

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

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

B Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
UNIVERSITY OF IOWA COMMUNITY CREDIT UNION

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
2355 LANDON RD

City or town, state or province, country, and ZIP or foreign postal code
NORTH LIBERTY, IA 523170800

D Employer identification number
42-0804594

E Telephone number
(319) 339-1000

G Gross receipts \$ 309,098,604

F Name and address of principal officer
JEFFREY A DISTERHOFT
2355 LANDON RD
NORTH LIBERTY, IA 523170800

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.UICCU.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1938

M State of legal domicile IA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
IMPROVE THE QUALITY OF LIFE IN OUR COMMUNITIES BY PROMOTING THE FINANCIAL WELL-BEING OF OUR RESIDENTS

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

3 Number of voting members of the governing body (Part VI, line 1a)	11
4 Number of independent voting members of the governing body (Part VI, line 1b)	11
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	547
6 Total number of volunteers (estimate if necessary)	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	94,118
7b Net unrelated business taxable income from Form 990-T, line 34	-156,982

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	0
9 Program service revenue (Part VIII, line 2g)	180,443,947	219,547,772
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,473,771	7,910,512
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	34,311,928	36,191,942
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	217,229,646	263,650,226
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,986,392	3,182,505
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	38,812,910	43,516,286
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	106,454,093	141,160,244
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	148,253,395	187,859,035
19 Revenue less expenses Subtract line 18 from line 12	68,976,251	75,791,191
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	4,672,408,712	5,377,351,129
21 Total liabilities (Part X, line 26)	4,278,651,983	4,909,348,272
22 Net assets or fund balances Subtract line 21 from line 20	393,756,729	468,002,857

Part II Signature Block

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

Sign Here
Signature of officer: *****
Date: 2019-05-13
JEFFREY A DISTERHOFT PRESIDENT & CHIEF EXECUTIVE OFFICER
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: RSM US LLP
Preparer's signature: [Signature]
Date: [Date]
Check if self-employed
PTIN: P01306883
Firm's EIN: 42-0714325
Firm's address: 201 N HARRISON ST STE 300 DAVENPORT, IA 528011999
Phone no: (563) 888-4000

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

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

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules *(continued)*

		Yes	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>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
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? <i>If "Yes," complete Schedule L, Part I</i>		
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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	Yes	
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>		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)		
28a	a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
28b	b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
28c	c 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>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
35b	b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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? <i>If "Yes," complete Schedule R, Part VI</i>		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	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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		2a	547		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
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? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	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
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
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
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a	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			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	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			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10 Section 501(c)(7) organizations. Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	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	13b			
c	Enter the amount of reserves on hand	13c			
14a	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? <i>If "No," provide an explanation in Schedule O</i>	14b			
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? If "Yes," see instructions and file Form 4720, Schedule N	15		Yes	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16			No

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b 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?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] 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 2355 LONDON ROAD NORTH LIBERTY, IA 52317 (319) 248-5815

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ELDEAN BORG VICE CHAIRPERSON	0 60	X		X				0	0	0
(2) LAUREL DAY SECRETARY	0 60	X		X				0	0	0
(3) MJ DOLAN BOARD MEMBER	0 19	X						0	0	0
(4) LYNSEY ENGELS BOARD MEMBER	0 60	X						0	0	0
(5) SARAH FISHER-GARDIAL CHAIRPERSON	0 60	X		X				0	0	0
(6) KARIN FRANKLIN FORMER CHAIRPERSON	0 13	X		X				0	0	0
(7) TOM LEPIC FORMER BOARD MEMBER	0 15	X						0	0	0
(8) FRED MIMS AUDIT COMMITTEE CHAIR	0 60	X						0	0	0
(9) MARC MOEN BOARD MEMBER	0 60	X						0	0	0
(10) LORAS NEUROTH CREDIT COMMITTEE CHAIR	0 46	X						0	0	0
(11) ANDRE PERRY CHIEF FINANCIAL OFFICER	0 60	X		X				0	0	0
(12) MARK ROLINGER BOARD MEMBER	0 60	X						0	0	0
(13) DAVE WRIGHT BOARD MEMBER	0 60	X						0	0	0
(14) JEFFREY A DISTERHOFT PRESIDENT & CHIEF EXECUTIVE OFFICER	50 00			X				1,211,188	0	36,892
(15) TODD D FANNING EXECUTIVE VP & CHIEF FINANCIAL OFFICER	50 00			X				441,248	0	39,857
(16) SUSAN K FREEMAN EXECUTIVE VP HUMAN RESOURCES	50 00				X			348,831	0	35,305
(17) AMY K HENDERSON EXECUTIVE VP MORTGAGE	50 00				X			337,956	0	33,857

