Form 990

Return of Organization Exempt From Income Tax

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

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

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

2018

Part I

Summary

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

Activities & Governance

2. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

Number of voting members of the governing body (Part VI, line 1a) 3 11

Number of independent voting members of the governing body (Part VI, line 1b) 4 11

Total number of individuals employed in calendar year 2018 (Part VI, line 2a) 5 547

Total number of volunteers (estimate if necessary) 6 0

a. Total unrelated business revenue from Part VII, column (C), line 12 7a 94,118.

b. Net unrelated business taxable income from Form 990-T, line 38 7b -156,982.

Revenue

8. Contributions and grants (Part VII, line 1h) Prior Year 0. Current Year 0.

9. Program service revenue (Part VII, line 2g) 180,443,947 219,547,772.

10. Investment income (Part VII, line 8i) 2,473,771 7,910,512.

11. Other revenue (Part VII, line 8k) 34,319,928 36,191,942.

12. Total revenue - add lines 8 through 11 217,220,646 263,650,226.

Expenses

13. Grants and similar amounts paid (Part IX, line 1a) 2,986,392 3,182,505.

14. Benefits paid to or for members (Part IX, line 1c) 0 0.

15. Salaries, other compensation, employee benefits (Part IX, line 1d) 38,812,910 43,516,286.

16a. Professional fundraising fees (Part IX, line 1e) 0 0.

b. Total fundraising expenses (Part IX, line 1f) 0 0.

17. Other expenses (Part IX, line 1g) 106,454,093 141,160,244.


Part II

Signature Block

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.

Signature of officer

JEFFREY A. DISTHERHOFT, PRESIDENT & CHIEF EXECUTIVE OFFICER

Type of office or name and title

Preparer’s name

JENNIFER L. CHASE

Preparer’s signature

Date

05/13/2019

Check if all signatures or PFIN

PFIN

01306883

Firm’s name

RSM US LLP

Firm’s EIN

42-0714325

Firm’s address

201 N HARRISON ST STE 300

DAVENPORT, IA 52801-1999

Phone number

563-888-4000

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2018)
UNIVERSITY OF IOWA COMMUNITY CREDIT UNION

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

(Expenses $ $ including grants of $ $ ) (Revenue $ $ )

PROVIDE LENDING SERVICES TO THE MEMBERSHIP OF THE CREDIT UNION. IN 2018, THE CREDIT UNION ORIGINATED $1,581,442,403 OF IN-HOUSE CONSUMER, REAL ESTATE, AND COMMERCIAL LOANS, AND ALSO ORIGINATED $550,513,733 IN FIRST MORTGAGE LOANS WHICH WERE SOLD ON THE SECONDARY MARKET.

4b

(Expenses $ $ including grants of $ $ ) (Revenue $ $ )


4c

(Expenses $ $ including grants of $ $ ) (Revenue $ $ )


4d Other program services (Describe in Schedule O.)

(Expenses $ $ including grants of $ $ ) (Revenue $ $ )

4e Total program service expenses

Form 990 (2018)
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Is the organization required to complete Schedule D, Schedule of Contributors?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Did the organization maintain collections of works of art, historical treasures, or other similar assets?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If the organization's answer to any of the following questions is &quot;Yes,&quot; then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Did the organization report an amount for land, buildings, and equipment in Part X, line 10?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b. Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>c. Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>d. Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>e. Did the organization report an amount for other liabilities in Part X, line 25?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>f. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Did the organization obtain separate, independent audited financial statements for the tax year?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b. Was the organization included in consolidated, independent audited financial statements for the tax year?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Is the organization a school described in section 170(b)(1)(A)(ii)?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Did the organization maintain an office, employees, or agents outside of the United States?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for foreign organization?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Did the organization operate one or more hospital facilities?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Did the organization attach a copy of its audited financial statements to this return?</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**Form 990 (2016)**
22 Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2?  
   If "Yes," complete Schedule I, Parts I and III  
   X  

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees?  
   If "Yes," complete Schedule J  
   X  

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002?  
   If "Yes," go to line 25a  
   X  

24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  

24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  

24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?  
   If "Yes," complete Schedule L, Part I  
   X  

25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization’s prior Forms 990 or 990-EZ?  
   If "Yes," complete Schedule L, Part I  

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?  
   If "Yes," complete Schedule L, Part II  
   X  

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons?  
   If "Yes," complete Schedule L, Part III  
   X  

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  
   A current or former officer, director, trustee, or key employee?  
   If "Yes," complete Schedule L, Part IV  
   X  

29 Did the organization receive more than $25,000 in non-cash contributions?  
   If "Yes," complete Schedule M  
   X  

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?  
   If "Yes," complete Schedule M  
   X  

31 Did the organization liquidate, terminate, or dissolve and cease operations?  
   If "Yes," complete Schedule N, Part I  
   X  

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  
   If "Yes," complete Schedule N, Part II  
   X  

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?  
   If "Yes," complete Schedule R, Part I  
   X  

34 Was the organization related to any tax-exempt or taxable entity?  
   If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  
   X  

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  
   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)?  
   If "Yes," complete Schedule R, Part V, line 2  
   X  

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  
   If "Yes," complete Schedule R, Part V, line 2  

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes?  
   If "Yes," complete Schedule R, Part VI  
   X  

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  

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**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

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable
   X  

1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable
   0  

1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?
   X  

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Form 990 (2016)
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 547

2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?

3a Did the organization have unrelated business gross income of $1,000 or more during the year? 3a X

3b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O

4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

4b If "Yes," enter the name of the foreign country:

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X

5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X

5c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?

6a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?

6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

7 Organizations that may receive deductible contributions under section 170(c).

7a 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?

7b Did the organization notify the donor of the value of the goods or services provided?

7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

7d If "Yes," indicate the number of Forms 8282 filed during the year

7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?

7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?

8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?

9 Sponsoring organizations maintaining donor advised funds.

9a Did the sponsoring organization make any taxable distributions under section 4966?

9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?

10 Section 501(c)(7) organizations. Enter:

10a Initiation fees and capital contributions included on Part VIII, line 12

10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

11 Section 501(c)(12) organizations. Enter:

11a Gross income from members or shareholders

11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

13a Is the organization licensed to issue qualified health plans in more than one state?

13b 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

13c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

15 Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?

15a If "Yes," see instructions and file Form 4720, Schedule N.

15b If "Yes," complete Form 4720, Schedule O.

16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

16a If "Yes," complete Form 4720, Schedule O.
University of Iowa Community Credit Union

Form 990 (2010) 42-0804594 Page 6

Part VI: Governance, Management, and Disclosure
For each "Yes" response to lines 2 through 7b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. X

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 1

b Enter the number of voting members included in line 1a, above, who are independent. 1

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? X

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X

5 Did the organization become aware during the year of a significant diversion of the organization’s assets? X

6 Did the organization have members or stockholders? X

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:
   a The governing body? X
   b Each committee with authority to act on behalf of the governing body? X

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. X

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

10a Did the organization have local chapters, branches, or affiliates? X

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization’s exempt purposes? X

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X

b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X

12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X

13 Did the organization have a written whistleblower policy? X

14 Did the organization have a written document retention and destruction policy? X

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?
   a The organization’s CEO, Executive Director, or top management official X
   b Other officers or key employees of the organization X

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization’s exempt status with respect to such arrangements? X

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed. NONE

18 Section 5104 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.
   [ ] Own website [ ] Another’s website [X] Upon request [ ] Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization’s books and records.
   Todd Fanning - 319-248-5815
   2355 Landon Road, North Liberty, IA 52317
### Part VII
#### Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0 in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than $100,000 of reportable compensation from the organization and any related organizations.

