b>	NONE
	<b>4</b> Accounts receivable, net . . . . .	NONE	<b>4</b>	NONE
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	16,413,595.	<b>5</b>	16,779,797.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	NONE	<b>6</b>	NONE
	<b>7</b> Notes and loans receivable, net . . . . .	6,264,981,970.	<b>7</b>	7,950,733,659.
	<b>8</b> Inventories for sale or use . . . . .	NONE	<b>8</b>	NONE
	<b>9</b> Prepaid expenses and deferred charges . . . . .	39,261,837.	<b>9</b>	18,072,051.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 178,067,451.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 50,337,619.		
	<b>11</b> Investments - publicly traded securities . . . . .	118,919,348.	<b>10c</b>	127,729,832.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	35,911,300.	<b>11</b>	34,232,700.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	NONE	<b>12</b>	NONE
	<b>14</b> Intangible assets . . . . .	NONE	<b>13</b>	NONE
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	55,431,573.	<b>14</b>	106,288,893.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	282,700,592.	<b>15</b>	197,132,289.	
	7,112,600,980.	<b>16</b>	9,006,590,517.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	54,208,055.	<b>17</b>	38,023,986.
	<b>18</b> Grants payable . . . . .	NONE	<b>18</b>	NONE
	<b>19</b> Deferred revenue . . . . .	NONE	<b>19</b>	NONE
	<b>20</b> Tax-exempt bond liabilities . . . . .	NONE	<b>20</b>	NONE
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	16,619,665.	<b>21</b>	17,401,922.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	NONE	<b>22</b>	NONE
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	630,000,000.	<b>23</b>	604,815,156.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	NONE	<b>24</b>	NONE
	<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 . . . . .	5,741,860,897.	<b>25</b>	7,477,153,832.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	6,442,688,617.	<b>26</b>	8,137,394,896.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .		<b>27</b>	
	<b>28</b> Net assets with donor restrictions . . . . .		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .	NONE	<b>29</b>	NONE
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .	NONE	<b>30</b>	NONE
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	669,912,363.	<b>31</b>	869,195,621.
<b>32</b> Total net assets or fund balances . . . . .	669,912,363.	<b>32</b>	869,195,621.	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	7,112,600,980.	<b>33</b>	9,006,590,517.	

**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	418,753,010.
2	Total expenses (must equal Part IX, column (A), line 25)	2	219,645,803.
3	Revenue less expenses. Subtract line 2 from line 1	3	199,107,207.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	669,912,363.
5	Net unrealized gains (losses) on investments	5	176,051.
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 on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	869,195,621.

**Part XII Financial Statements and Reporting**

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

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

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2021

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

GREENSTATE CREDIT UNION

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: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes questions about purpose of easements, total number, acreage, and monitoring expenses.

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: Line number, Description, and Amount. Includes questions about reporting art and historical treasures.

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

Schedule D (Form 990) 2021

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

**Part IV Escrow and Custodial Arrangements.**

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |   | Amount |
|---|--------|
| c Beginning balance . . . . .             | 1c     |
| d Additions during the year . . . . .     | 1d     |
| e Distributions during the year . . . . . | 1e     |
| f Ending balance . . . . .                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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
1a Beginning of year balance . . . . .					
b Contributions . . . . .					
c Net investment earnings, gains, and losses . . . . .					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %
  - b Permanent endowment ▶ \_\_\_\_\_ %
  - c Term 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 |
|--|--------|----|
| (i) Unrelated organizations . . . . .  | 3a(i)  |    |
| (ii) Related organizations . . . . .   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | 3b     |    |

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		36,875,201.		36,875,201.
b Buildings . . . . .		93,231,615.	13,256,011.	79,975,604.
c Leasehold improvements . . . . .		97,074.	49,389.	47,685.
d Equipment . . . . .		46,954,346.	37,032,219.	9,922,127.
e Other . . . . .		909,215.		909,215.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . .				127,729,832.

**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> (Column (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> (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<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) MEMBER CHECKING & SAVINGS ACCOUNTS	4,088,405,943.
(3) CD'S & IRA'S	1,555,094,364.
(4) NONMEMBER MMA	1,831,122,388.
(5) CONTINGENT LIABILITIES	2,531,137.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . . ▶	7,477,153,832.

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 FASB 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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final column for totals. Rows include: 1 Total revenue, gains, and other support per audited financial statements; 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12; 3 Subtract line 2e from line 1; 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1; 5 Total revenue. Add lines 3 and 4c.

**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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final column for totals. Rows include: 1 Total expenses and losses per audited financial statements; 2 Amounts included on line 1 but not on Form 990, Part IX, line 25; 3 Subtract line 2e from line 1; 4 Amounts included on Form 990, Part IX, line 25, but not on line 1; 5 Total expenses. Add lines 3 and 4c.

**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.

SEE SUPPLEMENTAL PAGE



**Part XIII** Supplemental Information (continued)

PART IV, LINE 2B

GREENSTATE 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

GREENSTATE 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 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

**Part XIII** Supplemental Information *(continued)*

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)**

**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.

OMB No. 1545-0047

**2021**

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Name of the organization

GREENSTATE 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.

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1 (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 noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> 4 THE KIDZ 425 OAKDALE BLVD CORALVILLE, IA 52241	84-1784969	501(C)(3)	25,000.				KICKOFF - KINNICK 5K
<b>(2)</b> AFRICAN AMERICAN MUSEUM OF IOWA 55 12TH AVENUE, SE CEDAR RAPIDS, IA 52401	42-1415305	501(C)(3)	10,000.				HISTORY MAKERS GALA
<b>(3)</b> AMERICAN HEART ASSOCIATION 1035 N. CENTER POINT RD HIAWATHA, IA 52233	13-5613797	501(C)(3)	12,000.				AMERICAN HEART ASSOC
<b>(4)</b> AMERICAN RED CROSS 317 7TH AVE SE CEDAR RAPIDS, IA 52401	53-0196605	501(C)(3)	10,000.				HEROES EVENT
<b>(5)</b> AMPERAGE MARKETING 6711 CHANCELLOR DRIVE CEDAR FALLS, IA 50613			12,784.				DEW TOUR
<b>(6)</b> ASTIG PLANNING LLC 437 S. GOVERNOR ST. IOWA CITY, IA 52240			10,000.				ECONOMIC DEVELOPMENT
<b>(7)</b> ATHLETICS FOR EDUCATION AND SUCCESS 712 3RD STREET NW FORT DODGE, IA 50501	20-4900722	501(C)(3)	12,500.				AFES SUMMER PROGRAM
<b>(8)</b> BIG BROTHERS BIG SISTERS OF JOHNSON COUNTY 3109 OLD HWY 218 S. IOWA CITY, IA 52246	42-6061606	501(C)(3)	8,000.				2021 BOWL FOR KIDS
<b>(9)</b> BOYS & GIRLS CLUB OF THE CORRIDOR 420 6TH STREET SE CEDAR RAPIDS, IA 52401	42-1434056	501(C)(3)	17,500.				B&G CLUB EVENTS
<b>(10)</b> BOYS & GIRLS CLUBS OF THE CEDAR VALLEY 515 LIME ST WATERLOO, IA 50703	42-6083723	501(C)(3)	15,000.				PREMIER LEADER SPONS
<b>(11)</b> CEDAR RAPIDS COMMUNITY SCHOOLS FOUNDATION 2500 EDGEWOOD RD NW CEDAR RAPIDS, IA 52405	42-1197912	501(C)(3)	30,000.				SAFE PROGRAM FUND
<b>(12)</b> CEDAR RAPIDS FREEDOM FESTIVAL 609 1ST AVE SW CEDAR RAPIDS, IA 52405	42-1329035	501(C)(3)	25,000.				FREEDOM CELEBRATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 89

