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Form **990**

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

► Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

DLN: 93493290004106

2015

Open to Public Inspection

			lendar year, or tax year beginnin	g 01-01-2015 , and ending 12-31-	2015			
		pplicable	C Name of organization University of Wisconsin Credit Union			D Empl	oyer ident	ification number
	dress ch	-				39-0	671465	
	me cha		Doing business as UW Credit Union					
	tıal retu	m		ail is not delivered to street address) Roon	n/suite	E Teleph	none numbe	er
☐ Fin	ial urn/terr	mınated	3500 University Ave	all is not delivered to street address) Room	i/ suite	(608) 232-50	00
☐ Am	nended	return	City or town, state or province, cour	ntry, and ZIP or foreign postal code				
Гарі	plication	n pending	Madison, WI 53705			G Gross	receipts \$ 6	501,928,726
			F Name and address of prin	cipal officer	H(a)	Is this a grou	p return fo	or
			Paul Kundert 3500 University Ave			subordinates?		┌Yes No
			Madison, WI 53705			Are all subord included?	lınates	□Yes □No
							halıst (s	see instructions)
I Ta	ix-exem	npt status	501(c)(3) 501(c) (14)	(insert no) 4947(a)(1) or 527	H(c)	Group exemp	tion numl	oer ►
J W	ebsite	e: ► www	w uwcu org					
K For	m of org	ganızatıon	Corporation Trust Association	n	L Yea	r of formation 1	931 M S	tate of legal domicile WI
Pa	rt I	Sum	mary					
nce	TH	he Únive	scribe the organization's mission ersity of Wisconsin Credit Union is no meet the money management of	s a federally insured financial instit	ution that p	rovides custo	mızed fina	ancial products and
<u> </u>	_							
Governance	2 0	Check th	is box দ if the organization dis	continued its operations or dispose	d of more th	nan 25% of its	net asse	ets
20 60 70				ng body (Part VI, line 1a)			3	9
Activities &				of the governing body (Part VI, line			4	9
支				alendar year 2015 (Part V, line 2a			6	597 16
4				ecessary)			7a	3,145,422
	1			m Form 990-T, line 34			7b	-174,022
						Prior Year	1 12 1	Current Year
	8	Contri	butions and grants (Part VIII, III	ne 1h)			0	0
를	9	Progra	am service revenue (Part VIII, li	ne 2 g)		83,417	,802	90,955,232
Revenue	10	Invest	tment income (Part VIII, column	(A), lines 3, 4, and 7d)		10,918	,371	12,439,960
ä	11	Other	revenue (Part VIII, column (A),	lines 5, 6d, 8c, 9c, 10c, and 11e)		-52	,971	-36,764
	12	Totalı 12)	revenue—add lines 8 through 11	(must equal Part VIII, column (A),	line	94,283	,202	103,358,428
	13	Grants	s and sımılar amounts paıd (Part	IX, column (A), lines 1-3)		99	,875	114,600
	14	Benefi	ts paid to or for members (Part I	X, column (A), line 4)			0	0
83	15	Saları 5-10)		ee benefits (Part IX, column (A), line	es	30,438	,403	33,411,056
Expenses	16a	•	ssional fundraising fees (Part IX,	column (A), line 11e)			0	0
흜	Ь	Total fu	ndraising expenses (Part IX, column (D)), line 25) ▶ -0				
ш	17		- ' ' '	ines 11a-11d, 11f-24e)	- -	43,471	,962	44,367,372
	18	Total	expenses Add lines 13-17 (mus	st equal Part IX, column (A), line 25	5)	74,010	,240	77,893,028
	19	Reven	ue less expenses Subtract line	18 from line 12		20,272	,962	25,465,400
Net Assets or Fund Balances					Beginr	ning of Current	Year	End of Year
SS e	20	Total	assets (Part X, line 16)			1,858,502	,746	2,076,988,387
# E	21		liabilities (Part X, line 26)	1,706,322		1,893,842,326		
	22			line 21 from line 20		152,180	,675	183,146,061
Unde my k	nowled	alties of p		nmined this return, including accom aplete Declaration of preparer (othe				
		****				2016-09-28		
C: -	1	Signa				Date		
			ature of officer					
Sigr Her			Mcclain Exec VP/CFO					
		Туре	Mcclain Exec VP/CFO or print name and title	Preparer's signature	Date	Check F if	PTIN	
Her	e 	Type P	Mcclain Exec VP/CFO	Preparer's signature Nicole Bencik	Date	Check if self-employed		95
Her ——	e 	Type P N	Mcclain Exec VP/CFO or print name and title		Date		P007561	

Use Only

Firm's address 🟲 225 West Wacker Drive

Suite 2600

Chicago, IL 606061224

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

Phone no (312) 899-7000

Form 990 (2015)

0

Total program service expenses ►

	· · · · · · · · · · · · · · · · · · ·		
Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		No
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	Yes	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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? <i>If "Yes," complete Schedule J.</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	28a		No
	Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
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	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Νo
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V		Yes	.) N-
1 2	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 60,55	g I	Yes	No
		0		
		7		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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	7		
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
ь	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
_		5c		
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?	6a		No
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gift	s		
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required t	۰		
	file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
		7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	H		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 a required?	s 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		
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?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
4.0		40		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Vos " onter the amount of tax-exempt interest received or asserted during the	12a		
ט	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.			
-	To the organization licenced to iccur qualified health plane in more than one of the 2Note. Can the instruction of			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
	In which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	orm ac	(2015)
		171	53	- (2010)

Se	ection A. Governing Body and Management		• • •	•
36	ction A. Governing body and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax 1a			
	year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee			
	or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 9			
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?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		No
4	supervision of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was			
_	filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	V	No
6	Did the organization have members or stockholders?	6	Yes	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	_	ıe Cod	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
h	Describe in Schedule O the process, if any, used by the organization to review this Form 990	110	165	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	120	165	
	rise to conflicts?	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	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?	16a		No
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?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. Upon request. Other (explain in Schedule O) 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

▶Brad McClain 3500 University Avenue Madison, WI 53705 (608) 232-5000

 $State\ the\ name,\ address,\ and\ telephone\ number\ of\ the\ person\ who\ possesses\ the\ organization's\ books\ and\ records$

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

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

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	more t perso	tion (han d in is l	one b both	ox, an c	heck unless officer stee)	i	compensation cor from the fro organization (W- org	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	organization and related organizations
See Additional Data Table										
										Form 990 (2015)