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

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

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ELDRAN BORG</td>
<td>0.60</td>
<td>X</td>
<td>X X</td>
<td>X X</td>
<td>0.</td>
</tr>
<tr>
<td>VICE CHAIRPERSON</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. LAUREL DAY</td>
<td>0.60</td>
<td>X</td>
<td>X X</td>
<td>X X</td>
<td>0.</td>
</tr>
<tr>
<td>SECRETARY</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>3. N.J. DOLAN</td>
<td>0.19</td>
<td>X</td>
<td></td>
<td>X X</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>4. LYNESS ENGELS</td>
<td>0.60</td>
<td>X</td>
<td></td>
<td>X X</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>5. SARAH FISHER-GARDIAL</td>
<td>0.60</td>
<td>X</td>
<td></td>
<td>X X</td>
<td>0.</td>
</tr>
<tr>
<td>CHAIRPERSON</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>6. EARL FRANKLIN</td>
<td>0.13</td>
<td>X</td>
<td></td>
<td>X X</td>
<td>0.</td>
</tr>
<tr>
<td>FORMER CHAIRPERSON</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>7. TOM LEVIC</td>
<td>0.15</td>
<td>X</td>
<td></td>
<td>X X</td>
<td>0.</td>
</tr>
<tr>
<td>FORMER BOARD MEMBER</td>
<td></td>
<td></td>
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<tr>
<td>8. FRED NIMS</td>
<td>0.60</td>
<td>X</td>
<td></td>
<td>X X</td>
<td>0.</td>
</tr>
<tr>
<td>AUDIT COMMITTEE CHAIR</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>9. MARC MOEN</td>
<td>0.60</td>
<td>X</td>
<td></td>
<td>X X</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. LORAS NEINORTH</td>
<td>0.46</td>
<td>X</td>
<td></td>
<td>X X</td>
<td>0.</td>
</tr>
<tr>
<td>CREDIT COMMITTEE CHAIR</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>11. ANDRE PERRY</td>
<td>0.60</td>
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<td></td>
<td>X X</td>
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</tr>
<tr>
<td>CHIEF FINANCIAL OFFICER</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>12. MARK ROLINGER</td>
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<td></td>
<td>X X</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. DAVE WRIGHT</td>
<td>0.60</td>
<td>X</td>
<td></td>
<td>X X</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. JEFFREY A. DISTENHOFT</td>
<td>50.00</td>
<td>X</td>
<td></td>
<td>X X 1,211,188</td>
<td>0. 36,892.</td>
</tr>
<tr>
<td>PRESIDENT &amp; CHIEF EXECUTIVE OFFICER</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>15. TODD D. FANNING</td>
<td>50.00</td>
<td>X</td>
<td></td>
<td>X X</td>
<td>441,248.</td>
</tr>
<tr>
<td>EXECUTIVE VP &amp; CHIEF FINANCIAL OFFICER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. SUSAN K. FREEMAN</td>
<td>50.00</td>
<td>X</td>
<td></td>
<td>X X</td>
<td>348,831.</td>
</tr>
<tr>
<td>EXECUTIVE VP HUMAN RESOURCES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. AMY K. HENDERSON</td>
<td>50.00</td>
<td>X</td>
<td></td>
<td>X X</td>
<td>337,956.</td>
</tr>
<tr>
<td>EXECUTIVE VP MORTGAGE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>JAMES F. KELLY</td>
<td>50.00</td>
<td>X</td>
<td>362,214.</td>
<td>0.</td>
<td>33,857.</td>
</tr>
<tr>
<td>EXECUTIVE VP MARKETING</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RICHARD J. NOBLE</td>
<td>50.00</td>
<td>X</td>
<td>463,395.</td>
<td>0.</td>
<td>33,781.</td>
</tr>
<tr>
<td>EXECUTIVE VP OPERATIONS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SCOTT A. WILSON</td>
<td>50.00</td>
<td>X</td>
<td>345,050.</td>
<td>0.</td>
<td>33,857.</td>
</tr>
<tr>
<td>EXECUTIVE VP COMMERCIAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FELISHA A. JUNGE</td>
<td>55.00</td>
<td>X</td>
<td>482,583.</td>
<td>0.</td>
<td>33,857.</td>
</tr>
<tr>
<td>MORTGAGE LOAN OFFICER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MARK A. LAW</td>
<td>50.00</td>
<td>X</td>
<td>611,673.</td>
<td>0.</td>
<td>26,333.</td>
</tr>
<tr>
<td>MANAGING DIRECTOR WEALTH MANAGEMENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MICHAEL H. LEHMAN</td>
<td>50.00</td>
<td>X</td>
<td>623,050.</td>
<td>0.</td>
<td>18,500.</td>
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<tr>
<td>WEALTH ADVISOR</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MICHAEL R. WARD</td>
<td>50.00</td>
<td>X</td>
<td>466,166.</td>
<td>0.</td>
<td>32,865.</td>
</tr>
<tr>
<td>MORTGAGE LOAN OFFICER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ELI M. WYNES</td>
<td>50.00</td>
<td>X</td>
<td>589,375.</td>
<td>0.</td>
<td>23,181.</td>
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<tr>
<td>WEALTH ADVISOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1b Sub-total: 1c Total from continuation sheets to Part VII, Section A: 2 Total (add lines 1b and 1c): 6,282,729. 0. 382,142.

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: 69

1 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If yes, complete Schedule J for such individual: No

2 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If yes, complete Schedule J for such individual: No

3 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If yes, complete Schedule J for such person: No

### 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.

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization: 0
### Part VIII Statement of Revenue

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

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>Total revenue</th>
<th>Related or exempt function revenue</th>
<th>Unrelated business revenue</th>
<th>Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 a Federated campaigns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 b Membership dues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 c Fundraising events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 d Related organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 e Government grants (contributions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 f All other contributions, gifts, grants, and similar amounts not included above</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 g Noncash contributions included in lines 1a-1f</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 h Total, Add lines 1a-1f</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Program Service Revenue

<table>
<thead>
<tr>
<th>Program Service Revenue</th>
<th>Total</th>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 a LOAN INTEREST REVENUE</td>
<td>211,261,783</td>
<td>522100</td>
</tr>
<tr>
<td>2 b ATM FEE REVENUE</td>
<td>8,289,985</td>
<td>522100</td>
</tr>
<tr>
<td>2 c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 d</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 f All other program service revenue</td>
<td>219,547,772</td>
<td></td>
</tr>
<tr>
<td>2 g Total, Add lines 2a-2f</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Income from Investment of Tax-exempt Bond Proceeds

<table>
<thead>
<tr>
<th>Income from Investment of Tax-exempt Bond Proceeds</th>
<th>Total</th>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>6,431,030</td>
<td></td>
</tr>
</tbody>
</table>

#### Royalties

<table>
<thead>
<tr>
<th>Royalties</th>
<th>(i) Real</th>
<th>(ii) Personal</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>102,600</td>
<td></td>
</tr>
</tbody>
</table>

#### Net rental income or (loss)

<table>
<thead>
<tr>
<th>Net rental income or (loss)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>103,600</td>
</tr>
</tbody>
</table>