3 Enter total number of other organizations listed in the line 1 table ▶ 10

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Schedule I (Form 990) 2021

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<b>(1)</b> CEDAR RAPIDS METRO ECONOMIC ALLIANCE 501 1ST ST SE CEDAR RAPIDS, IA 52401	42-0172900	501(C)(3)	25,000.				BUY LOCAL PRESENTING
<b>(2)</b> CEDAR VALLEY UNITED WAY 425 CEDAR STREET WATERLOO, IA 50701	42-0801846	501(C)(3)	10,000.				GENERAL SUPPORT
<b>(3)</b> CHILDREN'S CANCER CONNECTION 5701 GREENDALE ROAD JOHNSTON, IA 50131	42-1313167	501(C)(3)	10,000.				CAMPING NIGHT AWAY
<b>(4)</b> COMMUNITY STUDENT SUPPORT SOLUTIONS (CSSS) 3203 ASHE CREEK DR LEAGUE CITY, TX 77573	86-2450222	501(C)(3)	20,000.				THE SEAD PROJECT
<b>(5)</b> CONNECTCR PO BOX 11186 CEDAR RAPIDS, IA 52410	82-3025860	501(C)(3)	20,000.				AWAKENING CONNECTION
<b>(6)</b> CORALVILLE COMMUNITY FOOD PANTRY 1002 5TH STREET CORALLVILLE, IA 52241	47-3509757	501(C)(3)	16,667.				BUILDING CAMPAIGN
<b>(7)</b> CORRIDOR BUSINESS JOURNAL 2345 LONDON ROAD NORTH LIBERTY, IA 52317			12,500.				DIVERSITY INCLUSION
<b>(8)</b> DAVENPORT FAMILY YMCA 606 WEST 2ND STREET DAVENPORT, IA 52801	42-0703278	501(C)(3)	8,333.				DAVENPORT YMCA
<b>(9)</b> DEACON SPORTS AND ENTERTAINMENT, US, INC. & 802 QUARRY RD. CORALLVILLE, IA 52241	42-0919209	501(C)(3)	20,000.				SCORE FOR CHARITY JA
<b>(10)</b> DES MOINES AREA COMMUNITY COLLEGE - EVELYN 2006 S. ANKENY BOULEVARD ANKENY, IA 50023	42-0926354	501(C)(3)	41,500.				MULTILINGUAL EDUC.
<b>(11)</b> DES MOINES ARTS FESTIVAL PO BOX 1434 DES MOINES, IA 50305	42-1471969	501(C)(3)	10,000.				ARTS FESTIVAL
<b>(12)</b> DES MOINES REFUGEE SUPPORT 1110 SOUTH AVENUE NORWALK, IA 50211	84-3102842	501(C)(3)	8,000.				CAMP HANTESA

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

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- 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
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<b>(1)</b> DOWNTOWN DAVENPORT PARTNERSHIP 331 W. 3RD ST., STE 100 DAVENPORT, IA 52801	27-3065786	501(C)(3)	15,000.				ALTERNATING CURRENTS
<b>(2)</b> DUBUQUE AREA CHAMBER OF COMMERCE 300 MAIN ST DUBUQUE, IA 52001	42-0223700	501(C)(3)	6,000.				GOLD PARTNERSHIP
<b>(3)</b> EDC, INC 230 2ND ST. SE CEDAR RAPIDS, IA 52401	42-1447565	501(C)(3)	10,000.				EDC) VITALITY
<b>(4)</b> ENGLERT THEATRE 221 E WASHINGTON STREET IOWA CITY, IA 52240	42-1508154	501(C)(3)	12,500.				STRENGTHEN EVOLVE
<b>(5)</b> FIGGE ART MUSEUM 225 WEST SECOND ST DAVENPORT, IA 52801	42-6090398	501(C)(3)	7,500.				FIGGE ART SUPPORT
<b>(6)</b> FIGHT WITH FLASH FOUNDATION 2920 DIAMOND MIL CIR CORALLVILLE, IA 52241	47-5360520	501(C)(3)	10,022.				CHARITY GOLF CLASSIC
<b>(7)</b> FORT DODGE COMMUNITY SCHOOLS FOUNDATION 104 S 17TH ST FORT DODGE, IA 50501	42-1271458	501(C)(3)	10,000.				LEADER IN ME
<b>(8)</b> FORT DODGE UNITED WAY AND COMMUNITY FDN 24 NORTH 9TH STREET FORT DODGE, IA 50501	42-1439853	501(C)(3)	10,000.				GENERAL SUPPORT
<b>(9)</b> FOUR OAKS 2100 FIRST AVE NE CEDAR RAPIDS, IA 52402	42-0998726	501(C)(3)	10,000.				WORKFORCE DEVELOP
<b>(10)</b> GENESIS HEALTH SERVICES FOUNDATION 1227 EAST RUSHOLME ST DAVENPORT, IA 52803	42-1421670	501(C)(3)	20,000.				FLU-FREE QC (2020)
<b>(11)</b> GENESIS HEALTH SERVICES FOUNDATION 1227 EAST RUSHOLME ST DAVENPORT, IA 52803	42-1421670	501(C)(3)	20,000.				FLU FREE QC (2021)
<b>(12)</b> GREAT OUTDOORS FOUNDATION 501 SW 7TH STREET DES MOINES, IA 50309	42-1441098	501(C)(3)	16,667.				IOWA WATER TRAILS

