** PUBLIC DISCLOSURE COPY ** 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. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

	u	NO ON THE						•	
<u> </u>	or the	2022 calendar year, or tax year beginning	and	d ending	_				
B c	heck if oplicable	C Name of organization			D Emp	loyer idei	ntificati	ion number	
	Addre								
	Name chang	Doing business as			3	9-13836	50		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	E Teler	hone nur	nber		
	Final return	5710 MINERAL POINT ROAD, P.O. BOX 431		110011,00110		8-231-5			
	termin ated	City or town, state or province, country, and ZIP or foreign postal of	ode		G Gross	receipts \$		6,7	96,052.
	Ameno	ded MADISON, WI 53705			H(a) Is t	his a grou	ıp retur	'n	
	Applic tion	F Name and address of principal officer: CHRISTIANE G. HYLAND			7	subordina			X No
	pendir	9 99 M STREET SE, SUITE 300, SE, WASHINGTON, D			1	all subordina			
т т	OV 0V		947(a)(1)	or 527	7 ` ´			. See instruc	
			947 (a)(1)	01 321	7				110115
	Vebsit			1. 1/		oup exem			
	orm of I rt I	organization: X Corporation Trust Association Other Summary		L Year	of formatio	N: 1300	M S	tate of legal do	miclie: w±
Га									
Governance		Briefly describe the organization's mission or most significant activities: FINANCIAL LIVES THROUGH CREDIT UNIONS.	A CATA	ALYST TO .	IMPROVE	PEOPLE	S		
nar	2	Check this box if the organization discontinued its operations	or dispo	sed of more	than 25%	of its net	assets		
ver			•				3		17
Ğ		Number of independent voting members of the governing body (Part VI, IIII					4		17
∞							5		13
ties		Total number of individuals employed in calendar year 2022 (Part V, line a					6		18
Activities		Total number of volunteers (estimate if necessary)							0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12					7a		
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		·····			7b	0	0.
					Prior			Current \	
<u>e</u>		Contributions and grants (Part VIII, line 1h)				871,90	-		38,384.
enn		Program service revenue (Part VIII, line 2g)				345,66			44,438.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1	.,480,36	58.		17,789.		
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				124,00)8.	-	31,460.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), li	ine 12)		5	,821,94	17.	6,4	69,151.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)				957,68	36.	9	74,328.
	14	Benefits paid to or for members (Part IX, column (A), line 4)					0.		0.
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), line	es 5-10)		1	,788,39	8.	2,2	74,581.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)					0.		0.
per		Total fundraising expenses (Part IX, column (D), line 25)		,565.					
Ĕ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)				712,92	23.	1,1	34,810.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			3	,459,00)7.		83,719.
		Revenue less expenses. Subtract line 18 from line 12				362,94			85,432.
l SS		Tovorido 1000 experiesos. Gabardos into 10 front into 12		Be	ginning of	· · · · ·		End of Y	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)				,658,23			02,640.
Asse Bal	21	Total liabilities (Part X, line 16)				837,04			57,849.
let/	22	Net assets or fund balances. Subtract line 21 from line 20			1.0	,821,19			44,791.
Pa	rt II	Signature Block				,021,12	, · · · ·	,	, ,,,
		Ities of perjury, I declare that I have examined this return, including accompanying	oobodul	o and atatam	anta and ta	the heat o	f my kn	owlodgo and h	oliof it io
		t, and complete. Declaration of preparer (other than officer) is based on all informa					i iliy kili	owieuge allu b	ellel, It is
uue,	COLLEC	t, and complete. Decidiation of preparer (other than officer) is based on all informa-	ation or w	mich preparei	iias aily kii	owieuge.			
		Signature of officer				Date			
Sigr		(h. int	ann.	a Hu	land	Paic		04/25/20	23
Her	е		The f	<i>y</i> · <i>y 19</i>	ww				
		Type or print name and title		<i>'</i>	Data			I DTIN	
		Print/Type preparer's name Preparer's signature			Date	Check if	(<u> </u>	PTIN	
Paid LAWRENCE H. MOHR, CPA LAWRENCE H. MOHR, CPA 04/24/23 Self-employed P004476									
Prep	arer	Firm's name BAKER TILLY US, LLP				Firm's EIN	39-	-0859910	
Use	Only	Firm's address 225 S 6TH ST #2300							
		MINNEAPOLIS, MN 55402				Phone no.	612.8	76.4500	
May	the I	28 discuss this return with the preparer shown above? See instructions			<u> </u>			X Voc	No