#### Gross amount from sales of assets other than inventory

<table>
<thead>
<tr>
<th>Securities</th>
<th>(i) Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>46,927,860</td>
<td></td>
</tr>
</tbody>
</table>

#### Gain or (loss) | 1,479,482 | 1,479,482 |

#### Gross income from fundraising events (not including $ of contributions reported on line 1d). See Part IV, line 18

<table>
<thead>
<tr>
<th>a</th>
<th>b</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Net income or (loss) from fundraising events

<table>
<thead>
<tr>
<th>Net income or (loss) from fundraising events</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1,479,482</td>
</tr>
</tbody>
</table>

#### Gross income from gaming activities. See Part IV, line 19

<table>
<thead>
<tr>
<th>a</th>
<th>b</th>
<th>c</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Net income or (loss) from gaming activities

<table>
<thead>
<tr>
<th>Net income or (loss) from gaming activities</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

#### Gross sales of inventory, less returns and allowances

<table>
<thead>
<tr>
<th>a</th>
<th>b</th>
<th>c</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

#### Net income or (loss) from sales of inventory

<table>
<thead>
<tr>
<th>Net income or (loss) from sales of inventory</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Miscellaneous Revenue

<table>
<thead>
<tr>
<th>Miscellaneous Revenue</th>
<th>Total revenue</th>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 a INTERCHANGE REVENUE</td>
<td>12,396,199.</td>
<td>522100</td>
</tr>
<tr>
<td>11 b MISCELLANEOUS REVENUE</td>
<td>8,758,700.</td>
<td>522100</td>
</tr>
<tr>
<td>11 c CUNA REVENUE</td>
<td>7,308,419.</td>
<td>522100</td>
</tr>
<tr>
<td>11 d All other revenue</td>
<td>7,628,424.</td>
<td>522100</td>
</tr>
<tr>
<td>11 e Total, Add lines 11a-11d</td>
<td>263,650,226.</td>
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</table>

#### Total revenue. See instructions

<table>
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<th>Total</th>
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</thead>
<tbody>
<tr>
<td>255,542,906.</td>
<td>94,118.</td>
</tr>
<tr>
<td>8,013,112.</td>
<td></td>
</tr>
<tr>
<td>#</td>
<td>Description</td>
</tr>
<tr>
<td>----</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>1</td>
<td>Grants and other assistance to domestic organizations and domestic governments</td>
</tr>
<tr>
<td>2</td>
<td>Grants and other assistance to domestic individuals. See Part IV, line 21</td>
</tr>
<tr>
<td>3</td>
<td>Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
</tr>
<tr>
<td>4</td>
<td>Benefits paid to or for members</td>
</tr>
<tr>
<td>5</td>
<td>Compensation of current officers, directors, trustees, and key employees</td>
</tr>
<tr>
<td>6</td>
<td>Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
</tr>
<tr>
<td>7</td>
<td>Other salaries and wages</td>
</tr>
<tr>
<td>8</td>
<td>Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
</tr>
<tr>
<td>9</td>
<td>Other employee benefits</td>
</tr>
<tr>
<td>10</td>
<td>Payroll taxes</td>
</tr>
<tr>
<td>11</td>
<td>Fees for services (non-employees):</td>
</tr>
<tr>
<td>a</td>
<td>Management</td>
</tr>
<tr>
<td>b</td>
<td>Legal</td>
</tr>
<tr>
<td>c</td>
<td>Accounting</td>
</tr>
<tr>
<td>d</td>
<td>Lobbying</td>
</tr>
<tr>
<td>e</td>
<td>Professional fundraising services. See Part IV, line 17</td>
</tr>
<tr>
<td>f</td>
<td>Investment management fees</td>
</tr>
<tr>
<td>g</td>
<td>Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)</td>
</tr>
<tr>
<td>12</td>
<td>Advertising and promotion</td>
</tr>
<tr>
<td>13</td>
<td>Office expenses</td>
</tr>
<tr>
<td>14</td>
<td>Information technology</td>
</tr>
<tr>
<td>15</td>
<td>Royalties</td>
</tr>
<tr>
<td>16</td>
<td>Occupancy</td>
</tr>
<tr>
<td>17</td>
<td>Travel</td>
</tr>
<tr>
<td>18</td>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
</tr>
<tr>
<td>19</td>
<td>Conferences, conventions, and meetings</td>
</tr>
<tr>
<td>20</td>
<td>Interest</td>
</tr>
<tr>
<td>21</td>
<td>Payments to affiliates</td>
</tr>
<tr>
<td>22</td>
<td>Depreciation, depletion, and amortization</td>
</tr>
<tr>
<td>23</td>
<td>Insurance</td>
</tr>
<tr>
<td>24</td>
<td>Other expenses, itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)</td>
</tr>
<tr>
<td>a</td>
<td>INTEREST PAID TO MEMBER</td>
</tr>
<tr>
<td>b</td>
<td>PROVISION FOR LOAN LOSS</td>
</tr>
<tr>
<td>c</td>
<td>PROCESSING FEES</td>
</tr>
<tr>
<td>d</td>
<td>MISCELLANEOUS EXPENSE</td>
</tr>
<tr>
<td>e</td>
<td>All other expenses</td>
</tr>
<tr>
<td>25</td>
<td>Total functional expenses. Add lines 1 through 24e</td>
</tr>
<tr>
<td>26</td>
<td>Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.</td>
</tr>
</tbody>
</table>
## UNIVERSITY OF IOWA COMMUNITY CREDIT UNION

### Part X | Balance Sheet

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

<table>
<thead>
<tr>
<th>(A)</th>
<th>Beginning of year</th>
<th>(B)</th>
<th>End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>137,791,944.</td>
<td>2</td>
<td>145,648,206.</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>4</td>
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<td></td>
</tr>
<tr>
<td>4</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>11,561,350.</td>
<td>5</td>
<td>11,832,073.</td>
</tr>
<tr>
<td>6</td>
<td>4297019303.</td>
<td>7</td>
<td>4981996381.</td>
</tr>
<tr>
<td>7</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>10,645,688.</td>
<td>9</td>
<td>11,271,536.</td>
</tr>
<tr>
<td>9</td>
<td>10a 130,040,557.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b</td>
<td>35,215,408.</td>
<td>10c</td>
<td>94,825,149.</td>
</tr>
<tr>
<td>11</td>
<td>41,005,600.</td>
<td>11</td>
<td>43,404,900.</td>
</tr>
<tr>
<td>12</td>
<td>887,702.</td>
<td>14</td>
<td>945,364.</td>
</tr>
<tr>
<td>13</td>
<td>89,193,270.</td>
<td>16</td>
<td>87,427,520.</td>
</tr>
<tr>
<td>14</td>
<td>4672408712.</td>
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<td>5377351129.</td>
</tr>
<tr>
<td>15</td>
<td>36,112,499.</td>
<td>17</td>
<td>25,045,147.</td>
</tr>
<tr>
<td>16</td>
<td>12,007,943.</td>
<td>21</td>
<td>15,286,371.</td>
</tr>
<tr>
<td>17</td>
<td>19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
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</tr>
<tr>
<td>20</td>
<td>22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>700,000,000.</td>
<td>23</td>
<td>765,000,000.</td>
</tr>
<tr>
<td>22</td>
<td>3530531541.</td>
<td>25</td>
<td>4104016754.</td>
</tr>
<tr>
<td>23</td>
<td>4278651983.</td>
<td>26</td>
<td>4909348272.</td>
</tr>
<tr>
<td>24</td>
<td>0.</td>
<td>30</td>
<td>0.</td>
</tr>
<tr>
<td>25</td>
<td>393,756,729.</td>
<td>32</td>
<td>468,002,857.</td>
</tr>
<tr>
<td>26</td>
<td>393,756,729.</td>
<td>33</td>
<td>468,002,857.</td>
</tr>
<tr>
<td>27</td>
<td>0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>4672408712.</td>
<td>34</td>
<td>5377351129.</td>
</tr>
<tr>
<td>29</td>
<td>4672408712.</td>
<td>34</td>
<td>5377351129.</td>
</tr>
</tbody>
</table>