Par	Section A. Officers,		stees, I			oloy	ees, a	nd F	· ·		· T	
	(A) Name and Title	(B) A verage hours per week (list any hours	more t	tion (han d on is	one l both	box, an	heck unless officer stee)	ì	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	Estima amount o compens	ated fother sation the
		for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organizat relat organiza	ed
See	Additional Data Table											
1b c d	Sub-Total Total from continuation shee Total (add lines 1b and 1c) .	ts to Part VII, S			· ·	· ·			3,651,568	0	·	586,315
2	Total number of individuals (ii \$100,000 of reportable comp						d abov	e) wl	ho received more t	han		
3	Did the organization list any f on line 1a? <i>If "Yes," complete</i>					key	emplo	yee,	or highest comper	nsated employee	Yes	No No
4	For any individual listed on lir organization and related organ	ne 1a, is the sum	of repo	rtable	есо						4 Yes	NO
5	Did any person listed on line services rendered to the orga										5 Tes	No
Se	ection B. Independent Co	ontractors										

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

(A) Name and business address	(B) Description of services	(C) Compensation
MICHAEL BEST & FRIEDRICH LLP	LEGAL SERVICES	527,032
100 E WISCONSIN AVE MILWAUKEE, WI 53202		
ADAMS OUTDOOR ADVERTISING	ADVERTISING	228,878
PO BOX 809140 CHICAGO, IL 606809140		
ENCORE ONE LLC	JANITORIAL SERVICES	184,623
124 N 121st Street Wauwatosa, WI 53226		
DARNIEDER AND SOSNAY	LEGAL SERVICES	115,873
735 N WATER ST STE 930 MILWAUKEE, WI 532024105		
CROWE HORWATH LLP	Audit Services	110,905
320 E Jefferson Blvd PO Box 7 South Bend, MI 466240007 Total number of independent contractors (including but not limited to those listed above		

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 🕨 6

Part V	/ + + 1	Statement o						-
		Check if Schedu	ule O contains a respor	nse or note to any lin	(A)	(B)	(C)	
					Total revenue	Related or	Unrelated	Revenue
						exempt	business	excluded from
						function revenue	revenue	tax under sections
								512-514
s £	1a	Federated camp	paigns 1a					
ons, Giffs, Grants Similar Amounts	ь	Membership du	es 1b					
9 2	c	Fundraising eve	ents 1c					
જુ ₹	_							
Contributions, Giffs, and Other Similar A	d	Related organiz	rations 1d					
ž E	e	Government grants	s (contributions) 1e					
ë.	f		ons, gifts, grants, and 1f					
Contributic and Other		sımılar amounts no						
₽ŏ	g	Noncash contribute 1a-1f \$	ons included in lines					
ng p	h	Total. Add lines	s 1a-1f		0			
<u> </u>				•				
e E	_			Business Code				
Ley Ken	2a	Interest on Loans		522100	55,755,078	55,755,078		
<u>æ</u>	Ь	Card and ATM Inte	rchange	524298	20,894,237	20,467,202	427,035	
ψ Q	С	Service Charges ar	nd Fees	522100	5,108,025	5,108,025		
E. Se	d	Loan Servicing Fee	es	522100	6,128,437	5,034,478	1,093,959	
Program Service Revenue	e	Investment and ins	surance services	525100	1,624,428		1,624,428	
<u>i</u>	f	All other progra	am service revenue		1,445,027	1,445,027	0	(
) နွ						, ,,==/		
<u></u>	g		s 2a – 2f		90,955,232			
	3		ome (including dividend ar amounts)		5,641,916			5,641,916
	4		stment of tax-exempt bond	-				
	5			 				
			(ı) Real	(II) Personal				
	6a	Gross rents	126,182	(,) = 1 = 1 = 1				
	Ь	Less rental expenses	162,946					
	c	Rental income	-36,764	0				
	d	or (loss)	ll me or (loss)	h-	-36,764			-36,764
	"		(i) Securities	(II) O ther	,			,
	 7a	Gross amount	(i) Securities	(ii) o thei				
		from sales of assets other	33,773,748	471,431,648				
		than inventory						
	ь	Less cost or						
	"	other basis and	33,558,779	464,848,573				
	_c	sales expenses Gain or (loss)	214,969	6,583,075				
	ď	` '	ss)		6,798,044	6,797,542		502
Δs		Gross income f	r					
ž		events (not inc						
Other Revenue		\$	<u> </u>					
ř		of contributions See Part IV, lin	reported on line 1c)					
<u>.</u>		See Fare IV, III	a					
둦	ь	Less direct ex	penses b					
•	c		(loss) from fundraising	events 🛌				
			rom gaming activities	٢				
		See Part IV, lin						
			а					
	ь		penses b					
	c	Net income or (loss) from gaming activ	vities . ►				
	10a	Gross sales of						
		returns and allo	owances . a					
	ь	less costof	oods sold b					
			oods sold b [(loss) from sales of inve	entory b -				
	<u> </u>	Miscellaneous		Business Code				
	11a	miscenaneous	s Nevellue	Dualifess Code				
	_							
	Ь							
	C							
	d	All other reven	ı		0	0	0	(
	e	Total. Add lines	s 11a-11d		0			
	12	Total revenue.	See Instructions	· · · · •	102 250 420	04 607 353	2 145 422	F 60F 6F
	1			l.	103,358,428	94,607,352	3,145,422	5,605,654

Form !	990 (2015)				Page 10
	Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns				
	Check if Schedule O contains a response or note to any line in t	hıs Part IX			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	114,600			
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	3,254,048			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	24,102,557			
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	1,600,099			
9	Other employee benefits	2,371,806			
10	Payroll taxes	2,082,546			
11	Fees for services (non-employees)				
а	Management				
b	Legal	629,692			
C	Accounting	445,688			
d	Lobbying				
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	939,711	0	0	0
12	Advertising and promotion	2,352,918			
13	Office expenses	4,370,757			
14	Information technology	3,043,662			
15	Royalties				
16	Occupancy	3,339,155			
17	Travel	230,974			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	2,451,053			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,493,595			
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	loan servicing expense	11,553,602			
b	card processing expense	5,569,631			
c	Loan Loss provision	3,735,487			
d	fraud forgery losses	1,431,939			
e	All other expenses	779,508	0	0	0
25	Total functional expenses. Add lines 1 through 24e	77,893,028	0	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