Pai	rt 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:
	THE FOUNDATION'S VISION IS TO MAKE FINANCIAL FREEDOM ACHIEVABLE
	THROUGH CREDIT UNIONS. WE DO THIS THROUGH THREE PRIMARY PILLARS OF
	WORK: 1. IGNITING CREDIT UNIONS TO PLACE EMPLOYEE, MEMBER AND
	COMMUNITY FINANCIAL WELL-BEING AT THE CENTER OF THEIR STRATEGY BY
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	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?
•	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.
 4а	(Code:) (Expenses \$ 658,177. including grants of \$ 591,951.) (Revenue \$
та	DISASTER RELIEF: THROUGH THE NATIONAL CREDIT UNION FOUNDATION'S
	DISASTER RELIEF FUND & CUAID INITIATIVE, THE FOUNDATION CAN QUICKLY
	RESPOND WHEN DISASTERS STRIKE BY HARNESSING THE COLLECTIVE GENEROSITY
	OF CREDIT UNIONS, INDIVIDUALS AND OTHER STAKEHOLDERS. CUAID RAISES
	DONATIONS THAT SUPPORT CREDIT UNION EMPLOYEES AND VOLUNTEERS WHO ARE
	IMPACTED BY A DISASTER. THE FOUNDATION COORDINATES WITH THE STATE
	FOUNDATION/LEAGUE PARTNERS WITHIN THE GEOGRAPHIC AREA WHERE THE
	DISASTER HAPPENS TO ASSESS AND RESPOND TO NEEDS. MORE INFORMATION IS
	AVAILABLE AT: 2020 DISASTER RELIEF PLAY BOOK (NCUF.COOP).
	TWILLIAM II. 2020 DISHBIBK KEETIN IBM BOOK (NOOT, COOT).
4b	(Code:) (Expenses \$ 965,251. including grants of \$ 53,372.) (Revenue \$ 744,438.)
TIJ.	CREDIT UNION DEVELOPMENT EDUCATION (DE) PROGRAM: THE DE PROGRAM IS AN
	EDUCATION PROGRAM FOR ESTABLISHED AND EMERGING LEADERS WITHIN THE
	CREDIT UNION MOVEMENT. THIS PROGRAM EXPLORES HOW CREDIT UNIONS CAN
	LEVERAGE THEIR UNIQUE BUSINESS MODEL TO SOLVE CORE DEVELOPMENT ISSUES
	THAT PREVENT THE PROSPERITY AND FINANCIAL WELL-BEING OF THEIR MEMBERS
	AND COMMUNITIES. PARTICIPANTS TAKE PART IN A NUMBER OF LESSONS,
	ACTIVITIES AND GROUP PROJECTS TO DEMONSTRATE EFFECTIVE LEARNING AND
	POTENTIAL FOR APPLICATION. UPON COMPLETION, ATTENDEES EARN THEIR CREDIT
	UNION DEVELOPMENT EDUCATOR (CUDE) DESIGNATION. THE DE PROGRAM IS
	OFFERED AS AN IN-PERSON AND ONLINE TRAINING, SINCE 1982, MORE THAN
	2,500 CREDIT UNION PROFESSIONALS HAVE EARNED THEIR CUDE DESIGNATION AND
	USED THIS NEW KNOWLEDGE TO IMPROVE THE QUALITY OF LIFE FOR THEIR
4c	(Code:) (Expenses \$ 1,037,538. including grants of \$ 230,957.) (Revenue \$)
40	FINANCIAL WELL-BEING FOR ALL AND GRANT MAKING: THE NATIONAL CREDIT
	UNION FOUNDATION FUNDS THE EFFORTS OF CREDIT UNIONS AND OTHER
	NON-PROFIT ORGANIZATIONS TO MEASURE AND IMPROVE FINANCIAL HEALTH AND
	WELL-BEING FOR ALL. THROUGH IMPACT AND INNOVATIVE GRANTMAKING,
	CONVENINGS AND CONFERENCES, THE FOUNDATION HAS ASSEMBLED A ROBUST SUITE
	OF TOOLS AND CASE STUDIES TO HELP CREDIT UNIONS MEASURE FINANCIAL
	WELL-BEING, BUILD A STRATEGY, AND TAKE ACTION TO MOVE PEOPLE UP A PATH
	TO FINANCIAL FREEDOM. MORE INFORMATION IS AVAILABLE AT: MAKING
	FINANCIAL WELL-BEING FOR ALL A REALITY (NCUF, COOP).
	Other program services (Describe on Schedule O.)
-r u	(Expenses \$ 395,312. including grants of \$ 98,048.) (Revenue \$)
4e	Total program service expenses 3,056,278.