Form 990 (2018) 12-31-18
### Part XI: Reconciliation of Net Assets

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 26)</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))</td>
</tr>
</tbody>
</table>

### Part XII: Financial Statements and Reporting

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990: [ ] Cash [x] Accrual [ ] Other</td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization's financial statements compiled or reviewed by an independent accountant? [ ] Yes [x] No</td>
</tr>
<tr>
<td>2b</td>
<td>If &quot;Yes,&quot; 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 [ ] Consolodated basis [ ] Both consolidated and separate basis</td>
</tr>
<tr>
<td>2c</td>
<td>If &quot;Yes,&quot; 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 [x] Consolidated basis [ ] Both consolidated and separate basis</td>
</tr>
<tr>
<td>3a</td>
<td>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? [ ] Yes [x] No</td>
</tr>
</tbody>
</table>
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.
**Supplemental Financial Statements**

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

- Go to www.irs.gov/Form990 for instructions and the latest information.
- Attach to Form 990.

**Name of the organization:** UNIVERSITY OF IOWA COMMUNITY CREDIT UNION

**Employer identification number:** 42-0804594

### Part I: Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

- **Total number at end of year**
- **Aggregate value of contributions to (during year)**
- **Aggregate value of grants from (during year)**
- **Aggregate value at end of year**

<table>
<thead>
<tr>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? □ Yes □ No

6. Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? □ Yes □ No

### Part II: Conservation Easements.

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

1. Purpose(s) of conservation easements held by the organization (check all that apply):
   - Preservation of land for public use (e.g., recreation or education)
   - Protection of natural habitat
   - Preservation of open space
   - Preservation of a historically important land area
   - Preservation of a certified historic structure

2. Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
   - **Total number of conservation easements**
   - **Total acreage restricted by conservation easements**
   - **Number of conservation easements on a certified historic structure included in (c)**
   - **Number of conservation easements included in (c) acquired after 7/25/07, and not on a historic structure listed in the National Register**

2a. Held at the End of the Tax Year

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

4. Number of states where property subject to conservation easement is located □

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

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

7. Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year □

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

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

### Part III: Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

1b. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
   - (i) Revenue included on Form 990, Part VIII, line 1 □
   - (ii) Assets included in Form 990, Part X □

2. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
   - (a) Revenue included on Form 990, Part VIII, line 1 □
   - (b) Assets included in Form 990, Part X □

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

Schedule D (Form 990) 2018

832051 10-29-18
UNIVERSITY OF IOWA COMMUNITY CREDIT

42-0804594

Page 2

Schedule D (Form 990) 2019

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
   a Public exhibition
   b Scholarly research
   c Preservation for future generations
   d Loan or exchange programs
   e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes □ No □

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

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

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

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

1a Beginning of year balance 
   b Contributions 
   c Net investment earnings, gains, and losses 
   d Grants or scholarships 
   e Other expenditures for facilities and programs 
   f Administrative expenses 
   g End of year balance 

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
   a Board designated or quasi-endowment ▶ %
   b Permanent endowment ▶ %
   c Temporarily restricted endowment ▶ %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
   (i) unrelated organizations
   (ii) related organizations
   b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes □ No □

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.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td>27,125,691</td>
<td></td>
<td>27,125,691</td>
<td></td>
</tr>
<tr>
<td>b Buildings</td>
<td>67,088,984</td>
<td>9,221,065</td>
<td>57,867,919</td>
<td></td>
</tr>
<tr>
<td>c Leasehold improvements</td>
<td>279,745</td>
<td>230,667</td>
<td>49,078</td>
<td></td>
</tr>
<tr>
<td>d Equipment</td>
<td>35,546,137</td>
<td>25,763,676</td>
<td>9,782,461</td>
<td></td>
</tr>
<tr>
<td>e Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. Add lines 1a through 1e. (Column (c) must equal Form 990, Part X, column (B), line 10c.) ▶ 94,825,149

Schedule D (Form 990) 2019
### 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                                                                                                                        |
| (4)                                                                                                                             |
| (5)                                                                                                                             |
| (6)                                                                                                                             |
| (7)                                                                                                                             |
| (8)                                                                                                                             |
| (9)                                                                                                                             |
| **Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)**                                                             |

### Part VIII Investments - Program Related

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

<table>
<thead>
<tr>
<th>(a) Description of Investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part IX Other Assets

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

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td><strong>Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)</strong></td>
<td></td>
</tr>
</tbody>
</table>

### 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. **Description of Liability**

<table>
<thead>
<tr>
<th>(a) Description of liability</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Federal income taxes</td>
<td></td>
</tr>
<tr>
<td>(2) MEMBER DEPOSIT ACCOUNTS</td>
<td><strong>4034138911.</strong></td>
</tr>
<tr>
<td>(3) INTEREST PAYABLE</td>
<td><strong>5,927.</strong></td>
</tr>
<tr>
<td>(4) NONMEMBER MMA</td>
<td><strong>69,871,916.</strong></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td><strong>Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)</strong></td>
<td></td>
</tr>
</tbody>
</table>

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

Schedule D (Form 990) 2019

42-0804594 Page 4

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

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

**Part XIII** Supplemental Information.

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

---

**PART IV, LINE 2B:**

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

---

**PART X, LINE 2:**

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

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

THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS. THIS STANDARD DID NOT HAVE AN IMPACT ON THE FINANCIAL STATEMENTS AND THE CREDIT UNION DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS.

THE CREDIT UNION RECOGNIZES INTEREST AND PENALTIES ON INCOME TAXES AS A COMPONENT OF INCOME TAX EXPENSE.
## Part I: General Information on Grants and Assistance

1. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantee's eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  
   - Yes [X]  
   - No [ ]

2. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

## Part II: Grants and Assistance to Domestic Organizations and Domestic Governments

<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section (if applicable)</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
</table>
| AMERICAN HERBY ASSOCIATION  
7372 GREENVILLE AVE  
DALLAS, TX 75231 | 13-5613797 | 501(c)(3) | 10,000 | 0 | | | GENERAL SUPPORT |
| AMERICAN RED CROSS  
4100 ROOSEVELT DR  
CEDAR RAPIDS, IA 52442 | 53-0196365 | 501(c)(3) | 5,000 | 0 | | | DISASTER RELIEF FUND |
| EARN OWL PICTURES  
1294 SHERIDAN AVE  
ZONA CITY, IA 52240 | 47-0942935 | | 5,000 | 0 | | | GENERAL SUPPORT |
| BOYS AND GIRLS CLUB OF CEDAR RAPIDS  
420 E 6TH STREET NO 200 - CEDAR RAPIDS, IA 52401 | 42-1414056 | 501(c)(3) | 12,000 | 0 | | | GENERAL SUPPORT |
| CEDAR RAPIDS COMMUNITY SCHOOL DISTRICT FOUNDATION  
1200 E 14TH STREET  
EDEN WOOD RD. NW - CEDAR RAPIDS, IA 52402 | 42-1197913 | 501(c)(3) | 11,500 | 0 | | | WEEK OF WELCOME |
| CEDAR RAPIDS JAYCEES  
235 5TH AVE  
CEDAR RAPIDS, IA 52444 | 42-1058004 | 501(c)(4) | 6,000 | 0 | | | GENERAL SUPPORT |