FCI	LX	Check if Schedule O contains a response or note to ar	ıy lıne ır	nthis Part X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			28,294,099	1	24,987,984
	2	Savings and temporary cash investments			96,913,365	2	259,150,506
	3	Pledges and grants receivable, net	0	3	0		
	4	Accounts receivable, net			2,092,603	4	2,410,622
	5	Loans and other receivables from current and former trustees, key employees, and highest compensated e II of Schedule L					
						5	0
Assets	6	Loans and other receivables from other disqualified p section 4958(f)(1)), persons described in section 49 contributing employers and sponsoring organizations voluntary employees' beneficiary organizations (see Part II of Schedule L)(B), and on 501(c)(9)		6	0	
As	7	Notes and loans receivable, net			1,258,955,323	7	1,358,068,515
	8	Inventories for sale or use		ŀ	0	8	, , ,
	9	Prepaid expenses and deferred charges		ŀ	11,959,915	9	13,756,475
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	100,805,516	,,-		
	Ь	Less accumulated depreciation	10b	38,326,351	61,273,831	10c	62,479,165
	11	Investments—publicly traded securities			43,812,802	11	43,581,706
	12	Investments—other securities See Part IV, line 11	1	305,103,140	12	256,715,649	
	13	Investments—program-related See Part IV, line 11	0	13	<u> </u>		
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11			50,097,668		55,837,765
	16	Total assets. Add lines 1 through 15 (must equal line			1,858,502,746	16	2,076,988,387
	17	Accounts payable and accrued expenses			21,221,957	17	21,605,053
	18	Grants payable			0	18	<u> </u>
	19	Deferred revenue			4,115,863	19	5,286,309
	20	Tax-exempt bond liabilities		ŀ	0	20	
	21	Escrow or custodial account liability Complete Part 1		ŀ	6,108,426	21	6,713,443
≟iabilities	22	Loans and other payables to current and former office key employees, highest compensated employees, and	rs, dire	ctors, trustees,			
ত		persons Complete Part II of Schedule L		[22	
<u>. E</u>	23	Secured mortgages and notes payable to unrelated th	urd part	ies		23	
_	24	Unsecured notes and loans payable to unrelated third	parties			24	
	25	Other liabilities (including federal income tax, payabl and other liabilities not included on lines 17-24) Complete Part X of Schedule D	es to re	lated third parties,			
					1,674,875,825	25	1,860,237,521
	26	Total liabilities. Add lines 17 through 25			1,706,322,071	26	1,893,842,326
ي. ط		Organizations that follow SFAS 117 (ASC 958), check	here 🟲	and complete			
ž	27	lines 27 through 29, and lines 33 and 34. Unrestricted net assets				27	
<u>ප</u>	28	Temporarily restricted net assets	• •			28	
<u> </u>	29	Permanently restricted net assets				29	
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check	here ► 🔽 and		23	
	30	complete lines 30 through 34. Capital stock or trust principal, or current funds .				30	
Assets	31	Paid-in or capital surplus, or land, building or equipme	• • ant fund			31	
\$ S.	32	Retained earnings, endowment, accumulated income,		ŀ	152,180,675	32	183,146,061
	33	Total net assets or fund balances	-	. Tulius	152,180,675	33	183,146,061
Net	34	Total liabilities and net assets/fund balances			1,858,502,746	34	2,076,988,387
	J-4	rotal habilities and het assets/fully balances			1,606,502,746	34	2,070,900,387

	t XI Reconcilliation of Net Assets			'	age =
Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		103,3	358,42
2	Total expenses (must equal Part IX, column (A), line 25)	2		77,8	393,02
3	Revenue less expenses Subtract line 2 from line 1	3		25,4	465,40
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		152,	180,67
5	Net unrealized gains (losses) on investments	5			26,69
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		5,4	173,29
	Column (2))	10		183,	146,06
Par	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	• •		Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	red on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	Į,	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separ basis, consolidated basis, or both	ate			
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
	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?		За		No
ь 	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Software ID: 15000238
Software Version: 2015v2.1

EIN: 39-0671465 **Name:** University of Wisconsin Credit Union

Compensated Employees, and Ir (A)	(B)			(C)				(D)	(E)	(F)
Name and Title	A verage hours per week (list	Posit more the perso	ion (han o	do no ne b	ox, u	nless	5	Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation
	any hours	and a						organızatıon (W-	organızatıons (W-	from the
	for related organizations	악	lng	Office	ξ _e	Higi	Former	2/1099-MISC)	2/1099-MISC)	organization and related
	below dotted line)	Individual trustee or director	Institutional Trustee	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Key employee	dos Test	De T			organizations
	, , ,	호	lonal		fold	က်ီးလျှ ရှိ				
		l se	I		8	ÞE				
		<u>α</u> .	91 8-6			Highest compensated employee				
V F	3 0					꼰				
Yvonne Evers Director-Chair		x		×				900	0	0
Marion Brown	3 0									
Director-Vice Chair		х		×				900	0	0
Ernest Hanson	3 0									
Director-Treasurer		х		Х				900	0	0
Gordon Ridley	3 0									
Director-Secretary		Х		Х				900	0	0
Phyllis King	2 0									
Director		X						0	0	0
Steven Rick	2 0									
Director		X						900	0	0
Ann Hoyt (partial)	2 0	,,								
Director		X						900	0	0
Jeffrey Russell	2 0	,						000		
Director		X						900	0	0
Kelly Wilson	2 0	V						000	0	0
Director		Х						900	0	
Tad Pinkerton	2 0	x						900	0	0
Director		^						300	0	
Paul Kundert	50 0			×				514,592	0	245,352
President/CEO								31.,332		210,002
Brad McClain	50 0			×				259,423	0	44,095
Exec VP/CFO	50.0									
Jason Feist	50 0				х			165,018	0	18,717
VP Member Services	50 0									
Lee Wiersma					х			214,826	0	34,476
Exec VP/CHRO	50 0									
Greg Yelk Wee Procedure of Information Technology					х			204,870	0	32,632
Vice President of Information Technology Julio Rios	50 0									
Associate Vice President of Mortgage Lending					x			197,525	0	32,091
Mike Long	50 0									
Exec VP/CCO					Х			246,024	0	36,202
Lisa Girdharry	50 0									
Senior VP & CMO					X			168,222	0	23,614
Rob Van Nevel	50 0				.,			200.005		22.242
Senior VP & CMSO					X			209,085	0	22,310
Eric Bangerter	50 0				,			175.070		20.276
VP of E-Commerce and Internet Services					X			175,878	0	28,376
David Mickelson	50 0				V			164,009	0	19.629
VP of Retail Delivery Operations					Х			164,009	0	18,628
Glen Spaeth	50 0				х			160,353	0	29,631
VP & Controller					Ĺ			100,333		27,031
Christopher Ohly	45 0					x		195,505	0	24,643
Mortgage Loan Officer				_				255,505		2.,013
James Hoppe	50 0					x		203,053	0	12,363
Mortgage Lending Sales Manager			<u> </u>	<u> </u>	<u> </u>		<u> </u>			_,
Christopher Smart	46 0					х		153,042	0	29,529
Mortgage Loan Officer			1	1				,		

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Mortgage Loan Officer

(A) Name and Title	(B) A verage hours per week (list any hours for related (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the organization and		
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	 Key employee	Highest compensated employee	Former	2/1099-MISC) 2/1099-MISC)		related organizations
Rıchard McKınley Mortgage Loan Officer	51 5				x		193,163	0	26,221
Ryan Boney	44 5				х		218,880	0	27,435