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JAMES F KELLY EXECUTIVE VP MARKETING	50 00				X			362,214	0	33,857
(19) RICHARD J NOBLE EXECUTIVE VP OPERATIONS	50 00				X			463,395	0	33,781
(20) SCOTT A WILSON EXECUTIVE VP COMMERCIAL	50 00				X			345,050	0	33,857
(21) FELISHA A JUNGE MORTGAGE LOAN OFFICER	55 00					X		482,583	0	33,857
(22) MARK A LAW MANAGING DIRECTOR WEALTH MANAGEMENT	50 00					X		611,673	0	26,333
(23) MICHAEL E LEHMAN WEALTH ADVISOR	50 00					X		623,050	0	18,500
(24) MICHAEL R WARD MORTGAGE LOAN OFFICER	50 00					X		466,166	0	32,865
(25) ELI M WYNES WEALTH ADVISOR	50 00					X		589,375	0	23,181
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d 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			
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	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a - 1f \$ _____					
h Total. Add lines 1a-1f						
Program Service Revenue	2a LOAN INTEREST REVENUE	Business Code				
		522100	211,261,783	211,261,783		
	b ATM FEE REVENUE	522100	8,285,989	8,191,871	94,118	
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
g Total. Add lines 2a-2f		219,547,772				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		6,431,030		6,431,030	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		102,600	(ii) Personal			
		b Less rental expenses	0			
		c Rental income or (loss)	102,600			
	d Net rental income or (loss)		102,600		102,600	
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other		46,927,860		
		b Less cost or other basis and sales expenses		45,448,378		
		c Gain or (loss)		1,479,482		
	d Net gain or (loss)		1,479,482		1,479,482	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
		b Less direct expenses	b			
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code					
11a INTERCHANGE REVENUE	522100	12,396,199	12,396,199			
b MISCELLANEOUS REVENUE	522100	8,758,700	8,758,700			
c CUNA REVENUE	522100	7,308,419	7,308,419			
d All other revenue		7,626,024	7,626,024			
e Total. Add lines 11a-11d		36,089,342				
12 Total revenue. See Instructions		263,650,226	255,542,996	94,118	8,013,112	

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	3,182,505			
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, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	4,020,136			
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.	20,141,938			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	2,558,592			
9 Other employee benefits.	14,440,045			
10 Payroll taxes.	2,355,575			
11 Fees for services (non-employees)				
a Management.				
b Legal.	112,960			
c Accounting.	300,219			
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	2,220,619			
12 Advertising and promotion.	4,519,639			
13 Office expenses.	3,745,758			
14 Information technology.	2,676,184			
15 Royalties.				
16 Occupancy.	3,088,711			
17 Travel.	201,290			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	14,111			
20 Interest.	15,907,242			
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	5,541,841			
23 Insurance.	290,819			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a INTEREST PAID TO MEMBER	63,668,730			
b PROVISION FOR LOAN LOSS	21,911,534			
c PROCESSING FEES	8,883,140			
d MISCELLANEOUS EXPENSE	6,617,538			
e All other expenses	1,459,909			
25 Total functional expenses. Add lines 1 through 24e.	187,859,035			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	137,791,944	2	145,648,206
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	11,561,350	5	11,832,073
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	4,297,019,303	7	4,981,996,381
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	10,645,688	9	11,271,536
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 130,040,557		
	b Less accumulated depreciation	10b 35,215,408	84,303,855	10c 94,825,149
	11 Investments—publicly traded securities	41,005,600	11	43,404,900
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets	887,702	14	945,364
	15 Other assets See Part IV, line 11	89,193,270	15	87,427,520
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,672,408,712	16	5,377,351,129	
Liabilities	17 Accounts payable and accrued expenses	36,112,499	17	25,045,147
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D	12,007,943	21	15,286,371
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	700,000,000	23	765,000,000
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	3,530,531,541	25	4,104,016,754
	26 Total liabilities. Add lines 17 through 25	4,278,651,983	26	4,909,348,272
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0	30	0
	31 Paid-in or capital surplus, or land, building or equipment fund	0	31	0
	32 Retained earnings, endowment, accumulated income, or other funds	393,756,729	32	468,002,857
33 Total net assets or fund balances	393,756,729	33	468,002,857	
34 Total liabilities and net assets/fund balances	4,672,408,712	34	5,377,351,129	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	263,650,226
2	Total expenses (must equal Part IX, column (A), line 25)	2	187,859,035
3	Revenue less expenses Subtract line 2 from line 1	3	75,791,191
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	393,756,729
5	Net unrealized gains (losses) on investments	5	-394,844
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	-1,150,219
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	468,002,857