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
### UNIVERSITY OF IOWA COMMUNITY CREDIT

#### Schedule I (Form 990) - UNION

<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section if applicable</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraised, others)</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Purpose of grant or assistance</th>
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Schedule I (Form 990)
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<th>Amount of non-cash assistance</th>
<th>Method of valuation (book, FMV, appraisal, other)</th>
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<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of noncash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<th>(g) Description of non-cash assistance</th>
<th>(h) Purpose of grant or assistance</th>
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<td>Purpose of grant or assistance</td>
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<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<tr>
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<td>(b) EIN</td>
<td>(c) IRC section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
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<td>(c) IRC section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>3247 E VICK STREET COURT</td>
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Schedule 1 (Form 990)
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<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section if applicable</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Purpose of grant or assistance</th>
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<td>BUILDING CAMPAIGN AND GENERAL SUPPORT</td>
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<td>GENERAL SUPPORT</td>
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### 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.

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

### Part IV: Supplemental Information

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

### PART I, LINE 2:

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

### 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.

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<tr>
<th>Option</th>
<th>Yes</th>
<th>No</th>
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<tr>
<td>First-class or charter travel</td>
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<td></td>
</tr>
<tr>
<td>Travel for companions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tax indemnification and gross-up payments</td>
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<td>X</td>
</tr>
<tr>
<td>Discretionary spending account</td>
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<tr>
<td>Housing allowance or residence for personal use</td>
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</tr>
<tr>
<td>Payments for business use of personal residence</td>
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<td></td>
</tr>
<tr>
<td>Health or social club dues or initiation fees</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Personal services (such as maid, chauffeur, chef)</td>
<td></td>
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</tbody>
</table>

1b. If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

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

3. Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

<table>
<thead>
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<th>Compensation method</th>
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<td>Compensation committee</td>
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<tr>
<td>Independent compensation consultant</td>
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<td>X</td>
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<tr>
<td>Form 990 of other organizations</td>
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<td>X</td>
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<tr>
<td>Written employment contract</td>
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<tr>
<td>Compensation survey or study</td>
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<tr>
<td>Approval by the board or compensation committee</td>
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</tbody>
</table>

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:

4a. Receive a severance payment or change-of-control payment?

4b. Participate in, or receive payment from, a supplemental nonqualified retirement plan?

4c. Participate in, or receive payment from, an equity-based compensation arrangement?

5. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenue of:

5a. The organization?

5b. Any related organization?

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:

6a. The organization?

6b. Any related organization?

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)?

---

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

Schedule J (Form 990) 2018

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832111 10-26-18
<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099 Misc Compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(C)(D)</th>
<th>(F) Compensation in column (E) reported as deferred on prior Form 990</th>
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<td><strong>1. JEFFREY A. DITZER</strong></td>
<td>756,833. 343,150. 111,305. 24,500. 12,392. 1,248,080.</td>
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<td>2. TODD D. PARKH **</td>
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<td>3. SUZAN T. FREEMAN</td>
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<td>4. AMY K. BRANDON</td>
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<td>5. JAMES F. HEGY</td>
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<td>6. RICHARD J. NOLLE</td>
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</tr>
<tr>
<td>10. MICHAEL R. LEHMAN</td>
<td>78,104. 544,946. 0. 18,500. 0. 641,550.</td>
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<td>WEALTH ADVISOR</td>
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</tr>
<tr>
<td>11. MICHAEL R. WARD</td>
<td>47,341. 418,525. 300. 18,500. 14,365. 499,031.</td>
<td>0.</td>
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<tr>
<td>MORTGAGE LOAN OFFICER</td>
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<tr>
<td>12. JAY M. WATERS</td>
<td>72,899. 516,477. 0. 18,500. 4,681. 612,556.</td>
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<td>WEALTH ADVISOR</td>
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UNIVERSITY OF IOWA COMMUNITY CREDIT UNION

PART I, LINE 1A:

IN TAX YEAR 2018, THE UNIVERSITY OF IOWA COMMUNITY CREDIT UNION PROVIDED CLUB DUES TO JEFFREY A. DISTERHOFT. THE AMOUNT IS INCLUDED IN REPORTABLE COMPENSATION IN PART VII AND SCHEDULE J.
**Transactions With Interested Persons**

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

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

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

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

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

(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?  

<table>
<thead>
<tr>
<th>Name of Interested Person</th>
<th>Relationship with Organization</th>
<th>Purpose of Loan</th>
<th>Loan to or from the Organization?</th>
<th>Original Principal Amount</th>
<th>Balance Due</th>
<th>In Default?</th>
<th>Approved by Board or Committee?</th>
<th>Written Agreement?</th>
</tr>
</thead>
<tbody>
<tr>
<td>JEFFREY A. DISTR OFFICER</td>
<td>SPLIT DO</td>
<td></td>
<td>X</td>
<td>146 43612</td>
<td>118 32073</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

Total $ 118,320,73

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

(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

<table>
<thead>
<tr>
<th>Name of Interested Person</th>
<th>Relationship between Interested Person and the Organization</th>
<th>Amount of Assistance</th>
<th>Type of Assistance</th>
<th>Purpose of Assistance</th>
</tr>
</thead>
</table>

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.
### Part IV  Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26a, 26b, or 26c.

<table>
<thead>
<tr>
<th>(a) Name of interested person</th>
<th>(b) Relationship between interested person and the organization</th>
<th>(c) Amount of transaction</th>
<th>(d) Description of transaction</th>
<th>(e) Sharing of organization's revenues?</th>
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### Part V  Supplemental Information.

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

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

(A) NAME OF PERSON: JEFFREY A. DISTERHOFT

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT $14,643,612. (F) BALANCE DUE $11,832,073.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
RESIDENTS.

FORM 990, PART VI, SECTION A, LINE 6:
THE UNIVERSITY OF IOWA CREDIT UNION DOES HAVE MEMBERS AS SPECIFIED BY THEIR BYLAWS.

FORM 990, PART VI, SECTION A, LINE 7A:
THE MEMBERS OF THE BOARD OF DIRECTORS ARE ELECTED BY THE MEMBERSHIP.
MEMBERS MAY VOTE ELECTRONICALLY OR IN PERSON AT THE ANNUAL MEETING EACH YEAR.

FORM 990, PART VI, SECTION A, LINE 7B:
THERE ARE FIVE SITUATIONS FOR STATE CHARTERED CREDIT UNIONS IN IOWA IN WHICH MEMBERSHIP VOTE IS REQUIRED FOR APPROVAL: CHARTER CONVERSION, AMENDING OR REVERSING AN ACT OF THE BOARD OF DIRECTORS, Mergers, VOLUNTARY DISSOLUTION, AND THE SUSPENSION OF AN OFFICER, DIRECTOR, OR MEMBER OF THE AUDITING COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 11B:
The organization's governing body is provided an electronic copy of the FORM 990 PRIOR TO FILING. THE FORM 990 WILL BE REVIEWED BY THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER AND THE CHIEF FINANCIAL OFFICER.