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<b>(1)</b> GREATER POWESHIEK COMMUNITY FDN/TIGER FOOTB 1510 PENROSE ST GRINNELL, IA 50112	42-1298055	501(C)(3)	10,000.				TT CRANNY FUND
<b>(2)</b> GROW CEDAR VALLEY 360 WESTFIELD AVE. WATERLOO, IA 50701	42-1241941	501(C)(6)	5,500.				DIVERSITY INCLUSION
<b>(3)</b> HAND-IN-HAND 3860 MIDDLE ROAD BETTENDORF, IA 52722	42-1508508	501(C)(3)	12,500.				HAND IN HAND TRANSP.
<b>(4)</b> HERITAGE CHRISTIAN SCHOOL 855 HACKBERRY ST NORTH LIBERTY, IA 52317	42-1386017	501(C)(3)	6,605.				GIVE & GROW MATCH
<b>(5)</b> HOLY FAMILY CATHOLIC SCHOOLS 2005 KANE STREET DUBUQUE, IA 52001	42-0792429	501(C)(3)	16,667.				PLATFORM FOR EXCELLE
<b>(6)</b> HOLY FAMILY CATHOLIC SCHOOLS 2005 KANE STREET DUBUQUE, IA 52001	42-0792429	501(C)(3)	7,500.				COC BIZ SPONSOR
<b>(7)</b> HOUSING TRUST FUND OF LINN COUNTY 700 N 16TH STREET NE CEDAR RAPIDS, IA 52402	20-8890152	501(C)(3)	15,000.				HOUSING
<b>(8)</b> HUMILITY HOMES & SERVICES 519 FILLMORE ST. DAVENPORT, IA 52802	01-0916973	501(C)(3)	20,000.				GENERAL SUPPORT
<b>(9)</b> ICCSD FOUNDATION 1725 NORTH DODGE ST IOWA CITY, IA 52245	42-1177023	501(C)(3)	25,000.				GROW OUR OWN
<b>(10)</b> ICCSD FOUNDATION 1725 NORTH DODGE ST IOWA CITY, IA 52245	42-1177023	501(C)(3)	83,333.				SCHOOL OF THE WILD
<b>(11)</b> ICCSD FOUNDATION 1725 NORTH DODGE ST IOWA CITY, IA 52245	42-1177023	501(C)(3)	15,000.				GIVE & GROW MATCH
<b>(12)</b> INCLUSIVE CULTURAL UNIVERSITY 3775 EP TRUE PKWY WEST DES MOINES, IA 50265			25,000.				CONSCIOUSNESS - IA C

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<b>(1)</b> IOWA CENTER FOR ECONOMIC SUCCESS 2210 GRAND AVENUE DES MOINES, IA 50312	20-1037604	501(C)(3)	10,000.				ECON SUCCESS CENTER
<b>(2)</b> IOWA CHILDREN'S MUSEUM 1451 CORAL RIDGE AVE CORALLVILLE, IA 52241	42-1461422	501(C)(3)	30,000.				PLAYING TO LEARN
<b>(3)</b> IOWA CITY CATHOLIC WORKER HOUSE 1414 SYCAMORE STREET IOWA CITY, IA 52240	42-1508117	IOWA CITY	10,000.				REFUGEE B&B HOSPITAL
<b>(4)</b> IOWA CITY DOWNTOWN DISTRICT 103 E. COLLEGE ST #200 IOWA CITY, IA 52240	42-1376887	501(C)(6)	8,500.				HOLIDAY POP-UP
<b>(5)</b> IOWA CITY DOWNTOWN DISTRICT 103 E. COLLEGE ST #200 IOWA CITY, IA 52240	42-1376887	501(C)(6)	6,000.				DT BLOCK PARTY
<b>(6)</b> IOWA CITY DOWNTOWN DISTRICT 103 E. COLLEGE ST #200 IOWA CITY, IA 52240	42-1376887	501(C)(6)	15,000.				MURAL PROJECT
<b>(7)</b> IOWA CITY PARKS AND RECREATION 410 EAST WASHINGTON ST IOWA CITY, IA 52240	42-6004805	IOWA CITY	5,750.				MUSIC/TASTE OF MKT
<b>(8)</b> IOWA MIGRANT MOVEMENT FOR JUSTICE 2024 FOREST AVE DES MOINES, IA 50311	85-0869579	501(C)(3)	10,000.				MMJ CLINIC SUPPORT
<b>(9)</b> JOHNSON COUNTY HOUSING TRUST FUND 26 E. MARKET STREET IOWA CITY, IA 52245	01-0764462	501(C)(3)	30,000.				AFFORD HOUSE PGRM
<b>(10)</b> JUNIOR ACHIEVEMENT OF EASTERN IOWA 324 3RD ST SE CEDAR RAPIDS, IA 52401	42-0919209	501(C)(3)	29,978.				K-12 LITERACY
<b>(11)</b> LATINO HERITAGE FESTIVAL 4217 UNIVERSITY AVE DES MOINES, IA 50311	54-2074268	501(C)(3)	15,000.				HERITAGE FESTIVAL
<b>(12)</b> LSI REFUGEE AND IMMIGRANT SERVICES 3125 COTTAGE GROVE DES MOINES, IA 50311	42-0698267	501(C)(3)	15,000.				CORPORATE SPONSOR

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

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<b>(1)</b> MARCH OF DIMES 3315 WILLIAMS PKWY CEDAR RAPIDS, IA 52404	13-1846366	501(C)(3)	10,000.				MARCH OF DIMES IA
<b>(2)</b> MARION INDEPENDENT SCHOOL FDN & ALLUM ASSOC 777 S. 15TH STREET MARION, IA 52302	42-1343360	501(C)(3)	6,150.				FASTWORKS GOLF NIGHT
<b>(3)</b> MARION PUBLIC LIBRARY FOUNDATION 1064 7TH AVE MARION, IA 52302-3428	42-1333563	501(C)(3)	12,500.				NEW LIBRARY CAMPAIGN
<b>(4)</b> MATTHEW 25 201 3RD AVE SW CEDAR RAPIDS, IA 52404	26-0467321	501(C)(3)	25,000.				HEALTHY TIME CHECK
<b>(5)</b> MERCYONE DUBUQUE FOUNDATION 250 MERCY DR DUBUQUE, IA 52001	26-2227941	501(C)(3)	16,667.				MERCY-ONE FUND
<b>(6)</b> MULTICULTURAL DEVELOPMENT CENTER OF IOWA 136 S DUBUQUE ST IOWA CITY, IA 52240	84-3464327	501(C)(3)	10,000.				INCUBATE & STEM
<b>(7)</b> NAHANT MARSH EDUCATION CENTER 4220 WAPELLO AVE. DAVENPORT, IA 52802	38-3667579	501(C)(3)	10,000.				CONNECT PROTECT GROW
<b>(8)</b> NATIONAL BALLOON CLASSIC 1601 NORTH JEFFERSON INDIANOLA, IA 50125	51-0137286	501(C)(3)	7,000.				NATL BALLOON CLASSIC
<b>(9)</b> NO FOOT TOO SMALL 405 GALWAY DR IOWA CITY, IA 52246	82-4301632	501(C)(3)	10,000.				GENERAL SUPPORT
<b>(10)</b> OAKRIDGE NEIGHBORHOOD SERVICES 1401 CENTER ST DES MOINES, IA 50314	42-1311721	501(C)(3)	25,000.				BASIC FINANCIAL EDUC
<b>(11)</b> POLK COUNTY HOUSING TRUST FUND 505 FIFTH AVE DES MOINES, IA 50309	42-1510879	501(C)(3)	15,000.				STABLE STEADY STRONG
<b>(12)</b> REFUGEE AND IMMIGRANT ASSOCIATION 1427 WINCHELL DR NE CEDAR RAPIDS, IA 52402	81-0920164	501(C)(3)	8,500.				REFUGEE TRANSP. PGRM

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ \_\_\_\_\_

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**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.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990.