Part XII Financial Statements and Reporting

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

		Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:

Software Version:

EIN: 42-0804594

Name: UNIVERSITY OF IOWA COMMUNITY CREDIT
UNION

Form 990 (2018)

Form 990, Part III, Line 4a:

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

Form 990, Part III, Line 4b:

PROVIDE SAVINGS AND DEPOSIT SERVICES TO THE MEMBERSHIP OF THE CREDIT UNION IN 2018, TOTAL DEPOSITS IN THE CREDIT UNION GREW FROM \$3,529,893,618 TO \$4,103,454,285

Form 990, Part III, Line 4c:

PROVIDE TRANSACTION SERVICES TO THE MEMBERSHIP OF THE CREDIT UNION IN 2018, THE CREDIT UNION PROCESSED 42,457,402 FINANCIAL TRANSACTIONS FOR ITS MEMBERS

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
UNIVERSITY OF IOWA COMMUNITY CREDIT UNION

Employer identification number
42-0804594

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 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) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|-----|----|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		27,125,691		27,125,691
b Buildings		67,088,984	9,221,065	57,867,919
c Leasehold improvements		279,745	230,667	49,078
d Equipment		35,546,137	25,763,676	9,782,461
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				94,825,149

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
MEMBER DEPOSIT ACCOUNTS	4,034,138,911
INTEREST PAYABLE	5,927
NONMEMBER MMA	69,871,916
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	4,104,016,754

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 42-0804594

Name: UNIVERSITY OF IOWA COMMUNITY CREDIT
UNION

Supplemental Information

Return Reference	Explanation
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

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	<p>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 DEFERRECOGNITION, 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</p>

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

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

Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization UNIVERSITY OF IOWA COMMUNITY CREDIT UNION

Employer identification number

42-0804594

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 67
3 Enter total number of other organizations listed in the line 1 table 13

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
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