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DLN: 93493290004106

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Open to Public

ernal Revenue Service	Information about Schedule D	(Form 990) and its instructions is at <u>www.i</u>	rs.gov/fori	<u>m990</u> . Inspection
Name of the orga			Employ	er identification number
offiversity of wiscom	sin Credit Onion		39-067	1465
		r Advised Funds or Other Similar I ed "Yes" on Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b) Fu	nds and other accounts
Total num	nber at end of year			
A ggregate year)	e value of contributions to (during			
Aggregate	e value of grants from (during year)			
Aggregate	e value at end of year			
_		advisors in writing that the assets held in do the organization's exclusive legal control?	nor advised	│ Yes │ No
used only fo		and donor advisors in writing that grant fund benefit of the donor or donor advisor, or for a		urpose Yes No
Part II Cons	servation Easements. Compl	ete if the organization answered "Yes"	on Form 9	990, Part IV, line 7.
Preserva Protection Preserva Complete lir	ation of land for public use (e g , recro on of natural habitat ation of open space nes 2a through 2d if the organization	ne organization (check all that apply) eation or education)	certified hi	storic structure
easement or	n the last day of the tax year			Held at the End of the Year
a Total numbe	r of conservation easements		2a	There are the End of the Tear
b Total acreag	ge restricted by conservation easem	ents	2b	
c Number of c	onservation easements on a certified	d historic structure included in (a)	2c	
	onservation easements included in (cture listed in the National Register	c) acquired after 8/17/06, and not on a	2d	
Number of cotax year ►	onservation easements modified, tra	nsferred, released, extinguished, or termina	ted by the o	rganızatıon durıng the
Number of s	tates where property subject to cons	ervation easement is located 🗠		
	ganization have a written policy rega nd enforcement of the conservation	rding the periodic monitoring, inspection, had easements it holds?	ndling of	┌ Yes ┌ No
Staff and vol year	unteer hours devoted to monitoring,	inspecting, handling of violations, and enfor	cing conser	vation easements during the
<u> </u>				
	xpenses incurred in monitoring, insp	ecting, handling of violations, and enforcing	conservatio	n easements during the year
	onservation easement reported on liction 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of se	ection 170(l	1)(4) Yes No
In Part XIII balance she	, describe how the organization repoi	rts conservation easements in its revenue a t of the footnote to the organization's financia asements		
		ctions of Art, Historical Treasures	, or Other	· Similar Assets.
Com	plete if the organization answer	ed "Yes" on Form 990, Part IV, line 8.		
works of art,	historical treasures, or other simila	FAS 116 (ASC 958), not to report in its revolved in the revolv	, or researc	h in furtherance of public
works of art,		FAS 116 (ASC 958), to report in its revenue r assets held for public exhibition, education o these items		
(i) Revenue in	cluded on Form 990, Part VIII, line	1	► \$	
(ii) Assets incl	uded in Form 990, Part X			
If the organı	zation received or held works of art,	historical treasures, or other similar assets SFAS 116 (ASC 958) relating to these item	for financial	
a Revenue inc	luded on Form 990, Part VIII, line 1			▶ \$

b Assets included in Form 990, Part X

EIR	(continued)	Collections of Art,								
3	Using the organization's acquisition, according to the collection items (check all that apply)	ession, and other record	ls, checl	k any of	the following	that ar	e a significant	use of	its	
а	Public exhibition		d [Loan	or exchange	progra	ms			
b	Scholarly research		е Г	Othe	r					
c	Preservation for future generations									
	Provide a description of the organization's	s collections and explai	n how th	ey furthe	er the organiz	zatıon's	exempt purpo	se in		
	During the year, did the organization solid	cit or receive donations	ofart h	ıstorıcal	treasures or	other	umılar			
	assets to be sold to raise funds rather tha						Γ 1	es	No No	
ar	ESCROW and Custodial Arra Complete if the organization a Part X, line 21.		orm 990), Part I	[V, line 9, o	r repo	rted an amo	ount o	n Forn	า 990,
a	Is the organization an agent, trustee, cus included on Form 990, Part X?	todian or other intermed	dıary for	contribu	itions or othe	erasse	ts not	es	✓ No	
b	If "Yes," explain the arrangement in Pa	art XIII and complete th	ne follow	ing table	!			4 moun	t	
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
a	Did the organization include an amount or	n Form 990, Part X, line	21, for	escrow	or custodial a	ccount	liability? 🔽 🕻	es	No	
b	If "Yes," explain the arrangement in Part	XIII Check here if the	explana	tion has	been provide	d in Pa	rt XIII			고
a	rt V Endowment Funds. Comple	te if the organization	answe			` _				
		(a)Current year	(b) Prior y	ear t	(c)Two years	back (1) Three years ba	ck (e)	Four year	ars back
ì	Beginning of year balance									
b	Contributions									
2	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities and programs									
F	Administrative expenses									
3	End of year balance									
	Provide the estimated percentage of the	current vear end balanc	e (line 1	a. colum	ın (a)) held as	 5		•		
,	Board designated or quasi-endowment	,	`	3,	(//					
b	Permanent endowment >									
- -	Temporarily restricted endowment									
-	The percentages on lines 2a, 2b, and 2c	should equal 100%								
a	Are there endowment funds not in the pos organization by		tion tha	t are hel	d and adminis	stered	for the		Yes	No
	(i) unrelated organizations						[3a(i)		
	(ii) related organizations							3a(ii)		
	• •			• •			ļ			
	If "Yes" on 3a(II), are the related organize	ations listed as required	d on Sch		• • • • •			3b		
	If "Yes" on 3a(II), are the related organized Describe in Part XIII the intended uses of	ations listed as required of the organization's end	d on Sch		· · · ·			3b		
	If "Yes" on 3a(II), are the related organize	ations listed as required of the organization's end ment.	l on Sch Iowment	funds		 See Fo			ne 10.	
	If "Yes" on 3a(II), are the related organized Describe in Part XIII the intended uses of tVI Land, Buildings, and Equip	ations listed as required of the organization's end ment.	on Sch lowment m 990,	funds	/, line 11a.9	er basıs	rm 990, Par Accumulat (c) depreciation	t X, lıı	ne 10. (d)Book	
ar	If "Yes" on 3a(II), are the related organized Describe in Part XIII the intended uses of tVI Land, Buildings, and Equip Complete if the organization a	ations listed as required of the organization's end ment.	on Sch lowment m 990,	Part I\ (a) other bas	/, line 11a.s (b) is Cost or oth (othe	er basıs	Accumulat	t X, lıı	(d)Book	value
ar	If "Yes" on 3a(II), are the related organized Describe in Part XIII the intended uses of tVI Land, Buildings, and Equip Complete if the organization at Description of property	ations listed as required of the organization's end ment.	on Sch lowment m 990,	Part I\ (a) other bas	/, line 11a.s (b) is Cost or oth (othe	er basıs r)	Accumulat	t X, lıı	(d)Book	value
ar a l	If "Yes" on 3a(II), are the related organized Describe in Part XIII the intended uses of tVI Land, Buildings, and Equip Complete if the organization and Description of property Land	ations listed as required of the organization's end ment.	on Sch lowment m 990,	Part I\ (a) other bas	/, line 11a.9 (b) IS Cost or oth (othe) 17, 40 48,	er basis r) 636,688 200,460	Accumulat (c) depreciation	ed on ,445	(d) Book	value 7,636,68
arla l	If "Yes" on 3a(II), are the related organized Describe in Part XIII the intended uses of tVI Land, Buildings, and Equip Complete if the organization and Description of property	ations listed as required of the organization's end ment.	on Sch lowment m 990,	Part IV (a) other basestment)	/, line 11a.s (b) IS Cost or oth (othe) 17, 40 48,	er basıs r) 636,688	Accumulat (c) depreciation	ed on ,445	(d) Book	