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

Name of the organization

GREENSTATE CREDIT UNION

Employer identification number

42-0804594

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

- 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
- 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.

1 (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 noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> REGINA FOUNDATION 2140 ROCHESTER AVE IOWA CITY, IA 52240	51-0158837	501(C)(3)	20,000.				BLDG CAP. CAMPAIGN
<b>(2)</b> REGINA FDN/REGINA CATHOLIC EDUCATION CTR 2140 ROCHESTER AVE IOWA CITY, IA 52245	51-0158837	501(C)(3)	13,000.				ANNUAL FUND PROPOSAL
<b>(3)</b> SAINT EDMOND CATHOLIC SCHOOLS 2220 4TH AVE N FORT DODGE, IA 50501	26-2935041	501(C)(3)	7,500.				GIVE & GROW MATCH
<b>(4)</b> SPECIAL OLYMPICS IOWA 551 SE DOVETAIL RD GRIMES, IA 50111	52-0889518	501(C)(3)	25,000.				SPECIAL OLYMPICS
<b>(5)</b> STATE UNIVERSITY OF IOWA FOUNDATION ONE WEST PARK RD IOWA CITY, IA 52244-4550	42-0796760	501(C)(3)	10,000.				PERFORMING ARTS SZN
<b>(6)</b> SUMMER OF THE ARTS, INC. 319 E 1ST ST IOWA CITY, IA 52240	42-1412706	501(C)(3)	30,000.				JAZZ ON THE MOVE
<b>(7)</b> TANAGER PLACE 2309 C ST. SW CEDAR RAPIDS, IA 52404	42-0688079	501(C)(3)	8,333.				CAMP TANAGER EXPAND
<b>(8)</b> TANAGER PLACE 2309 C ST. SW CEDAR RAPIDS, IA 52404	42-0688079	501(C)(3)	30,000.				EQUITY FUND
<b>(9)</b> THEATRE CEDAR RAPIDS 102 3RD ST SE CEDAR RAPIDS, IA 52401	42-6018183	501(C)(3)	7,500.				TCR OUT OF DOORS
<b>(10)</b> THINK IOWA CITY 900 1ST AVENUE CORALLVILLE, IA 52241	42-1203842	501(C)(3)	7,500.				FRYFEST
<b>(11)</b> TREES FOREVER 80 W. 8TH AVE MARION, IA 52302	42-1419181	501(C)(3)	33,333.				GROW GREEN
<b>(12)</b> TRINITY FOUNDATION 802 KENYON ROAD FORT DODGE, IA 50501	42-1222381	501(C)(3)	10,000.				RADIATING HOPE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) 2021

**SCHEDULE I  
(Form 990)**

**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.

OMB No. 1545-0047

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Department of the Treasury  
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Name of the organization

GREENSTATE CREDIT UNION

Employer identification number

42-0804594

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

- 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
- 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.

1 (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 noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> UNITED WAY OF CENTRAL IOWA 1111 NINTH STREET DES MOINES, IA 50314	42-0680425	501(C)(3)	30,000.				GENERAL SUPPORT
<b>(2)</b> UNITED WAY OF DUBUQUE AREA TRI-STATES 215 W. 6TH ST. DUBUQUE, IA 52001	42-0761060	501(C)(3)	10,000.				GENERAL SUPPORT
<b>(3)</b> UNITED WAY OF EAST CENTRAL IOWA 317 7TH AVE SE CEDAR RAPIDS, IA 52401-2007	42-0861239	501(C)(3)	30,000.				GENERAL SUPPORT
<b>(4)</b> UNITED WAY OF JOHNSON & WASHINGTON COUNTIES 1150 5TH STREET CORALLVILLE, IA 52241	42-6062055	501(C)(3)	30,000.				GENERAL SUPPORT
<b>(5)</b> UNITED WAY OF THE QUAD CITIES AREA 852 MIDDLE ROAD BETTENDORF, IA 52722	36-2725960	501(C)(3)	10,000.				GENERAL SUPPORT
<b>(6)</b> UNIVERSITY OF NORTHERN IOWA FOUNDATION 204 COMMONS CEDAR FALLS, IA 50613	42-6058591	501(C)(3)	6,000.				UNI ATHLETIC ASSIST
<b>(7)</b> UNIVERSITY OF NORTHERN IOWA FOUNDATION 204 COMMONS CEDAR FALLS, IA 50613	42-6058591	501(C)(3)	30,000.				UNI LITERACY FUND
<b>(8)</b> VARIETY - THE CHILDREN'S CHARITY 505 5TH AVENUE DES MOINES, IA 50309	42-6077108	501(C)(3)	30,000.				MULTIPLE EVENTS
<b>(9)</b> WATERLOO SCHOOLS FOUNDATION PO BOX 1896 WATERLOO, IA 50704	42-1364293	501(C)(3)	6,000.				ANNUAL SPONSOR PGRM
<b>(10)</b> WAUKEE SCHOOLS FOUNDATION 560 SE UNIVERSITY AVE. WAUKEE, IA 50263	42-1461516	501(C)(3)	10,000.				FDN SPONSOR - ALL
<b>(11)</b> WAYPOINT FOUNDATION 318 5TH STREET SE CEDAR RAPIDS, IA 52401	42-0680307	501(C)(3)	15,000.				CAPITAL CAMPAIGN
<b>(12)</b> WEST DES MOINES PARKS & RECREATION 4200 MILLS CIVIC WEST DES MOINES, IA 50265	42-6005359	501(C)(3)	30,000.				MIDAMERICAN RECPLX

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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Schedule I (Form 990) 2021

**SCHEDULE I  
(Form 990)**

**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.

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Name of the organization

Employer identification number

GREENSTATE CREDIT UNION

42-0804594

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

- 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
- 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.