Additional Data**Software ID:****Software Version:****EIN:** 42-0804594**Name:** UNIVERSITY OF IOWA COMMUNITY CREDIT
UNION**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 75231	13-5613797	501(C)(3)	10,000				GENERAL SUPPORT
AMERICAN RED CROSS 6300 ROCKWELL DR CEDAR RAPIDS, IA 52402	53-0196605	501(C)(3)	5,000				DISASTER RELIEF FOR SOUTHERN US STATES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BARN OWL PICTURES 1204 SHERIDAN AVE IOWA CITY, IA 52240	47-0963835		5,000				GENERAL SUPPORT
BOYS AND GIRLS CLUB OF CEDAR RAPIDS 420 6TH STREET NO 240 CEDAR RAPIDS, IA 52401	42-1434056	501(C)(3)	12,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CEDAR RAPIDS COMMUNITY SCHOOL DISTRICT FOUNDATION 2500 EDGEWOOD RD NW CEDAR RAPIDS, IA 52402	42-1197912	501(C)(3)	11,550				WEEK OF WELCOME
CEDAR RAPIDS JAYCEE'S 225 5TH AVE CEDAR RAPIDS, IA 52404	42-1039024	501(C)(4)	6,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CEDAR RAPIDS PUBLIC LIBRARY FOUNDATION 450 5TH AVENUE SE CEDAR RAPIDS, IA 52401	23-7292786	501(C)(3)	5,000				SUMMER DARE LAUNCH
CEDAR RAPIDS METRO ECONOMIC ALLIANCE 501 1ST ST SE CEDAR RAPIDS, IA 52401	42-0172900	501(C)(3)	10,000				EVENT SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CEDAR VALLEY CANCER COMMITTEE 1753 W RIDGEWAY AVE STE 104 WATERLOO, IA 50701	42-1445986	501(C)(3)	5,000				GENERAL SUPPORT
CEDAR VALLEY UNITED WAY 425 CEDAR STREET SUITE 300 WATERLOO, IA 50701	42-0801846	501(C)(3)	12,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CITY OF CEDAR RAPIDS PO BOX 2148 CEDAR RAPIDS, IA 52406	42-6004336	CEDAR RAPIDS	5,000				FIVE SEASONS CITIZENSHIP AWARD
COMMUNITY FOUNDATION OF JOHNSON COUNTY 325 WASHINGTON STREET IOWA CITY, IA 52240	42-1508117	501(C)(3)	5,000				HEALTHY KIDS - GET MOVING INITIATIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CONNECTCR 4734 LOGAN LANE SE CEDAR RAPIDS, IA 52403	82-3025860	501(C)(3)	20,000				GENERAL SUPPORT
CORALVILLE COMMUNITY FOOD PANTRY 1002 5TH STREET CORALVILLE, IA 52241	47-3509757	501(C)(3)	5,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CRISIS CENTER 1121 GILBERT CT IOWA CITY, IA 52240	42-0955992	501(C)(3)	5,000				FOOD WAREHOUSE EXPANSION
DAVENPORT SCHOOLS FOUNDATION 1702 NORTH MAIN ST DAVENPORT, IA 52803	42-1304688	501(C)(3)	10,450				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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DES MOINES AREA COMMUNITY COLLEGE FOUNDATION 2006 S ANKENY BLVD ANKENY, IA 50023	23-7229486	501(C)(3)	5,000				PRAIRIE TRAIL SCHOLARSHIP FUND
DES MOINES ARTS FESTIVAL 700 LOCUST STREET SUITE 100 DES MOINES, IA 50309	42-1471969	501(C)(3)	10,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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DES MOINES SOCIAL CLUB 900 MULBERRY STREET DES MOINES, IA 50309	32-0225243	501(C)(3)	10,000				GENERAL SUPPORT
ENGLERT CIVIC THEATRE INC 211 E WASHINGTON STREET IOWA CITY, IA 52240	42-1508154	501(C)(3)	30,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ENTREPRENEURIAL DEVELOPMENT CENTER INC 230 2ND ST SE STE 212 CEDAR RAPIDS, IA 52401	42-1447565	501(C)(6)	5,000				GENERAL SUPPORT
FEARLESSLY GIRL USA INC 224 18TH STREET STE 300 ROCK ISLAND, IL 61201	82-1370182	501(C)(3)	5,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FIFTH WARD SAINTS NORTH 611 GREENWOOD DRIVE IOWA CITY, IA 52246	82-4371442	501(C)(3)	10,000				GENERAL SUPPORT
FILMSCENE 118 E COLLEGE STREET IOWA CITY, IA 52240	45-4103745	501(C)(3)	16,667				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FRIENDS OF THE HIAWATHA PUBLIC LIBRARY INC 150 WEST WILLMAN ST HIAWATHA, IA 52233	26-2946986	501(C)(3)	5,000				GENERAL SUPPORT
FOOD BANK OF IOWA PO BOX 1517 DES MOINES, IA 50305	42-1177880	501(C)(3)	5,000				GENERAL SUPPORT