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

2,597,901

62,479,165

Part VII	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 valu
	l derivatives held equity interests			
3) 0 ther			251 229 949	F
	Backed Securities		251,229,949	
B) Federal F	Home Loan Bank Chicago Stock		5,485,700	C
	n (b) must equal Form 990, Part X, col (B) line 12) Investments—Program Related.	*	256,715,649	
	Complete if the organization answere	d 'Yes' on Form 990,		
	(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
	n (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organizati (a) Desc		orm 990, Part IV, line 11	d See Form 990, Part X, line 15 (b) Book value
	Other Assets. Complete if the organizati	on answered 'Yes' on Fo	orm 990, Part IV, line 11	
	Other Assets. Complete if the organizati	on answered 'Yes' on Fo	orm 990, Part IV, line 11	
	Other Assets. Complete if the organizati	on answered 'Yes' on Fo	orm 990, Part IV, line 11	
	Other Assets. Complete if the organizati	on answered 'Yes' on Fo	orm 990, Part IV, line 11	
	Other Assets. Complete if the organizati	on answered 'Yes' on Fo	orm 990, Part IV, line 11	
	Other Assets. Complete if the organizati	on answered 'Yes' on Fo	orm 990, Part IV, line 11	
Part IX	Other Assets. Complete if the organizati	on answered 'Yes' on Fo	orm 990, Part IV, line 11	(b) Book value
otal. (Colun	Other Assets. Complete if the organization (a) Described in the organization (a) Described in the organization (b) must equal Form 990, Part X, col.(B) line (b) organization (b) must equal Form 990, Part X, col.(B) line (b) organization (b) must equal Form 990, Part X, col.(B) line (b) organization (b) must equal Form 990, Part X, col.(B) line (b) organization (b) must equal Form 990, Part X, col.(B) line (c) organization (b) must equal Form 990, Part X, col.(B) line (c) organization (c) organi	on answered 'Yes' on Foription		(b) Book value
otal. (Colum	Other Assets. Complete if the organizati (a) Desc (a) Desc (b) must equal Form 990, Part X, col.(B) line	on answered 'Yes' on Foription		(b) Book value
otal. (Colun	mn (b) must equal Form 990, Part X, col.(B) line Other Liabilities. Complete if the org See Form 990, Part X, line 25. (a) Description of liability	on answered 'Yes' on Formula in the second of the second o		(b) Book value
Part IX Part X ederal inco	mn (b) must equal Form 990, Part X, col.(B) line Other Liabilities. Complete if the organization See Form 990, Part X, line 25. (a) Description of liability	15.) Janization answered (b) Book value		(b) Book value
Part IX Part X ederal Inco	mn (b) must equal Form 990, Part X, col.(B) line Other Liabilities. Complete if the org See Form 990, Part X, line 25. (a) Description of liability ome taxes	15.) Janization answered (b) Book value 1,854,002,2	Yes' on Form 990, Pa	(b) Book value
otal. (Column Part X	mn (b) must equal Form 990, Part X, col.(B) line Other Liabilities. Complete if the organization See Form 990, Part X, line 25. (a) Description of liability	15.) Janization answered (b) Book value	Yes' on Form 990, Pa	(b) Book value
otal. (Colum Part X	mn (b) must equal Form 990, Part X, col.(B) line Other Liabilities. Complete if the org See Form 990, Part X, line 25. (a) Description of liability ome taxes	15.) Janization answered (b) Book value 1,854,002,2	Yes' on Form 990, Pa	(b) Book value
Part IX Part X ederal Inco	mn (b) must equal Form 990, Part X, col.(B) line Other Liabilities. Complete if the org See Form 990, Part X, line 25. (a) Description of liability ome taxes	15.) Janization answered (b) Book value 1,854,002,2	Yes' on Form 990, Pa	(b) Book value
otal. (Colum Part X ederal Inco	mn (b) must equal Form 990, Part X, col.(B) line Other Liabilities. Complete if the org See Form 990, Part X, line 25. (a) Description of liability ome taxes	15.) Janization answered (b) Book value 1,854,002,2	Yes' on Form 990, Pa	(b) Book value
otal. (Colum Part X ederal inco	mn (b) must equal Form 990, Part X, col.(B) line Other Liabilities. Complete if the org See Form 990, Part X, line 25. (a) Description of liability ome taxes	15.) Janization answered (b) Book value 1,854,002,2	Yes' on Form 990, Pa	(b) Book value
otal. (Colum Part X ederal Inco	mn (b) must equal Form 990, Part X, col.(B) line Other Liabilities. Complete if the org See Form 990, Part X, line 25. (a) Description of liability ome taxes	15.) Janization answered (b) Book value 1,854,002,2	Yes' on Form 990, Pa	(b) Book value
otal. (Colum Part X ederal Inco	mn (b) must equal Form 990, Part X, col.(B) line Other Liabilities. Complete if the org See Form 990, Part X, line 25. (a) Description of liability ome taxes	15.) Janization answered (b) Book value 1,854,002,2	Yes' on Form 990, Pa	(b) Book value
otal. (Colum Part X ederal Inco	mn (b) must equal Form 990, Part X, col.(B) line Other Liabilities. Complete if the org See Form 990, Part X, line 25. (a) Description of liability ome taxes	15.) Janization answered (b) Book value 1,854,002,2	Yes' on Form 990, Pa	(b) Book value