1 (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 noncash assistance	(h) Purpose of grant or assistance
(1) WILLOWWIND SCHOOL 950 DOVER ST IOWA CITY, IA 52245	23-7411810	501(C)(3)	5,750.				GIVE & GROW MATCH
(2) WINEFEST DES MOINES 1011 LOCUST STREET DSM, IA 50309	02-0627578	501(C)(3)	10,000.				IA LAWN PARTY
(3) ZACH JOHNSON FOUNDATION PO BOX 2336 CEDAR RAPIDS, IA 52406	27-2683100	501(C)(3)	15,000.				ZJ FDN CLASSIC
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) 2021

**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 non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**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:

GREENSTATE CREDIT UNION ISSUES ALL GRANT FUNDS DIRECTLY TO THE  
RECIPIENT ORGANIZATION FOR USE AT THEIR DISCRETION.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

GREENSTATE CREDIT UNION

**Compensation Information**

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.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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 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>		

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

Schedule J (Form 990) 2021

**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 and/or 1099-NEC 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 & CEO	(i)	845,595.	452,546.	12,000.	45,500.	9,170.	1,364,811.	NONE
	(ii)				NONE	NONE	NONE	NONE
2 MARSHA L. WOLFF CHIEF HR & INFORMATIO	(i)	433,176.	176,113.	NONE	24,750.	9,443.	643,482.	NONE
	(ii)				NONE	NONE	NONE	NONE
3 TODD D. FANNING EVP & CHIEF FINANCIAL	(i)	370,894.	163,072.	NONE	26,000.	5,014.	564,980.	NONE
	(ii)				NONE	NONE	NONE	NONE
4 AMY K. HENDERSON CHIEF CONSUMER SERVIC	(i)	338,188.	152,808.	7,200.	29,220.	6,900.	534,316.	NONE
	(ii)				NONE	NONE	NONE	NONE
5 KATHERINE B. COURTNEY CHIEF OPERATING OFFIC	(i)	331,702.	135,553.	NONE	39,000.	68.	506,323.	NONE
	(ii)				NONE	NONE	NONE	NONE
6 SAMANTHA R. MCSORLEY CHIEF COMMERCIAL OFFI	(i)	211,949.	227,910.	NONE	NONE	41.	439,900.	NONE
	(ii)				NONE	NONE	NONE	NONE
7 JAMES F. KELLY CHIEF MARKETING OFFIC	(i)	286,719.	124,983.	NONE	26,000.	7,209.	444,911.	NONE
	(ii)				NONE	NONE	NONE	NONE
8 RYAN M. DOEHRMANN CHIEF MORTGAGE OFFICE	(i)	234,616.	66,500.	NONE	19,500.	9,670.	330,286.	NONE
	(ii)				NONE	NONE	NONE	NONE
9 FELISHA A. JUNGE MORTGAGE LOAN OFFICER	(i)	52,000.	990,551.	NONE	NONE	6,841.	1,049,392.	NONE
	(ii)				NONE	NONE	NONE	NONE
10 PETER D. JOHNSON MORTGAGE LOAN OFFICER	(i)	52,000.	781,256.	NONE	19,500.	9,421.	862,177.	NONE
	(ii)				NONE	NONE	NONE	NONE
11 MICHAEL R. WARD MORTGAGE LOAN OFFICER	(i)	52,000.	694,121.	NONE	19,500.	6,543.	772,164.	NONE
	(ii)				NONE	NONE	NONE	NONE
12 SCOTT R. LANGENBERG MORTGAGE LOAN OFFICER	(i)	52,000.	648,845.	NONE	NONE	8,283.	709,128.	NONE
	(ii)				NONE	NONE	NONE	NONE
13 MATTHEW E. FRASCHT MORTGAGE LOAN OFFICER	(i)	52,000.	567,757.	NONE	13,003.	6,900.	639,660.	NONE
	(ii)				NONE	NONE	NONE	NONE
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(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 2021, GREENSTATE 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)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ 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.

OMB No. 1545-0047

**2021**

**Open To Public  
Inspection**

Name of the organization

GREENSTATE 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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 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
			SEE SUPPLEMENTAL PAGE									
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
<b>Total</b> . . . . . ▶						\$	16,779,797.					

**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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2021



**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

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

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

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

SCHEDULE L, PART II

=====

(A/B) NAME AND RELATIONSHIP	(C) PURPOSE OF LOAN	(D) LOAN		(E) ORIGINAL	(F) BALANCE DUE	(G) IN DEFAULT?		(H) APPROVED		(I) WRITTEN	
		TO	FROM			YES	NO	YES	NO	YES	NO
JEFFREY DISTERHOFT OFFICER	SPLIT DOLLAR LIFE		X	14,643,612.	16,779,797.		X	X		X	
TOTAL					16,779,797.						

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

GREENSTATE CREDIT UNION

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Employer identification number

42-0804594

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

GREENSTATE 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,  
VOLUNTARY DISSOLUTION, AMENDING OR REVERSING AN ACT OF THE BOARD OF  
DIRECTORS, MERGERS, AND THE REMOVAL OR REINSTATEMENT 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,  
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

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

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Employer identification number

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 15:**

THE COMPENSATION COMMITTEE IS APPOINTED BY GREENSTATE CREDIT UNION'S (GS)  
BOARD OF DIRECTORS (THE "BOARD") TO DISCHARGE THE BOARD'S  
RESPONSIBILITIES RELATING TO COMPENSATION OF THE CREDIT UNION'S  
PRESIDENT/CEO, JEFFREY A. DISTERHOFT. THE COMMITTEE HAS OVERALL  
RESPONSIBILITY FOR APPROVING AND EVALUATING THE PRESIDENT/CEO  
COMPENSATION, BENEFIT AND PERQUISITE PLANS, POLICIES AND PROGRAMS OF THE

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

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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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 RESPONSIVE TO CHANGES IN ECONOMIC

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

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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Inspection**

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CONDITIONS. THE SALARY SCALE FOR EACH POSITION HAS A MINIMUM, MIDPOINT, AND MAXIMUM SALARY. THE CREDIT UNION'S 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 75% COMPENSATION FOR THE POSITION. TOP MANAGEMENT OFFICIALS INCLUDE: TODD FANNING, EVP/CFO; AMY HENDERSON, EVP/CHIEF CONSUMER SERVICES; MARSHA WOLFF, EVP/CHIEF HR & IT OFFICER; KATHERINE COURTNEY, EVP/CHIEF OPERATIONS OFFICER; JAMES KELLY, EVP/CHIEF MARKETING OFFICER; SAMANTHA MCSORLEY, EVP/CHIEF COMMERCIAL OFFICER; RYAN DOEHRMANN, EVP/CHIEF MORTGAGE OFFICER; PAT JACOB, SVP/CORPORATE OVERSIGHT/COMPLIANCE & RISK. THE PROCESS TAKES PLACE ANNUALLY AND WAS LAST PERFORMED IN NOVEMBER, 2021.