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FOUR OAKS FAMILY AND CHILDREN SERVICES 5400 KIRKWOOD BLVD CEDAR RAPIDS, IA 52404	42-0998726	501(C)(3)	8,000				FOUR OAKS TOTAL CHILD CAMPAIGN AND FACEBOOK PROMOTION
GENESIS HEALTH SERVICES FOUNDATION 1227 EAST RUSHOLME STREET DAVENPORT, IA 52803	42-1421670	501(C)(3)	25,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GO CEDAR RAPIDS 200 SECOND STREET SE CEDAR RAPIDS, IA 52401	42-1183542	501(C)(6)	5,000				GENERAL SUPPORT
GOLF CHARITABLE FOUNDATION OF GREATER DES MOINES 1915 GRAND AVE URBANDALE, IA 50322	81-2651226	501(C)(3)	6,500				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GREATER CEDAR RAPIDS COMMUNITY FOUNDATION 324 3RD STREET SE CEDAR RAPIDS, IA 52401	42-6053860	501(C)(3)	8,000				ARC OF EAST CENTRAL IOWA FRIENDS FUND
GREATER DES MOINES PARTNERSHIP 601 LOCUST ST STE 700 DES MOINES, IA 50309	42-1489668	501(C)(6)	5,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GREATER POWESHIEK COMMUNITY FOUNDATION 1510 PENROSE STREET GRINNELL, IA 50112	42-1298055	501(C)(3)	5,000				SKATE PARK PROJECT PLEDGE
HUMILATY OF MARY SHELTER INC 1016 W 5TH STREET BETTENDORF, IA 52802	01-0916973	501(C)(3)	5,000				GENERAL SUPPORT

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IOWA CHILDREN'S MUSEUM INC 1451 CORAL RIDGE AVE CORALVILLE, IA 52241	42-1461422	501(C)(3)	25,000				EVENT SPONSORSHIP
IOWA CITY AREA DEVELOPMENT GROUP INC 316 EAST COURT ST IOWA CITY, IA 52240	42-1234837	501(C)(6)	31,250				GENERAL SUPPORT

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IOWA CITY COMMUNITY SCHOOL DISTRICT FOUNDATION 1725 NORTH DODGE STREET IOWA CITY, IA 52245	42-1177023	IOWA CITY	52,000				ONE COMMUNITY-ONE BOARD, SCHOOL OF THE WILD, AND GENERAL SUPPORT
IOWA CITY-CORALVILLE CONVENTION AND VISITORS BUREAU 900 1ST AVE CORALVILLE, IA 52241	42-1203842	501(C)(6)	25,000				GENERAL SUPPORT

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IOWA CITY DOWNTOWN SELF SUPPORTED MUNICIPAL IMPROVEMENT DISTRICT 14 1/2 S CLINTON ST IOWA CITY, IA 52240	42-1376887	501(C)(6)	21,000				GENERAL SUPPORT
IOWA CITY PUBLIC LIBRARY FRIENDS FOUNDATION 123 S LINN ST IOWA CITY, IA 52240	42-1181774	501(C)(3)	5,000				EVENT SPONSORSHIP AND GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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IOWA COLLEGE FOUNDATION 505 5TH AVENUE SUITE 1034 DES MOINES, IA 50309	42-0745995	501(C)(3)	5,000				GENERAL SUPPORT
IOWA SOCCER CLUB INCORPORATED 220 LAFAYETTE ST SUITE 134 IOWA CITY, IA 52240	39-1894135	501(C)(3)	6,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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JUNIOR ACHIEVEMENT OF EASTERN IOWA 324 3RD AVENUE SE SUITE 134 IOWA CITY, IA 52401	42-0919209	501(C)(3)	20,877				PENN, KIRKWOOD, AND MANN 1ST GRADE CLASS SUPPORT
MARION INDEPENDENT SCHOOL FOUNDATION & ALUMNI ASSOCIATION 777 S 15TH STREET MARION, IA 52302	42-1343360	501(C)(3)	9,500				GENERAL SUPPORT

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MARION PARKS & RECREATION FOUNDATION 4500 N TENTH ST MARION, IA 52302	50-0006308	501(C)(3)	5,000				GENERAL SUPPORT
MEMORIAL FOUNDATION OF ALLEN HOSPITAL 1825 LOGAN AVENUE WATERLOO, IA 50703	42-1201138	501(C)(3)	10,000				GENERAL SUPPORT

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MISSION OF HOPE 1700 B AVENUE NE CEDAR RAPIDS, IA 52402	42-1514642	501(C)(3)	5,000				GENERAL SUPPORT
NEIGHBORHOOD FINANCE CORPORATION 1912 SIXTH AVENUE DES MOINES, IA 50314	42-1353472	501(C)(3)	25,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NEWBO CITY MARKET 1100 3RD ST SE CEDAR RAPIDS, IA 52401	27-0600567	501(C)(3)	6,000				GENERAL SUPPORT
NORTHEAST IOWA FOOD BANK PO BOX 2397 WATERLOO, IA 50704	42-1169648	501(C)(3)	5,000				GENERAL SUPPORT