FORM 990, PART VI, SECTION B, LINE 12C:
A DIRECTOR SHALL PROMPTLY DISCLOSE TO THE BOARD ANY KNOWN INTEREST.
RELATIONSHIP OR RESPONSIBILITY (FINANCIAL, PROFESSIONAL OR OTHERWISE) HELD BY THE DIRECTOR, ANY MEMBER OF HIS OR HER IMMEDIATE FAMILY, OR ANY OF HIS OR HER BUSINESS ASSOCIATES WITH RESPECT TO ANY POTENTIAL OR ACTUAL TRANSACTION, AGREEMENT OR OTHER MATTER WHICH IS OR MAY BE PRESENTED TO THE BOARD FOR CONSIDERATION, EVEN IF SUCH INTEREST, RELATIONSHIP OR RESPONSIBILITY HAS OTHERWISE GENERALLY BEEN DISCLOSED TO THE BOARD. IN ADDITION, DIRECTORS MUST DISCLOSE INFORMATION REGARDING THEIR FINANCIAL INTERESTS IN ORGANIZATIONS DOING BUSINESS WITH THE CREDIT UNION. THE CONFLICT OF INTEREST STATEMENT IS REQUIRED TO BE COMPLETED ANNUALLY.

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

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

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

THE COMPENSATION COMMITTEE IS APPOINTED BY THE UNIVERSITY OF IOWA COMMUNITY
CREDIT UNION'S (UICCU) BOARD OF DIRECTORS (THE "BOARD") TO DISCHARGE THE
BOARD'S RESPONSIBILITIES RELATING TO COMPENSATION OF THE CREDIT UNION'S
PRESIDENT/CEO, 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 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

FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE (WWW.UICCU.ORG).

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
CHANGE IN OTHER COMPREHENSIVE INCOME -1,150,219.

FORM 990, PART XII, LINE 2C:
THE OVERSIGHT AND SELECTION PROCESS HAS NOT CHANGED FROM THE PRIOR TAX YEAR.
### Related Organizations and Unrelated Partnerships

**Part I: Identification of Disregarded Entities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<table>
<thead>
<tr>
<th>Name, address, and EIN (if applicable)</th>
<th>Primary activity</th>
<th>Legal domicile (state or foreign country)</th>
<th>Total Income</th>
<th>End-of-year assets</th>
<th>Direct controlling entity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>UCCU FINANCIAL, LLC</strong> - 27-4315678</td>
<td></td>
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<tr>
<td><strong>550 IOWA AVENUE</strong></td>
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<tr>
<td><strong>IOWA CITY, IA 52240</strong></td>
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<tr>
<td><strong>UCCU INSURANCE SERVICES, LLC</strong> - 46-3813310</td>
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<tr>
<td><strong>2355 LAFFIN ROAD</strong></td>
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<tr>
<td><strong>NORTH LIBERTY, IA 52317</strong></td>
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</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>Name, address, and EIN of related organization</th>
<th>Primary activity</th>
<th>Legal domicile (state or foreign country)</th>
<th>Exempt Code section</th>
<th>Direct controlling entity</th>
<th>Yes</th>
<th>No</th>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal status (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Predominant income (related or unrelated, excluded from tax under sections 512-514)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Unrelated shareholder?</th>
<th>(i) Code W2/EI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) Percentage ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td>UIUCU TITLE AND CLOSING SERVICES LLC - 82-11591916</td>
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<td></td>
<td>Yes No</td>
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<td>50.00%</td>
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<tr>
<td>201 WEST 2ND STREET, SUITE 801, DAVENPORT, IA 52801</td>
<td>TITLE INSURANCE</td>
<td>IA FINANCIAL, LLC</td>
<td>RELATED</td>
<td></td>
<td>275,815</td>
<td>345,452</td>
<td>X</td>
<td>N/A</td>
<td>X</td>
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</table>

### 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.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal status (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Type of entity (C corp, S corp, or trust)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Percentage ownership</th>
<th>(i) Is there a related entity?</th>
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42-0804594  Page 2
## Transactions With Related Organizations

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

### Notes:
1. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.
2. 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?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<td>1</td>
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### If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including powered relationships and transaction thresholds.

#### (a) Name of related organization

<table>
<thead>
<tr>
<th>(b) Transaction Type (a-c)</th>
<th>(c) Amount Involved</th>
<th>(d) Method of determining amount Involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>UICCU FINANCIAL LLC</td>
<td>B</td>
<td>30,000 FAIR MARKET VALUE</td>
</tr>
<tr>
<td>UICCU INSURANCE SERVICES, LLC</td>
<td>X</td>
<td>81,600 FAIR MARKET VALUE</td>
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<td>(xxxvii)</td>
<td></td>
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<tr>
<td>(xxxviii)</td>
<td></td>
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<tr>
<td>(xxxix)</td>
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<td></td>
</tr>
<tr>
<td>(xlv)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

Schedule R (Form 990) 2018
## Exempt Organization Business Income Tax Return

Form 990-T

(For calendar year 2018 or other tax year beginning ________, and ending ________.)

Go to 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).

### Part I - Unrelated Trade or Business Income

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>(A) Income</th>
<th>(B) Expenses</th>
<th>(C) Net</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Gross receipts or sales</td>
<td>1c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b</td>
<td>Less returns and allowances</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c</td>
<td>Balance</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Cost of goods sold (Schedule A, line 7)</td>
<td>4a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Gross profit. Subtract line 2 from line 1c</td>
<td>4b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4a</td>
<td>Capital gain net income</td>
<td>4c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4b</td>
<td>Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)</td>
<td>4d</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4c</td>
<td>Capital loss deduction for trusts</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Income (loss) from a partnership or an S corporation (attach statement)</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Rents Income (Schedule C)</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Unrelated debt-financed income (Schedule E)</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Interest, annuities, royalties, and rents from a controlled organization (Schedule F)</td>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Exploited exempt activity income (Schedule I)</td>
<td>11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Advertising Income (Schedule J)</td>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Other income (See instructions; attach schedule)</td>
<td>13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Total. Combine lines 3 through 12</td>
<td>STATEMENT 1</td>
<td>94,118.</td>
<td>94,118.</td>
</tr>
</tbody>
</table>

### Part II - Deductions Not Taken Elsewhere

(Except for contributions, deductions must be directly connected with the unrelated business income.)