Part		evenue per Audited Financial Stat uzation answered 'Yes' on Form 990, F		oer Retu	ırn
1	Total revenue, gains, and othe	r support per audited financial statements		1	
2	Amounts included on line 1 bu	t not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses)	on investments	2a		
b	Donated services and use of fa	acılıtıes	2b		
C	Recoveries of prior year grants	5	2c		
d	Other (Describe in Part XIII)		2d		
e				2e	
3				3	
4		0, Part VIII, line 12, but not on line 1			
a		uded on Form 990, Part VIII, line 7b.	4a		
b	•		4b		
c				4c	
5		4c.(This must equal Form 990, Part I, line		5	
Part >		cpenses per Audited Financial Sta			eturn.
	Complete if the organ	iization answered 'Yes' on Form 990, F	Part IV, line 12a.		
1		audited financial statements		1	
2		t not on Form 990, Part IX, line 25	1 1		
а	Donated services and use of fa	acilities	2a		
b	Prior year adjustments		2b		
C	Other losses		2c		
d	Other (Describe in Part XIII)		2d		
e	Add lines 2a through 2d			2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.			3	
4	Amounts included on Form 99	0, Part IX, line 25, but not on line 1:			
а	Investment expenses not inclu	uded on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)		4b		
c	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 ar	nd 4c. (This must equal Form 990, Part I, lir	ne 18)	5	
Part)	Supplemental Info	ormation			
	, line 4, Part X, line 2, Part XI,	Part II, lines 3, 5, and 9, Part III, lines 1a lines 2d and 4b, and Part XII, lines 2d and			any additional
	Return Reference	Explanation			
Explana Debt Ma	le D, Part IV, Line 2b ition of Credit Counseling and anagement Services	UWCU continues to provide credit consulta member Members can meet with a financia their credit score, or research options to lo free education and advice from the experts committed to helping individuals and famili	al specialist to review their cre ower rates on existing loans U at balance, a financial educat es take control of their finance	edit report WCU also non and co	, better understand o offers members ounseling service
	le D, Part IV, Line 2b ition of escrow agreement	The Credit Union maintains real estate eso insurance	crow accounts used to pay me	mbers' rea	al estate taxes and
	le D, Part X, Line 2 FIN 48 40) footnote	The Credit Union is exempt, by statute, from however, pay sales tax, property tax, payrobusiness activities. The Internal Revenue what, if any, products and services provide service organizations are subject to unrelated little guidance in the IRS Code on what act certain technical advice memorandums ideresult, at this time there is uncertainty regincome tax on certain types of net taxable authorities as unrelated to the purpose for tax liability recorded by the Credit Union a business activities was not material. A tax likely than not" that the tax position would being presumed to occur. The amount recogneater than 50% likely of being realized of likely than not" test, no tax benefit will be and 2014. The Credit Union recognizes into operations section of the consolidated statiduring 2015 and 2014.	oll taxes, and federal and state Service (IRS) and certain taxid by state chartered credit united business income tax (UBI strities should be subject to UI entifying certain activities as barding whether state chartered income from activities that may which credit unions were grants of December 31, 2015 and a position will be recognized as be sustained in a tax examination for tax position recorded. There is no accrual interest and/or penalties related.	ng author ions or the T) There BIT The I being subjected non-ta 2014 attreated non-ta ton, with unt of tax ns not me necessary to income	ax on unrelated aties are evaluating eir credit union is currently very RS has issued ect to UBIT As a mions should pay sidered by taxing exable status The ibuted to unrelated only if it is "more a tax examination benefit that is eting the "more at year-end 2015 e tax matters in the

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

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Schedule I

(Form 990)

Department of the

Internal Revenue Service

Name of the organization

Treasury

DLN: 93493290004106OMB No 1545-0047

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

2015

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

Open to Public Inspection

Employer identification number

 \blacktriangleright Information about Schedule I (Form 990) and its instructions is at $\underline{www.irs.gov/form990}$.

University of Wisconsin Credit (nion					39-0671465	
Part I General Inform	nation on Grants	and Assistance				•	
Does the organization mathemathemathemathemathemathemathemathe	d to award the grants ganızatıon's procedu	or assistance? res for monitoring the	use of grant funds in the	United States		*	ר Yes Γ N
			omestic Governments. dditional space is need		iization answered "Yes"	on Form 990, Part IV, line	21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) United Way of Dane County 2059 Atwood Avenue Madison, WI 53704	39-0817532	501(c)(3)	34,000				COMMUNITY OUTREACH
University of Wisconsin (2) Foundation 1848 University Avenue Madison, WI 53708	39-0743975	501(c)(3)	37,000				COMMUNITY OUTREACH, SCHOLARSHIPS

Schedule I, Part I, Line 2

grant funds

Procedures for monitoring use of

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

general operations of these organizations

(a)Type of grant or assistance	ce	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance			
Part IV Supplemental I	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.								
Return Reference	Return Reference Explanation								

UWCU contributes to organizations that are tax exempt organizations. There is no formal monitoring of grant funds as UWCU contributes to support the

Schedule I (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493290004106

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

Open to Public Inspection

Univ	versity of Wisconsin Credit Union			
Do	39-0671465			
Ра	rt I Questions Regarding Compensation		T	T
			Yes	No
1a	Check the approplate 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			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
	, Following decount , Following decounts , Following a contract (e.g., maia, endancer), end.			
ь	If any of the boxes in 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	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
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			
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization			
•	or a related organization	"'		
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	""
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	103	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	F		110
	The state of the control of the persons and provide the applicable amounts for each term in a definition			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of			
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of			
а	The organization?	6a		
Ь	Any related organization?	6b		
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations		1	1

section 53 4958-6(c)?

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

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

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

(A) Name and Title	(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	` '	(E) Total of columns	
	Base (i) compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2015

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 4b	The Board has established for the President, a Deferred Compensation Plan dated July 30, 2013 (2013 Plan) The 2013 plan was designed to
Supplemental nonqualified retirement	compensate for benefits not eligible under the 401(k) plan as a result of limitations imposed by the IRS on allowable contributions, Social Security
plan	contribution and retirement benefit limits, as well as to provide a long-term incentive for sustained performance. At December 31, 2015 the outstanding
	liability under the plan was \$466,000 Cumulative deferred compensation payable to the President is a general creditor obligation of the Credit Union
	Future disbursements (if any) of the cumulative deferred compensation payable are contingent on the conditions established by the plan