**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.GREENSTATE.ORG](http://WWW.GREENSTATE.ORG)).

**FORM 990, PART XII, LINE 2C:**

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

Name of the organization

GREENSTATE CREDIT UNION

Employer identification number

42-0804594

## FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
RSM US LLP 5155 PAYSPPHERE CIRCLE CHICAGO, IL 60674	PROFESSIONAL SERVICE	3,780,431.
MCCOMAS-LACINA CONST 1310 HIGHLAND CT IOWA CITY, IA 52240	CONSTRUCTION	2,729,265.
SONNICK PARTNERS 860 BROADWAY 5TH FL NEW YORK, NY 10003	CONSULTING	533,793.
RED BELL REAL ESTATE LLC 7730 S UNION PARK AVE MIDVALE, UT 84047	CONSULTING	399,208.
LANVERA LTD 112 WRANGLER DRIVE, SUITE 150 COPPELL, TX 75019	PROFESSIONAL SERVICE	1,648,719.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

GREENSTATE CREDIT UNION

**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

**2021**

**Open to Public  
Inspection**

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
(1) GREENSTATE FINANCIAL, LLC 2355 LANDON RD NORTH LIBERTY, IA 52317 27-4335678	ORIGINATE COM	IA	5,419,999.	171937738.	GS CU
(2) GREENSTATE INSURANCE SERVICES LLC 2355 LANDON ROAD NORTH LIBERTY, IA 52317 46-3811338	INSURANCE	IA	658,518.	6,613,787.	GS FINANCIAL
(3) GREENSTATE TRUST SERVICES, LLC 2355 LANDON ROAD NORTH LIBERTY, IA 52317 84-3860120	TRUST SERVICE	IA	-162,322.	207,984.	GS FINANCIAL
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2021



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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	

**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)				
(2)				
(3)				
(4)				
(5)				
(6)				

**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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													



RENT AND ROYALTY SUMMARY  
 =====

PROPERTY -----	TOTAL INCOME -----	DEPLETION/ DEPRECIATION -----	OTHER EXPENSES -----	ALLOWABLE NET INCOME -----
ATM		198,522.		-198,522.
	-----	-----	-----	-----
TOTALS		198,522.		-198,522.
	=====	=====	=====	=====

**Sales of Business Property**  
(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Department of the Treasury  
Internal Revenue Service

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4797](http://www.irs.gov/Form4797) for instructions and the latest information.

Attachment  
Sequence No. **27**

Name(s) shown on return <b>GREENSTATE CREDIT UNION</b>	Identifying number <b>42-0804594</b>
<b>1a</b> Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions . . . . .	<b>1a</b>
<b>b</b> Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets . . . . .	<b>1b</b>
<b>c</b> Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets . . . . .	<b>1c</b>

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions)**

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
<b>3</b>	Gain, if any, from Form 4684, line 39 . . . . .						<b>3</b>
<b>4</b>	Section 1231 gain from installment sales from Form 6252, line 26 or 37 . . . . .						<b>4</b>
<b>5</b>	Section 1231 gain or (loss) from like-kind exchanges from Form 8824 . . . . .						<b>5</b>
<b>6</b>	Gain, if any, from line 32, from other than casualty or theft . . . . .						<b>6</b>
<b>7</b>	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows . . . . .						<b>7</b>
<b>Partnerships and S corporations.</b> Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. <b>Individuals, partners, S corporation shareholders, and all others.</b> If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.							
<b>8</b>	Nonrecaptured net section 1231 losses from prior years. See instructions . . . . .						<b>8</b>
<b>9</b>	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions . . . . .						<b>9</b>

**Part II Ordinary Gains and Losses (see instructions)**

**10** Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

SEE STATEMENT 1	-984,599.
-----------------	-----------

<b>11</b>	Loss, if any, from line 7 . . . . .	<b>11</b>	( )
<b>12</b>	Gain, if any, from line 7 or amount from line 8, if applicable. . . . .	<b>12</b>	
<b>13</b>	Gain, if any, from line 31 . . . . .	<b>13</b>	
<b>14</b>	Net gain or (loss) from Form 4684, lines 31 and 38a . . . . .	<b>14</b>	
<b>15</b>	Ordinary gain from installment sales from Form 6252, line 25 or 36 . . . . .	<b>15</b>	
<b>16</b>	Ordinary gain or (loss) from like-kind exchanges from Form 8824 . . . . .	<b>16</b>	
<b>17</b>	Combine lines 10 through 16. . . . .	<b>17</b>	-984,599.
<b>18</b>	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.		
<b>18a</b>	a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions . . . . .	<b>18a</b>	
<b>18b</b>	b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4. . . . .	<b>18b</b>	

For Paperwork Reduction Act Notice, see separate instructions. Form **4797** (2021)

**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255**  
(see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)		
A					
B					
C					
D					
These columns relate to the properties on lines 19A through 19D. ▶		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1 before completing.)	20			
21	Cost or other basis plus expense of sale . . . . .	21			
22	Depreciation (or depletion) allowed or allowable . . . . .	22			
23	Adjusted basis. Subtract line 22 from line 21 . . . . .	23			
24	Total gain. Subtract line 23 from line 20. . . . .	24			
<b>25 If section 1245 property:</b>					
a	Depreciation allowed or allowable from line 22 . . . . .	25a			
b	Enter the smaller of line 24 or 25a. . . . .	25b			
<b>26 If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a	Additional depreciation after 1975. See instructions . . . . .	26a			
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions . . . . .	26b			
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e . . . . .	26c			
d	Additional depreciation after 1969 and before 1976 . . . . .	26d			
e	Enter the smaller of line 26c or 26d . . . . .	26e			
f	Section 291 amount (corporations only) . . . . .	26f			
g	Add lines 26b, 26e, and 26f . . . . .	26g			
<b>27 If section 1252 property:</b> Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
a	Soil, water, and land clearing expenses . . . . .	27a			
b	Line 27a multiplied by applicable percentage. See instructions . . . . .	27b			
c	Enter the smaller of line 24 or 27b . . . . .	27c			
<b>28 If section 1254 property:</b>					
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions . . . . .	28a			
b	Enter the smaller of line 24 or 28a . . . . .	28b			
<b>29 If section 1255 property:</b>					
a	Applicable percentage of payments excluded from income under section 126. See instructions . . . . .	29a			
b	Enter the smaller of line 24 or 29a. See instructions . . . . .	29b			

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24 . . . . .	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 . . . . .	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6 . . . . .	32	

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less**  
(see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years . . . . .	33	
34	Recomputed depreciation. See instructions . . . . .	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report . . . . .	35	





# Application for Automatic Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**  
► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  GREENSTATE CREDIT UNION	Taxpayer identification number (TIN)  42-0804594
	Number, street, and room or suite no. If a P.O. box, see instructions.  2355 LANDON ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.  NORTH LIBERTY, IA 52317-0800	

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . .

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

• The books are in the care of ► TODD FANNING  
2355 LANDON ROAD NORTH LIBERTY IA 53217  
Telephone No. ► 319 2485815 Fax No. ► \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box . . . . . ►   
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . . . . . ► . If it is for part of the group, check this box . . . . . ►  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until 11/15, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

►  calendar year 2021 or  
►  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b> \$	NONE
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b> \$	NONE
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b> \$	NONE

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

GreenState Credit Union  
Instructions for Filing  
Form 8879-TE  
IRS e-file Signature Authorization for Form 990-T  
For the year ended December 31, 2021

The original IRS E-file Signature Authorization form should be signed (use full name) and dated by an authorized officer of the organization.