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>Compensation of officers, directors, and trustees (Schedule K)</td>
<td>21,579,626.</td>
</tr>
<tr>
<td>15</td>
<td>Salaries and wages</td>
<td>22a, 22b, 57,962.</td>
</tr>
<tr>
<td>16</td>
<td>Repairs and maintenance</td>
<td>23, 24</td>
</tr>
<tr>
<td>17</td>
<td>Other</td>
<td>25, 26</td>
</tr>
<tr>
<td>18</td>
<td>Interest (attach schedule) (see instructions)</td>
<td>27, 28</td>
</tr>
<tr>
<td>19</td>
<td>Taxes and licenses</td>
<td>29, 30, 31</td>
</tr>
<tr>
<td>20</td>
<td>Charitable contributions (See instructions for limitation rules)</td>
<td>32, 33</td>
</tr>
<tr>
<td>21</td>
<td>Depreciation (attach Form 4562)</td>
<td>34, 35</td>
</tr>
<tr>
<td>22</td>
<td>Loss of depreciable</td>
<td>36, 37</td>
</tr>
<tr>
<td>23</td>
<td>Other deductions (attach schedule)</td>
<td>38, 39</td>
</tr>
<tr>
<td>24</td>
<td>Contributions to deferred compensation plans</td>
<td>40, 41</td>
</tr>
<tr>
<td>25</td>
<td>Employee benefit programs</td>
<td>42, 43</td>
</tr>
<tr>
<td>26</td>
<td>Excess exempt expenses</td>
<td>44, 45</td>
</tr>
<tr>
<td>27</td>
<td>Excess research costs (Schedule J)</td>
<td>46, 47</td>
</tr>
<tr>
<td>28</td>
<td>Total deductions. Add lines 14 through 28</td>
<td>48, 49</td>
</tr>
<tr>
<td>29</td>
<td>Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13</td>
<td>50, 51</td>
</tr>
<tr>
<td>30</td>
<td>Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)</td>
<td>52, 53</td>
</tr>
<tr>
<td>31</td>
<td>Unrelated business taxable income. Subtract line 31 from line 30</td>
<td>54, 55</td>
</tr>
</tbody>
</table>

---

For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2018)
### Part III Total Unrelated Business Taxable Income

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>33</td>
<td>Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)</td>
<td>33</td>
</tr>
<tr>
<td>34</td>
<td>Amounts paid for disallowed fringe</td>
<td>34</td>
</tr>
<tr>
<td>35</td>
<td>Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)</td>
<td>STMT 3</td>
</tr>
<tr>
<td>36</td>
<td>Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34</td>
<td>36</td>
</tr>
<tr>
<td>37</td>
<td>Specific deduction (Generally $1,000, but see line 37 instructions for exceptions)</td>
<td>37</td>
</tr>
<tr>
<td>38</td>
<td>Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36</td>
<td>38</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-156,982</td>
</tr>
</tbody>
</table>

### Part IV Tax Computation

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>39</td>
<td>Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)</td>
<td>0</td>
</tr>
<tr>
<td>40</td>
<td>Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tax rate schedule or Schedule D (Form 1041)</td>
<td>40</td>
</tr>
<tr>
<td>41</td>
<td>Proxy tax. See instructions</td>
<td>41</td>
</tr>
<tr>
<td>42</td>
<td>Alternative minimum tax (trusts only)</td>
<td>42</td>
</tr>
<tr>
<td>43</td>
<td>Tax on noncompliant facility income. See instructions</td>
<td>43</td>
</tr>
<tr>
<td>44</td>
<td>Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies</td>
<td>44</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

### Part V Tax and Payments

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>45a</td>
<td>Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)</td>
<td>45a</td>
</tr>
<tr>
<td>b</td>
<td>Other credits (see instructions)</td>
<td>45b</td>
</tr>
<tr>
<td>c</td>
<td>General business credit. Attach Form 3800</td>
<td>45c</td>
</tr>
<tr>
<td>d</td>
<td>Credit for prior year minimum tax (attach Form 8801 or 8827)</td>
<td>45d</td>
</tr>
<tr>
<td>e</td>
<td>Total credits. Add lines 45a through 45d</td>
<td>45e</td>
</tr>
<tr>
<td>46</td>
<td>Subtract line 45e from line 44</td>
<td>46</td>
</tr>
<tr>
<td>47</td>
<td>Other taxes. Check if from: Form 4256, Form 8611, Form 8697, Form 8865, Other (attach schedule)</td>
<td>47</td>
</tr>
<tr>
<td>48</td>
<td>Total tax. Add lines 46 and 47 (see instructions)</td>
<td>48</td>
</tr>
<tr>
<td>49</td>
<td>2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (6d), line 2</td>
<td>49</td>
</tr>
<tr>
<td>50a</td>
<td>Payments: A 2017 overpayment credited to 2018</td>
<td>50a</td>
</tr>
<tr>
<td>b</td>
<td>2016 estimated tax payments</td>
<td>50b</td>
</tr>
<tr>
<td>c</td>
<td>Tax deposited with Form 8865</td>
<td>50c</td>
</tr>
<tr>
<td>d</td>
<td>Foreign organizations: Tax paid or withheld at source (see instructions)</td>
<td>50d</td>
</tr>
<tr>
<td>e</td>
<td>Backup withholding (see instructions)</td>
<td>50e</td>
</tr>
<tr>
<td>f</td>
<td>Credit for small employer health insurance premiums (attach Form 8941)</td>
<td>50f</td>
</tr>
<tr>
<td>g</td>
<td>Other credits, adjustments, and payments: Form 2439</td>
<td>50g</td>
</tr>
<tr>
<td></td>
<td>Form 4136</td>
<td>50g</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>50g</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>50g</td>
</tr>
<tr>
<td>51</td>
<td>Total payments. Add lines 50a through 50g</td>
<td>51</td>
</tr>
<tr>
<td>52</td>
<td>Estimated tax penalty (see instructions). Check if Form 2220 is attached</td>
<td>52</td>
</tr>
<tr>
<td>53</td>
<td>Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed</td>
<td>53</td>
</tr>
<tr>
<td>54</td>
<td>Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid</td>
<td>54</td>
</tr>
<tr>
<td>55</td>
<td>Enter the amount of line 54 you want. Credited to 2018 estimated tax</td>
<td>55</td>
</tr>
</tbody>
</table>

### Part VI Statements Regarding Certain Activities and Other Information

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>X</td>
</tr>
<tr>
<td>Yes</td>
<td>X</td>
</tr>
</tbody>
</table>

**Sign Here**

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.

**PRESENTER & CHIEF EXECUTIVE OFFICER**

**Signature of officer**

**Date**

<table>
<thead>
<tr>
<th>Paid Preparer Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name</strong></td>
</tr>
<tr>
<td><strong>Title</strong></td>
</tr>
<tr>
<td><strong>Date</strong></td>
</tr>
<tr>
<td><strong>Check</strong></td>
</tr>
<tr>
<td><strong>PTIN</strong></td>
</tr>
<tr>
<td><strong>Address</strong></td>
</tr>
<tr>
<td><strong>City, State, Zip</strong></td>
</tr>
<tr>
<td><strong>Phone</strong></td>
</tr>
</tbody>
</table>

**Form 990-T (2018)**
### Schedule A - Cost of Goods Sold

Enter method of inventory valuation: ▶ N/A

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Method</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Inventory at beginning of year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Purchases</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Cost of labor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4a</td>
<td>Additional section 263A costs (attach schedule)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4b</td>
<td>Other costs (attach schedule)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Total, Add lines 1 through 4b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Inventory at end of year</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 7.

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

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

(see instructions)

1. Description of property

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

2. Rent received or accrued

<table>
<thead>
<tr>
<th>(a)</th>
<th>From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)</th>
<th>(b)</th>
<th>From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)</th>
<th>3(a)</th>
<th>Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
<td>(a)</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
<td></td>
<td>(b)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
<td></td>
<td>(c)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
<td></td>
<td>(d)</td>
<td></td>
</tr>
</tbody>
</table>

Total 0. Total 0. 