Schedule J (Form 990) 2015

 Software ID:
 15000238

 Software Version:
 2015v2.1

 EIN:
 39-0671465

Name: University of Wisconsin Credit Union

Form 990, Schedule J, I	<u>Part</u>	II - Officers, Dire	ctors, Trustees, K	ey Employees, and	d Highest Compen	sated Employees	5	1
(A) Name and Title		(B) Breakdown of (i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(I)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 Paul Kundert President/CEO	(1)	482,072		32,520	227,064	18,288	759,944	0
	(11)	-'			-	- 0		
1Brad McClain Exec VP/CFO	(1)) 229,424	0	29,999	20,503	23,592	303,518	0
	(11)	,	<u> </u>					
2Jason Feist VP Member Services	(1)) 140,265	0 17,936	6,817	12,579	0 6,138	0 3 183,735	0
VP Member services	(11)	,	<u> </u>]
3Lee Wiersma Exec VP/CHRO	(1)) 147,185	35,438	32,203	15,634	18,842	2 249,302	0
EXEC VP/CRKO	(11)		<u> </u>	<u> </u>				
4Greg Yelk	(1)) 169,278	0 27,432	0 8,160	16,459	0 16,173	0 237,502	0
Vice President of Information Technology	(11)							<u> </u>
5 Julio Rios	(1)	0 134,528	57.226	0	14.688	17.403	220.516	0
Associate Vice President of Mortgage Lending	(1)		57,226 	5,771	14,688	17,403	229,616	0
		0	0	ا ما	0	0	0	o
6 Mike Long Exec VP/CCO	(1)		41,035	19,758	18,560	17,642	282,226	0
	(11)	0		,		0	- 00	- 0
7 Lisa Girdharry Senior VP & CMO	(1)	138,684	24,325	5,213	12,953	10,661	. 191,836	0
	(11)	0	,	;	-	-0	- 0	-0
8Rob Van Nevel Senior VP & CMSO	(1)) 151,462	36,162	21,461	16,087	6,223	231,395	0
	(11)		-					
9 Eric Bangerter VP of E-Commerce and	(1)) 144,275	25,982	5,621	ď	15,055	204,254	
Internet Services	(11)	-				-		
10David Mickelson VP of Retail Delivery	(1)) 122,084	21,640	20,285	<u> </u>	5,825	182,637	0
Operations	(11)	,	<u>.</u>	<u>-</u> J				
11Glen Spaeth	(1)) 126,747	0 23,967	9,639	12,594	0 17,037	0 189,984	0
VP & Controller	(11)			_				
12Christopher Ohly	(1)) 58,281	136,444	780	9,488	15 155	220 148	0
Mortgage Loan Officer	(11)		100,7		,, co	15,155 	220,148	
13James Hoppe		0	0	0	0	0	0	0
Mortgage Lending Sales Manager	(1)		117,837	3,481	12,296	67	215,416	0
		0		ر آ	0	0	0	0
14 Christopher Smart Mortgage Loan Officer	(1)		104,421	680	7,213	22,316	182,571	0
	(11)	0	0	,	0	0	- 0 0	0
15 Richard McKinley Mortgage Loan Officer	(1)	68,143	123,425	1,595	8,762	17,459	219,384	0
	(11)	0	,	; _o -l	_ 0	-0		_ 0
16 Ryan Boney Mortgage Loan Officer	(1)) 46,921	171,917	7 42	i	19,573	246,315	
	(11)) -			- 0			
	I	1	1	1 ~1	, · · · · · · · · · · · · · · · · · · ·	1		-

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493290004106

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization University of Wisconsin Credit Union	Employer identification number
'	39-0671465

Return Reference	Explanation
Form 990, Part VI, Line 15b PROCESS TO ESTABLISH COMPENSATION - OFFICERS & KEY EMPLOYEES	THE CHIEF EXECUTIVE OFFICER OF THE CREDIT UNION APPROVES THE COMPENSATION OF ALL SUBORDINATE OFFICERS OF THE CREDIT UNION CONSISTENT WITH ALL OTHER CREDIT UNION EMPLOYEE POSITIONS, THE CREDIT UNION FOLLOWS A COMPENSATION SYSTEM THAT ASSIGNS A POSITION GRADE AND SALARY RANGE FOR EACH POSITION AT LEAST BI-ANNUALLY, INDEPENDENT BENCHMARK DATA FROM AT LEAST TWO SOURCES IS OBTAINED BASED ON THE MEDIAN OF THE BLENDED BENCHMARKS, POSITIONS ARE ASSIGNED TO A SALARY GRADE FOR SUBORDINATE OFFICERS, COMPENSATION ADJUSTMENTS CAN BE MADE BY THE CHIEF EXECUTIVE OFFICER BASED ON INDIVIDUAL PERFORMANCE WITHIN THE CONFINES OF THE ESTABLISHED SALARY GRADE ALL EMPLOYEES OF THE CREDIT UNION, INCLUDING THE OFFICERS SUBORDINATE TO THE CHIEF EXECUTIVE OFFICER, ARE ELIGIBLE TO RECEIVE BASE PAY AS WELL AS A VARIABLE PAY BONUS BASED ON THE ATTAINMENT OF ORGANIZATIONAL GOALS AND INDIVIDUAL PERFORMANCE, WHICH INCLUDE MEMBER SATISFACTION, AND FINANCIAL STEWARDSHIP THE VARIABLE PAY POTENTIAL BONUS POOL FUNDS ARE APPROVED BY THE BOARD OF DIRECTORS EMPLOYEES, INCLUDING OFFICERS SUBORDINATE TO THE CHIEF EXECUTIVE OFFICER, PARTICIPATE IN THE BONUS POOL BASED ON THEIR INDIVIDUAL PERFORMANCE AND SALARY GRADE THE OFFICERS SUBORDINATE TO THE CHIEF EXECUTIVE OFFICERS SUBORDINATE TO THE CHIEF EXECUTIVE OFFICERS SUBORDINATE TO THE CHIEF EXECUTIVE OFFICERS

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	All members of the Credit Union are given one vote in election of board members, or the approval of significant decisions, without preference to the amount of funds they have on deposit with the credit union

Return Reference	Explanation
	The University of Wisconsin Credit Union is a member owned cooperative business organization, governed by a nine member Board of Directors. The Board is comprised of active members of the Credit Union who are selected by the membership through a democratic election process.

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	At any membership meeting, a majority of the members present may direct the board to consider policies proposed by the members, or reconsider any decision of the directors, officers, or committees Furthermore, the members must approve of any consolidations or mergers

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	The CEO, CFO and Controller perform a thorough review of the draft form 990 prior to the full board review. A draft copy of the form 990 is provided to the audit committee and the paid tax preparer presents excerpts from the return. A final copy of the return is provided to the full board prior to filing the return with the IRS.

Return Reference	Explanation
ınterest policy	Board members, officers and employees are required to annually disclose any conflicts of interests they may have with the organization. The Chief Human Resource Officer reviews each policy statement signed by these individuals to determine if any conflicts have occurred and need to be brought to the attention of the Board. If a conflict arises, the respective board member will abstain him/herself from any related discussion, vote or similar action on the matter.

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	AS PROVIDED BY THE BYLAWS, THE PRESIDENT IS THE CHIEF EXECUTIVE OFFICER AND THE TOP MANAGEMENT OFFICIAL THE PRESIDENT SERVES AT THE PLEASURE OF THE BOARD OF DIRECTORS AS PRESCRIBED BY THE BYLAWS THE BOARD OF DIRECTORS SETS THE COMPENSATION OF THE PRESIDENT THE BOARD HAS EXECUTED A FORMAL EMPLOYMENT AGREEMENT WITH THE PRESIDENT, WHICH PROVIDES THAT EITHER PARTY MAY TERMINATE THE AGREEMENT AT ANY TIME PER THE TERMS OF THE CONTRACT, BIENNIALLY THE BOARD SETS THE COMPENSATION OF THE PRESIDENT USING INDEPENDENTLY OBTAINED DATA TO BENCHMARK THE MARKET VALUE OF THE POSITION, WHICH WAS LAST UNDERTAKEN IN 2015 All employees of the Credit Union, including the President, are eligible to receive a base pay as well as a variable pay bonus based on the attainment of organizational goals, which include member satisfaction and financial stewardship. The President receives the same life, medical, disability, and dental insurance, and 401(K) benefits that are available to all full-time employees of the Credit Union. The President is provided with other benefits which include a supplemental disability insurance policy and is provided a company automobile available for personal use. The annual value of these supplemental benefits included in Schedule J Part II is \$11,226. The Board of Directors' deliberations and determinations regarding compensation are recorded on a timely basis in the minutes of their meetings.