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NORTH LIBERTY COMMUNITY BETTERMENT GROUP PO BOX 77 NORTH LIBERTY, IA 52317	27-2559163	501(C)(3)	9,500				NORTH LIBERTY BARBEQUE AND BLUES
NORTH LIBERTY COMMUNITY PANTRY 89 JONES BLVD NORTH LIBERTY, IA 52317	42-1233284	501(C)(3)	5,000				GENERAL SUPPORT

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ORCHESTRA IOWA INC 119 THIRD AVENUE SE CEDAR RAPIDS, IA 52401	42-0772544	501(C)(3)	10,000				MUSIC IN THE SCHOOLS
QUAD CITIES CHAMBER OF COMMERCE 1601 RIVER DRIVE NO 310 MOLINE, IL 61265	27-3065786	501(C)(6)	15,000				GENERAL SUPPORT

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QUAD CITIES GOLF CLASSIC CHARITABLE FOUNDATION 15623 COALTOWN ROAD EAST MOLINE, IL 61244	93-1332421	501(C)(3)	20,135				GENERAL SUPPORT
QUAD CITY TIMES BIX 7 500 EAST 3RD STREET DAVENPORT, IA 52801	93-0708918		5,000				AGE CATEGORY AWARDS SPONSOR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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REGINA FOUNDATION PO BOX 1581 IOWA CITY, IA 52244	51-0158837	501(C)(3)	20,000				GENERAL SUPPORT AND CAPITAL CAMPAIGN
RIVER BEND FOODBANK 4010 KIMMEL DRIVE DAVENPORT, IA 52802	36-3147342	501(C)(3)	5,000				GENERAL SUPPORT

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ROTARY CLUB OF MARION - EAST CEDAR RAPIDS PO BOX 1183 MARION, IA 52302	23-7024519	501(C)(3)	7,500				GENERAL SUPPORT
SHELTER HOUSE COMMUNITY SHELTER AND TRANSITION SERVICES 429 SOUTHGATE AVENUE IOWA CITY, IA 52240	42-1231451	501(C)(3)	5,000				GENERAL SUPPORT

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SCOTT COUNTY FAMILY Y 606 W 2ND ST DAVENPORT, IA 52801	42-0703278	501(C)(3)	5,000				GENERAL SUPPORT
SPECIAL OLYMPICS IOWA 551 SE DOVETAIL RD PO BOX 620 GRIMES, IA 50111	51-0176029	501(C)(3)	25,000				GENERAL SUPPORT

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STATE UNIVERSITY OF IOWA FOUNDATION PO BOX 4550 IOWA CITY, IA 52244	42-0796760	501(C)(3)	10,000				GENERAL SUPPORT
SUMMER OF THE ARTS INC PO BOX 3128 IOWA CITY, IA 52244	42-1412706	501(C)(3)	33,000				SUMMER OF ARTS JAZZ FESTIVAL AND FREE MOVIE SERIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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THEATRE CEDAR RAPIDS 102 THIRD ST SE CEDAR RAPIDS, IA 52401	42-6018183		5,000				GENERAL SUPPORT
TIPPIE COLLEGE OF BUSINESS 108 JOHN PAPPAJOHN BUSINESS BUILDING IOWA CITY, IA 52242	42-6004813		5,000				GENERAL SUPPORT

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THE NEW BOHEMIAN INNOVATION COLLABORATIVE INC 415 12TH AVE SE CEDAR RAPIDS, IA 52401	46-4387860	501(C)(3)	5,000				GENERAL SUPPORT
UNITED FUND OF GRINNELL IOWA INC PO BOX 149 GRINNELL, IA 50112	23-7120759	501(C)(3)	6,000				GENERAL SUPPORT