Return your signed IRS e-file Signature Authorization Form 8879-TE to:

FORVIS, LLP  
200 N. ILLINOIS STREET  
INDIANAPOLIS IN 46204

or Fax to: 317.383.4200  
Attn: E-File Coordinator

or Email to: [inefile@forvis.com](mailto:inefile@forvis.com)

There is no tax due with the filing of this return.

No estimated tax payments for 2022 will be required, nor will you be subject to underpayment penalties because you have no 2021 tax liability.

Under current IRS regulations, your return is subject to public inspection. Before filing, you should review all information in this return to determine that the disclosures are appropriate, accurate and complete. Please contact us if you believe any of the disclosures should be modified.

Do NOT separately file Form 990-T with the Internal Revenue Service. Doing so will delay the processing of your return. We must receive your signed form before we can electronically transmit your return, which is due on or before November 15, 2022. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

**IRS e-file Signature Authorization for a Tax Exempt Entity**

For calendar year 2021, or fiscal year beginning 01/01/2021 and ending 12/31/2021

**2021**

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

Name of filer

EIN or SSN

GREENSTATE CREDIT UNION

42-0804594

Name and title of officer or person subject to tax

JEFFERY A. DISTERHOFT, PRESIDENT & CEO

**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, 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 one line in Part I.

<b>1a</b> Form 990 check here . . . . .	<input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . .	<b>1b</b> _____
<b>2a</b> Form 990-EZ check here . . . . .	<input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9). . . . .	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here . . . . .	<input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) . . . . .	<b>3b</b> _____
<b>4a</b> Form 990-PF check here . . . . .	<input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5). . . . .	<b>4b</b> _____
<b>5a</b> Form 8868 check here . . . . .	<input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) . . . . .	<b>5b</b> _____
<b>6a</b> Form 990-T check here . . . . .	<input checked="" type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) . . . . .	<b>6b</b> <u>NONE</u>
<b>7a</b> Form 4720 check here . . . . .	<input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) . . . . .	<b>7b</b> _____
<b>8a</b> Form 5227 check here . . . . .	<input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D) . . . . .	<b>8b</b> _____
<b>9a</b> Form 5330 check here . . . . .	<input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19) . . . . .	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here . . . . .	<input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038CP, Part III, line 22) . . . . .	<b>10b</b> _____

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize FORVIS, LLP **ERO firm name** to enter my PIN 04594 **as my signature**  
Enter five numbers, but do not enter all zeros

on the tax year 2021 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 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.

Signature of officer or person subject to tax ▶

Date ▶ 11/15/2022

**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.

43033044016

**Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return 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 ▶ 11/15/2022

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

**For Privacy Act and Paperwork Reduction Act Notice, see back of form.**

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

**2021**

Department of the Treasury  
Internal Revenue Service

For calendar year 2021 or other tax year beginning \_\_\_\_\_, 2021, and ending \_\_\_\_\_, 20\_\_\_\_

▶ 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).

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

<b>A</b> <input type="checkbox"/> Check box if address changed.		Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>GREENSTATE CREDIT UNION</b>	<b>D Employer identification number</b> 42-0804594
<b>B</b> Exempt under section	<b>Print or Type</b>	Number, street, and room or suite no. If a P.O. box, see instructions. <b>2355 LANDON ROAD</b>	<b>E Group exemption number</b> (see instructions)
<input checked="" type="checkbox"/> 501(C)(14)		City or town, state or province, country, and ZIP or foreign postal code <b>NORTH LIBERTY, IA 53217</b>	<b>F</b> <input type="checkbox"/> Check box if an amended return.
<input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A		<b>C</b> Book value of all assets at end of year . . . . . ▶ 9,006,590,517.	
<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
<b>H</b> Check if filing only to ▶	<input type="checkbox"/> Claim credit from Form 8941	<input type="checkbox"/> Claim a refund shown on Form 2439	
<b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation . . . . . ▶	<input type="checkbox"/>		
<b>J</b> Enter the number of attached Schedules A (Form 990-T) . . . . . ▶	1		
<b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . . . ▶	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If "Yes," enter the name and identifying number of the parent corporation ▶			
<b>L</b> The books are in care of ▶	TODD FANNING 2355 LANDON ROAD NORTH LIBERTY, IA 53217		Telephone number ▶ 3192485815

**Part I Total Unrelated Business Taxable Income**

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions). . . . .	1	-428,924.
2 Reserved . . . . .	2	
3 Add lines 1 and 2 . . . . .	3	-428,924.
4 Charitable contributions (see instructions for limitation rules) . . . . .	4	
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 . . . . .	5	-428,924.
6 Deduction for net operating loss. See instructions. . . . .	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 . . . . .	7	-428,924.
8 Specific deduction (generally \$1,000, but see instructions for exceptions) . . . . .	8	
9 <b>Trusts.</b> Section 199A deduction. See instructions. . . . .	9	
10 <b>Total deductions.</b> Add lines 8 and 9 . . . . .	10	
11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero. . . . .	11	NONE

**Part II Tax Computation**

1 <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) . . . . . ▶	1	NONE
2 <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041). . . . . ▶	2	
3 <b>Proxy tax.</b> See instructions . . . . . ▶	3	
4 Other tax amounts. See instructions . . . . .	4	
5 Alternative minimum tax (trusts only) . . . . .	5	
6 <b>Tax on noncompliant facility income.</b> See instructions . . . . .	6	
7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies . . . . .	7	NONE

For Paperwork Reduction Act Notice, see instructions.

**Part III Tax and Payments**

<b>1 a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) . . . . .	<b>1a</b>		
<b>b</b> Other credits (see instructions) . . . . .	<b>1b</b>		
<b>c</b> General business credit. Attach Form 3800 (see instructions) . . . . .	<b>1c</b>		
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827) . . . . .	<b>1d</b>		
<b>e Total credits.</b> Add lines 1a through 1d . . . . .	<b>1e</b>		
<b>2</b> Subtract line 1e from Part II, line 7 . . . . .	<b>2</b>		NONE
<b>3</b> Other amounts due. 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 statement) . . . . .	<b>3</b>		
<b>4 Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here . . . . .	<b>4</b>		NONE
<b>5</b> Current net 965 tax liability paid from Form 965-A, Part II, column (k) . . . . .	<b>5</b>		
<b>6 a</b> Payments: A 2020 overpayment credited to 2021 . . . . .	<b>6a</b>		
<b>b</b> 2021 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/> . . . . .	<b>6b</b>		
<b>c</b> Tax deposited with Form 8868 . . . . .	<b>6c</b>		
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions) . . . . .	<b>6d</b>		
<b>e</b> Backup withholding (see instructions) . . . . .	<b>6e</b>		
<b>f</b> Credit for small employer health insurance premiums (attach Form 8941) . . . . .	<b>6f</b>		
<b>g</b> Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total <input type="checkbox"/> . . . . .	<b>6g</b>		
<b>7 Total payments.</b> Add lines 6a through 6g . . . . .	<b>7</b>		
<b>8</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached. <input type="checkbox"/> . . . . .	<b>8</b>		
<b>9 Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed . . . . .	<b>9</b>		NONE
<b>10 Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid. . . . .	<b>10</b>		
<b>11</b> Enter the amount of line 10 you want: <b>Credited to 2022 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/> <b>11</b>	<b>11</b>		