Return Reference	Explanation
 	The organization's governing documents and financial statements are available on the credit union's public website. The conflict of interest policy is available to employees of the credit union on the internal intranet and is required to be reviewed and signed by them annually, the conflict of interest policy is not available to the public

Return Reference	Explanation
Form 990, Part VII, Section A, Line 1a, Column (D) Board compensation policy	As a convenience to UW Credit Union, and to minimize the Credit Union's administrative burden related to processing and paying incidental out-of-pocket expenses such as telephone, local mileage, parking, copying, postage, and supplies associated with duties of the Board Director positions, the Board has implemented a policy of per diem reimbursement of expense. Directors are reimbursed \$75 per month for an annual total of \$900 per Director Alternatively, the Directors have the option to forego the per diem method and be reimbursed under the accountable reimbursement method.

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service Revenue	Other - Total Revenue 1445027, Related or Exempt Function Revenue 1445027, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Mortgage Market Hedging Valuation - 35654, Valuation Allowance on Receivable from Trustee, Net - 6012712, Land Impairment575076,

Return Reference	Explanation
FORM 990, PART XI, LINE 9 OTHER CHANGES IN NET ASSETS OR FUND BALANCES	In 2014 UW Credit Union held a position in securities purchased under agreements to resell through Pennant Management, Inc. (Pennant), a subsidiary of U.S. Fiduciary, in United States Department of Agriculture (USDA) Rural Development Business and Industry guaranteed loans. Pennant is an SEC registered investment advisor. As of September 29, 2014, Pennant halted trading in its First Farmers Repurchase Agreement B Fund, and filed a complaint in United States District Court for the Northern District of Illinois Eastern Division claiming that the loans Pennant allegedly acquired from First Farmers Financial, LLC (First Farmers) were fraudulent. The USDA has acknowledged granting authority to First Farmers to originate and service USDA guaranteed loans, however, the USDA has denied the validity of guarantees with respect to the loans that Pennant purchased from First Farmers. The U.S. District Court has appointed a receiver to manage and liquidate certain assets of First Farmers and other related entities and individuals in order to return funds to the investors. The Court appointed receiver took possession of certain assets which included commercial and residential real properties, loans receivable, cash, and other personal property. After evaluating an inventory of the assets in the possession of the court appointed receiver, the estimated liquidation value of such assets, and unresolved liens against such assets, UW Credit Union initially recorded a valuation allowance of \$35,160,000 based on UW Credit Union's share of the estimated value of the recovery assets as reflected in its proportional share ownership of the First Farmers Repurchase Agreement B Fund. In 2015 the Receiver was able to liquidate the majority of assets and successfully reduce some of the liens. As a result UW Credit Union reduced the valuation allowance by \$6,013,000.

DLN: 93493290004106

2015

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Related Organizations and Unrelated Partnerships

(Form 990)

Name of the organization

Department of the Treasury

Internal Revenue Service

SCHEDULE R

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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

University of Wisconsin Credit Union 39-0671465 Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c) (d) (f) Legal domicile (state Total income Direct controlling Name, address, and EIN (if applicable) of disregarded entity Primary activity End-of-year assets or foreign country) entity (1) CU CAMPUS RESOURCES LLC CUSTOMIZED STUDENT WI 1,659,683 819,289 UWCU 3500 UNIVERSITY AVE LOAN PROGRAMS MADISON, WI 53705 27-2613828 Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one Part II or more related tax-exempt organizations during the tax year. (g) Name, address, and EIN of related organization Legal domicile (state Public charity status Direct controlling Primary activity Exempt Code section Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y Schedule R (Form 990) 2015

lle R (Form 990) 2015													Page :	
III Identification of Related (because it had one or more i						ation answ	ered "Ye	s" on	Form	990, Part I	V, lır	ıe 34	;	
(a) Name, address, and Ei related organization	of	(b) Primary activity	(c) Legal domicile (state or foreign country)	I Direct ile controlling or entity in	(e) Predominant income(related, unrelated, excluded from tax under sections 512-	ted, total income , om r	(g) Share of end-of-yea assets		n) prtionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		j ownershi	
					514)			Yes	No		Yes N	No		
IV Identification of Related (34 because it had one or mo							ation ansv	wered	"Yes'	" on Form 9	€90, I	Part	IV, line	
(a) Name, address, and EIN of Primary activity related organization		(c) Legal domicile (state or foreign country)		(d) Direct controll entity	(e) Type of entit (C corp, S corp, or trust)		total Share e of	(g) of end- year ssets		(h) ercentage ownership	Section (b) cont	(i) on 512 (13) trolled tity?		
											Yes		No	

Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end- of-year assets	Percentage ownership	Section 512 (b)(13) controlled entity?		
								Yes	No	_
									+	
										1
	·			•			Schedu	le R (Form 9	90) 20	<u> </u>

Part V	Transactions With Related Organizations Complete if the organization answer	ed "Yes" on Form	990, Part IV, line	34, 35b, or 36.							
Note	. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No				
1 During t	the tax year, did the orgranization engage in any of the following transactions with one or more rel	ated organizations li	sted in Parts II-IV?								
a Rece	eipt of (i) interest, (ii)annuities, (iii)royalties, or(iv)rent from a controlled entity				1a						
b Gift,	grant, or capital contribution to related organization(s)				1b						
c Gıft,	grant, or capital contribution from related organization(s)	capital contribution from related organization(s)									
d Loan	s or loan guarantees to or for related organization(s)				1d						
e Loan	s or loan guarantees by related organization(s)				1e						
f Divid	lends from related organization(s)				1f						
g Sale	of assets to related organization(s)				1 g						
h Purc	hase of assets from related organization(s)				1h						
i Exch	ange of assets with related organization(s)				1i						
j Leas	e of facilities, equipment, or other assets to related organization(s)				1j						
k Leas	e of facilities, equipment, or other assets from related organization(s)				1k						
l Performance of services or membership or fundraising solicitations for related organization(s)											
m Perfo	rmance of services or membership or fundraising solicitations by related organization(s)				1m						
n Sharı	ng of facilities, equipment, mailing lists, or other assets with related organization(s)				1n						
o Shar	ing of paid employees with related organization(s)				1o						
p Reim	bursement paid to related organization(s) for expenses				1 p						
q Reim	bursement paid by related organization(s) for expenses				1 q						
r Othe	r transfer of cash or property to related organization(s)				1r						
s Othe	r transfer of cash or property from related organization(s)				1s						
2 If the	answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including co	overed relationships	and transaction thresholds							
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	ount in	ivolved					

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

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

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	(b) Primary activity	domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	org	(e) all partners section 501(c)(3) janizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations	_	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
											l	1	I
												\vdash	
												<u> </u>	

Part VII Supplemental Information

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

Return Reference Explanation

Schedule R (Form 990) 2015