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UNITED WAY OF CENTRAL IOWA 1111 19TH STREET SUITE 100 DES MOINES, IA 50314	42-0680425	501(C)(3)	15,000				GENERAL SUPPORT
UNITED WAY OF EAST CENTRAL IOWA 317 7TH AVE SE SUITE 401 CEDAR RAPIDS, IA 52401	42-0861239	501(C)(3)	30,000				GENERAL SUPPORT AND ANNUAL MEETING SPONSOR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNITED WAY OF JOHNSON COUNTY IOWA INC 1150 5TH STREET SUITE 290 CORALVILLE, IA 52241	42-6062055	501(C)(3)	30,000				GENERAL SUPPORT AND HOLIDAY MARKET EVENT
UNITED WAY OF THE QUAD CITY AREA 3247 E 35TH STREET COURT DAVENPORT, IA 52807	36-2725960	501(C)(3)	12,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNIVERSITY OF IOWA FOUNDATION PO BOX 4550 IOWA CITY, IA 52244	42-0796760	501(C)(3)	42,000				DANCE MARATHON, ARTS CAMPUS PLEDGE, AND MUSEUM OF ART
UNIVERSITY OF NORTHERN IOWA FOUNDATION 121 COMMONS CEDAR FALLS, IA 50614	42-6058591	501(C)(3)	6,000				GENERAL SUPPORT

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US CELLULAR CENTER 370 1ST AVENUE NE CEDAR RAPIDS, IA 52401	42-6004336		22,500				BBQ ROUNDUP
VARIETY CLUB OF IOWA 505 5TH AVENUE SUITE 310 DES MOINES, IA 50309	42-6077108	501(C)(3)	5,000				GENERAL SUPPORT

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WAYPOINT SERVICES FOR WOMEN CHILDREN AND FAMILIES 318 FIFTH STREET SE CEDAR RAPIDS, IA 52401	42-0680307	501(C)(3)	10,000				CAPITAL CAMPAIGN
WATERLOO SCHOOLS FOUNDATION 201 TOWER PARK DR SUITE 106 PO BOX 1896 WATERLOO, IA 50704	42-1364293	501(C)(3)	6,050				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILLIS DADY HOMELESS SERVICES 1247 4TH AVENUE SE CEDAR RAPIDS, IA 52403	42-1311668	501(C)(3)	10,000				BUILDING CAMPAIGN AND GENERAL SUPPORT
ZACH JOHNSON FOUNDATION PO BOX 2336 CEDAR RAPIDS, IA 52406	27-2683100	501(C)(3)	15,000				GENERAL SUPPORT

Schedule J
(Form 990)

Department of the Treasury
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.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
UNIVERSITY OF IOWA COMMUNITY CREDIT UNION

Employer identification number
42-0804594

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b 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</p>	1b	Yes			
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2	Yes			
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a		No		
	4b		No		
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a				
	5b				
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a				
	6b				
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7				
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8				
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	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.

Additional Data

Software ID:
Software Version:
EIN: 42-0804594
Name: UNIVERSITY OF IOWA COMMUNITY CREDIT UNION

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1JEFFREY A DISTERHOFT PRESIDENT & CHIEF EXECUTIVE OFFICER	(i)	756,833	343,150	111,205	24,500	12,392	1,248,080	0
	(ii)	0	0	0	0	0	0	0
1TODD D FANNING EXECUTIVE VP & CHIEF FINANCIAL OFFIC	(i)	322,462	111,600	7,186	24,500	15,357	481,105	0
	(ii)	0	0	0	0	0	0	0
2SUSAN K FREEMAN EXECUTIVE VP HUMAN RESOURCES	(i)	240,605	73,458	34,768	24,500	10,805	384,136	0
	(ii)	0	0	0	0	0	0	0
3AMY K HENDERSON EXECUTIVE VP MORTGAGE	(i)	263,965	46,667	27,324	18,500	15,357	371,813	0
	(ii)	0	0	0	0	0	0	0
4JAMES F KELLY EXECUTIVE VP MARKETING	(i)	240,899	78,844	42,471	18,500	15,357	396,071	0
	(ii)	0	0	0	0	0	0	0
5RICHARD J NOBLE EXECUTIVE VP OPERATIONS	(i)	306,432	106,200	50,763	24,500	9,281	497,176	0
	(ii)	0	0	0	0	0	0	0
6SCOTT A WILSON EXECUTIVE VP COMMERCIAL	(i)	237,411	71,510	36,129	18,500	15,357	378,907	0
	(ii)	0	0	0	0	0	0	0
7FELISHA A JUNGE MORTGAGE LOAN OFFICER	(i)	45,203	437,380	0	18,500	15,357	516,440	0
	(ii)	0	0	0	0	0	0	0
8MARK A LAW MANAGING DIRECTOR WEALTH MANAGEMENT	(i)	104,802	506,871	0	18,500	7,833	638,006	0
	(ii)	0	0	0	0	0	0	0
9MICHAEL E LEHMAN WEALTH ADVISOR	(i)	78,104	544,946	0	18,500	0	641,550	0
	(ii)	0	0	0	0	0	0	0
10MICHAEL R WARD MORTGAGE LOAN OFFICER	(i)	47,341	418,525	300	18,500	14,365	499,031	0
	(ii)	0	0	0	0	0	0	0
11ELI M WYNES WEALTH ADVISOR	(i)	72,898	516,477	0	18,500	4,681	612,556	0
	(ii)	0	0	0	0	0	0	0