**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

<b>1</b> At any time during the 2021 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 <input type="checkbox"/> . . . . .	Yes	No
<b>2</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. . . . .		X
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year . . . . . \$ . . . . .		
<b>4</b> Enter available pre-2018 NOL carryovers here <input type="checkbox"/> \$ <u>1,104,157</u> . Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6. . . . .		
<b>5</b> Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions. . . . .		
Business Activity Code	Available post-2017 NOL carryover	
522100	\$ <u>1,083,476</u>	
<b>6a</b> Did the organization change its method of accounting? (see instructions) . . . . .		X
<b>b</b> If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V. . . . .		

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

SUPPLEMENTAL INFORMATION ATTACHED

<b>Sign Here</b>	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>May the IRS discuss this return with the preparer shown below (see instructions)?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>JEFFERY A. DISTERHOFT</b> Signature of officer	<u>11152022</u> Date	<b>PRESIDENT &amp; CEO</b> Title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>MICHAEL J SUMMERS</b>		<u>11/15/2022</u>		<b>P00838533</b>
	Firm's name <input type="checkbox"/> <b>FORVIS, LLP</b>	Firm's EIN <input type="checkbox"/> <b>44-0160260</b>		Phone no. <b>317-383-4000</b>	
Firm's address <input type="checkbox"/> <b>201 N. ILLINOIS STREET, INDIANAPOLIS, IN 46204</b>					

SUPPLEMENTAL INFORMATION

=====

PART NUMBER: I  
 LINE NUMBER: 11

EXPLANATION:

-----

FORM 990-T, PART I, LINE 11  
 NON-MEMBER ATM USAGE  
 NOL CARRYFOWARD  
 12/31/2021

YEAR END	GENERATED	AVAILABLE	UTILIZED	BALANCE
12/31/2009	(114)	114	-	(114)
12/31/2010	(161,499)	161,499	-	(161,499)
12/31/2011	(124,309)	124,309	-	(124,309)
12/31/2012	(82,359)	82,359	-	(82,359)
12/31/2013	(153,862)	153,862	-	(153,862)
12/31/2014	(121,103)	121,103	-	(121,103)
12/31/2015	(147,755)	147,755	-	(147,755)
12/31/2016	(140,650)	140,650	-	(140,650)
12/31/2017	(172,506)	172,506	-	(172,506)
12/31/2018	(223,321)	223,321	-	(223,321)
12/31/2019	(572,418)	572,418	-	(572,418)
12/31/2020	(287,737)	287,737	-	(287,737)
12/31/2021	(428,924)	428,924	-	(428,924)

**SCHEDULE A  
(Form 990-T)**

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

OMB No. 1545-0074

**2021**

Department of the Treasury  
Internal Revenue Service

▶ 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).

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

<b>A</b> Name of the organization GREENSTATE CREDIT UNION	<b>B</b> Employer identification number 42-0804594
<b>C</b> Unrelated business activity code (see instructions) ▶ 522100	<b>D</b> Sequence: 1 of 1

**E** Describe the unrelated trade or business ▶ **NON-MEMBER SURCHARGE REVENUE**

<b>Part I</b> 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 (Part III, line 8) . . . . .	<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 Sch D (Form 1041 or Form 1120)). See instructions . . . . .	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts . . . . .	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) . . . . .	<b>5</b>		
<b>6</b> Rent income (Part IV) . . . . .	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V) . . . . .	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI) . . . . .	<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) . . . . .	<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII) . . . . .	<b>10</b>		
<b>11</b> Advertising income (Part IX) . . . . .	<b>11</b>		
<b>12</b> Other income (see instructions; attach statement) . . STMT. 1	<b>12</b>	151,720.	151,720.
<b>13</b> <b>Total.</b> Combine lines 3 through 12 . . . . .	<b>13</b>	151,720.	151,720.

<b>Part II</b> Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income			
<b>1</b> Compensation of officers, directors, and trustees (Part X) . . . . .	<b>1</b>		
<b>2</b> Salaries and wages . . . . .	<b>2</b>		
<b>3</b> Repairs and maintenance . . . . .	<b>3</b>		242,464.
<b>4</b> Bad debts . . . . .	<b>4</b>		
<b>5</b> Interest (attach statement). See instructions . . . . .	<b>5</b>		
<b>6</b> Taxes and licenses . . . . .	<b>6</b>		
<b>7</b> Depreciation (attach Form 4562). See instructions . . . . .	<b>7</b>	198,522.	
<b>8</b> Less depreciation claimed in Part III and elsewhere on return . . . . .	<b>8a</b>		198,522.
<b>9</b> Depletion . . . . .	<b>9</b>		
<b>10</b> Contributions to deferred compensation plans . . . . .	<b>10</b>		
<b>11</b> Employee benefit programs . . . . .	<b>11</b>		
<b>12</b> Excess exempt expenses (Part VIII) . . . . .	<b>12</b>		
<b>13</b> Excess readership costs (Part IX) . . . . .	<b>13</b>		
<b>14</b> Other deductions (attach statement) . . . . . STMT. 2 . . . . .	<b>14</b>		139,658.
<b>15</b> <b>Total deductions.</b> Add lines 1 through 14 . . . . .	<b>15</b>		580,644.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) . . . . .	<b>16</b>		-428,924.
<b>17</b> Deduction for net operating loss. See instructions . . . . .	<b>17</b>		
<b>18</b> <b>Unrelated business taxable income.</b> Subtract line 17 from line 16. . . . .	<b>18</b>		-428,924.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods Sold

Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold.

9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A B C D

Table for Rent Income with columns A, B, C, D and rows 2a, 2b, 2c.

3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)

4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)

5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. A B C D

Table for Unrelated Debt-Financed Income with columns A, B, C, D and rows 2 through 7.

8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)

9 Allocable deductions. Multiply line 3c by line 6

10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)

11 Total dividends-received deductions included in line 10.



**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	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)					
				Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
<b>Totals</b> .....					

**Part VII 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 statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
<b>Totals</b> .....				

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) . . . . .	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 . . . . .	4
5	Gross income from activity that is not unrelated business income . . . . .	5
6	Expenses attributable to income entered on line 5 . . . . .	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 . . . . .	7