3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)

### Schedule E - Unrelated Debt-Financed Income

(see instructions)

1. Description of debt-financed property

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

2. Gross income from or allocable to debt-financed property

<table>
<thead>
<tr>
<th>(a)</th>
<th>Straight line depreciation (attach schedule)</th>
<th>(b)</th>
<th>Other deductions (attach schedule)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Deductions directly connected with or allocable to debt-financed property

<table>
<thead>
<tr>
<th>(a)</th>
<th>Straight line depreciation (attach schedule)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)

<table>
<thead>
<tr>
<th>(1)</th>
<th>(2)</th>
<th>(3)</th>
<th>(4)</th>
</tr>
</thead>
</table>

5. Average adjusted basis of or allocable to debt-financed property (attach schedule)

<table>
<thead>
<tr>
<th>(1)</th>
<th>(2)</th>
<th>(3)</th>
<th>(4)</th>
</tr>
</thead>
</table>

6. Column 4 divided by column 5

<table>
<thead>
<tr>
<th>(1)</th>
<th>(2)</th>
<th>(3)</th>
<th>(4)</th>
</tr>
</thead>
</table>

7. Gross income reportable (column 5 x column 6)

<table>
<thead>
<tr>
<th>(1)</th>
<th>(2)</th>
<th>(3)</th>
<th>(4)</th>
</tr>
</thead>
</table>

8. Allocable deductions (column 6 x total of columns 7(a) and 7(b))

<table>
<thead>
<tr>
<th>(1)</th>
<th>(2)</th>
<th>(3)</th>
<th>(4)</th>
</tr>
</thead>
</table>

Totals ▶ 0. Total dividends-received deductions included in column 8 ▶ 0.

Enter here and on page 1, Part I, line 7, column (A). Enter here and on page 1, Part I, line 7, column (B).

Form 990-T (2018)
### Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations

<table>
<thead>
<tr>
<th>1. Name of controlled organization</th>
<th>2. Employer Identification number</th>
<th>3. Net unrelated income (loss) (see instructions)</th>
<th>4. Total of specified payments made</th>
<th>5. Part of column 4 that is included in the controlling organization's gross income</th>
<th>6. Deductions directly connected with income in column 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Nonexempt Controlled Organizations**

<table>
<thead>
<tr>
<th>7. Taxable Income</th>
<th>8. Not unrelated income (loss) (see instructions)</th>
<th>9. Total of specified payments made</th>
<th>10. Part of column 9 that is included in the controlling organization's gross income</th>
<th>11. Deductions directly connected with income in column 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Add columns 5 and 10.

Enter here and on page I, Part I, line 6, column (A).

Add columns 6 and 11.

Enter here and on page I, Part I, line 6, column (B).

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

<table>
<thead>
<tr>
<th>1. Description of Income</th>
<th>2. Amount of Income</th>
<th>3. Deductions directly connected (attach schedule)</th>
<th>4. Subtractions (attach schedule)</th>
<th>5. Total deductions and subtractions (col. 3 plus col. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
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<tr>
<td>(4)</td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Enter here and on page I, Part I, line 6, column (A).

Enter here and on page I, Part I, line 6, column (B).

### Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

<table>
<thead>
<tr>
<th>1. Description of exploited activity</th>
<th>2. Gross unrelated business income from trade or business</th>
<th>3. Expenses directly connected with production of unrelated business income</th>
<th>4. Net income (loss) from Unrelated trade or business (column 2 minus column 3), if a gain, compute cols. 5 through 7</th>
<th>5. Gross income from activity that is not unrelated business income</th>
<th>6. Expenses attributable to column 5</th>
<th>7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
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<td>(4)</td>
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</tr>
</tbody>
</table>

Enter here and on page I, Part I, line 10, col. (A).

Enter here and on page I, Part I, line 10, col. (B).

Enter here and on page I, Part I, line 20.

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

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

<table>
<thead>
<tr>
<th>1. Name of periodical</th>
<th>2. Gross advertising income</th>
<th>3. Direct advertising costs</th>
<th>4. Advertising gain or (loss) (col. 2 minus cols. 3, 5) if a gain, compute cols. 6 through 7</th>
<th>5. Circulation income</th>
<th>6. Readership costs</th>
<th>7. Excess readership costs (column 6 minus column 5, but not more than column 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
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</tr>
</tbody>
</table>

Totals (carry to Part II, line (5)) ► 0. 0. 0.
## Part II | Income From Periodicals Reported on a Separate Basis

(For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

Totals from Part I: Enter here and on page 1, Part II, line 11, col. (A).

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
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<td>(3)</td>
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<td>(4)</td>
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</tr>
</tbody>
</table>

Totals, Part II (lines 1-5): Enter here and on page 1, Part II, line 11, col. (B).

## Schedule K - Compensation of Officers, Directors, and Trustees

(see instructions)

<table>
<thead>
<tr>
<th></th>
<th>1. Name</th>
<th>2. Title</th>
<th>3. Percent of time devoted to business</th>
<th>4. Compensation attributable to unrelated business</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
<td>%</td>
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<tr>
<td>(4)</td>
<td></td>
<td></td>
<td>%</td>
<td></td>
</tr>
</tbody>
</table>

Total. Enter here and on page 1, Part II, line 14.

0%
# FORM 990-T OTHER INCOME STATEMENT 1

**DESCRIPTION**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Member Surcharge Revenue</td>
<td>94,118.</td>
</tr>
</tbody>
</table>

**TOTAL TO FORM 990-T, PAGE 1, LINE 12**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>94,118.</td>
</tr>
</tbody>
</table>

# FORM 990-T OTHER DEDUCTIONS STATEMENT 2

**DESCRIPTION**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Servicing Fees</td>
<td>58,201.</td>
</tr>
<tr>
<td>Maintenance Contracts</td>
<td>121,898.</td>
</tr>
<tr>
<td>Opportunity Cost</td>
<td>47,025.</td>
</tr>
<tr>
<td>Surcharge Payment to Host Merchant</td>
<td>30,626.</td>
</tr>
<tr>
<td>Tax Prep Fees</td>
<td>1,727.</td>
</tr>
</tbody>
</table>

**TOTAL TO FORM 990-T, PAGE 1, LINE 28**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>259,477.</td>
</tr>
</tbody>
</table>

# FORM 990-T NET OPERATING LOSS DEDUCTION STATEMENT 3

<table>
<thead>
<tr>
<th>Tax Year</th>
<th>Loss Sustained</th>
<th>Loss Previously Applied</th>
<th>Loss Remaining</th>
<th>Available This Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/31/09</td>
<td>114</td>
<td>0</td>
<td>114</td>
<td>114</td>
</tr>
<tr>
<td>12/31/10</td>
<td>161,499</td>
<td>0</td>
<td>161,499</td>
<td>161,499</td>
</tr>
<tr>
<td>12/31/11</td>
<td>124,309</td>
<td>0</td>
<td>124,309</td>
<td>124,309</td>
</tr>
<tr>
<td>12/31/12</td>
<td>82,359</td>
<td>0</td>
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<td>82,359</td>
</tr>
<tr>
<td>12/31/13</td>
<td>153,862</td>
<td>0</td>
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<td>153,862</td>
</tr>
<tr>
<td>12/31/14</td>
<td>121,103</td>
<td>0</td>
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<tr>
<td>12/31/15</td>
<td>147,755</td>
<td>0</td>
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</tr>
<tr>
<td>12/31/16</td>
<td>140,650</td>
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<tr>
<td>12/31/17</td>
<td>172,506</td>
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</tr>
</tbody>
</table>

**NOL Carryover Available This Year**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>1,104,157.</td>
</tr>
<tr>
<td>NOL Carryover Available This Year</td>
<td>1,104,157.</td>
</tr>
</tbody>
</table>