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
 ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization UNIVERSITY OF IOWA COMMUNITY CREDIT UNION	Employer identification number 42-0804594
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
 Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) JEFFREY A DISTERHOFT	OFFICER	SPLIT DOLLAR LIFE INSURANCE AGREEMENT		X	14,643,612	11,832,073		No	Yes		Yes	
Total						▶ \$	11,832,073					

Part III Grants or Assistance Benefiting Interested Persons.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information

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

Return Reference	Explanation

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

2018
Open to Public Inspection

Department of the Treasury

Name of the organization

UNIVERSITY OF IOWA COMMUNITY CREDIT UNION

Employer identification number

42-0804594

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART VI, SECTION B, LINE 15</p>	<p>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 RESPONSIVE TO CHANGES IN ECONOMIC CONDITIONS THE SALARY SCALE FOR EACH POSITION HAS A MINIMUM, MIDPOINT, AND MAXIMUM SALARY THE CREDIT UNION'S BASE SALARY LEVELS ARE TARGETED AT OR ABOVE MARKET LEVELS, SO THEY CAN BEST ATTRACT AND RETAIN THE HIGHEST QUALITY EMPLOYEES THE CREDIT UNION ADJUSTS ITS SALARY SCALE YEARLY FOR EACH POSITION SO THAT THE MIDPOINT OF EACH RANGE, WHEN COMBINED WITH INCENTIVE OPPORTUNITIES, APPROXIMATES THE 75% COMPENSATION FOR THE POSITION TOP MANAGEMENT OFFICIALS INCLUDE KATHERINE B COURTNEY, EVP/OPERATIONS, TODD D FANNING, EVP/CFO, SUSAN K FREEMAN, EVP/HUMAN RESOURCES, AMY K HENDERSON, EVP/RETAIL SERVICES, JAMES F KELLY, EVP/MARKETING, SCOTT A WILSON, EVP/COMMERCIAL SERVICES, AND DOUG SANDERS, INTERNAL AUDITOR THE PROCESS TAKES PLACE ANNUALLY AND WAS LAST PERFORMED ON OCTOBER 24, 2018</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
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)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN OTHER COMPREHENSIVE INCOME -1,150,219

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE OVERSIGHT AND SELECTION PROCESS HAS NOT CHANGED FROM THE PRIOR TAX YEAR

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
UNIVERSITY OF IOWA COMMUNITY CREDIT
UNION

Employer identification number

42-0804594

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) UICCU FINANCIAL LLC 500 IOWA AVENUE IOWA CITY, IA 52240 27-4335678	ORIGINATE COMMERCIAL LOANS	IA	4,445,662	137,686,447	UNIVERSITY OF IOWA COMMUNITY CREDIT UNION
(2) UICCU INSURANCE SERVICES LLC 2355 LONDON ROAD NORTH LIBERTY, IA 52317 46-3811330	INSURANCE BROKERAGE SERVICES	IA	326,695	3,870,947	UICCU FINANCIAL LLC

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) UICCU TITLE AND CLOSING SERVICES LLC 201 WEST 2ND STREET SUITE 801 DAVENPORT, IA 52801 82-1251916	TITLE INSURANCE	IA	UICCU FINANCIAL LLC	RELATED	275,815	349,402	Yes				No	50 000 %

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)UICCU FINANCIAL LLC	B	30,000	FAIR MARKET VALUE
(2)UICCU INSURANCE SERVICES LLC	K	81,600	FAIR MARKET VALUE

Part VII **Supplemental Information**

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

Return Reference	Explanation