SEE SCHEDULE O FOR CONTINUATION(S)

Form **990** (2022)

Form 990 (2022) NATIONAL CREDIT UNION FOUNDATION Part IV Checklist of Required Schedules

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

1 011	Continued)		.,	
00	Did the constitution and the off 000 of constant the constant to the description of the d		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		х	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		v	
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			.,
	Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		_
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	1
Par				
	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 18			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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Form 990 (2022)

NATIONAL CREDIT UNION FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No				
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	13							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur		•	2b	Х					
За				3a		Х				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other a									
	financial account in a foreign country (such as a bank account, securities account, or other financial a		•	4a		Х				
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 A	ccour	nts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		Х				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th									
	any contributions that were not tax deductible as charitable contributions?									
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons o	r gifts							
	were not tax deductible?			6b						
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices	provided to the payor?	7a	Х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired							
	to file Form 8282?		 I	7с		Х				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	•							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		xt?	7e		Х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7f		Х				
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by tr	ie	_						
_				8						
9	Sponsoring organizations maintaining donor advised funds.			0-						
a b	Did the constraint and in the contract of the			9a 9b						
10	Section 501(c)(7) organizations. Enter:			90						
а	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:		I							
	Gross income from members or shareholders	11a								
	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	?	12a						
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.									
а	Is the organization licensed to issue qualified health plans in more than one state?			13a						
	Note: See the instructions for additional information the organization must report on Schedule O.									
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								
С	Enter the amount of reserves on hand	13c								
14a				14a		Х				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune									
	excess parachute payment(s) during the year?			15		Х				
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t inco	me?	16		Х				
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac									
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17						
	If "Yes," complete Form 6069.									

Form **990** (2022)

NATIONAL CREDIT UNION FOUNDATION Page 6 Form 990 (2022) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 17 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 17 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 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? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?

11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on 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	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE 0

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website X Another's website X Upon request Other (explain on Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ANDRE T. PARRAWAY - 608-231-5771

5710 MINERAL POINT ROAD, MADISON, WI 53705

Form **990** (2022)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos			one	Reportable	Reportable	Estimated
	hours per	box	, unle: cer ar	ss per	rson i	s both	n an	compensation	compensation	amount of
	week	_	Cei ai		liecto	l / li us	100)	from	from related	other
	(list any hours for	lirecto				L		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or 0	stee			satec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru		yee	im per		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	Je.			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) CHRISTIANE G. HYLAND	40.00									
EXECUTIVE DIRECTOR				Х				421,327.	0.	46,500.
(2) ANDRE T. PARRAWAY	40.00									
CHIEF FINANCIAL & OPERATION				Х				243,762.	0.	24,131.
(3) DANIELLE BROWN	40.00									
CHIEF ENGAGEMENT DIRECTOR						Х		162,348.	0.	31,699.
(4) CHAD HELMINAK	40.00									
CHIEF IMPACT OFFICER						Х		158,126.	0.	31,242.
(5) SAMUEL PLESTER	40.00									
MARKETING & COMMUNICATIONS DIR						Х		120,378.	0.	33,625.
(6) JIM NUSSLE	1.00									
PRESIDENT				Х				0.	0.	0.
(7) TERESA CAMPBELL	1.00									
CHAIR		Х		Х				0.	0.	0.
(8) JOHN SACKETT	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(9) ROBERT CASHMAN	1.00									
TREASURER		Х		Х				0.	0.	0.
(10) JENNY VIPPERMAN	1.00									
SECRETARY		Х		Х				0.	0.	0.
(11) BRETT THOMPSON	1.00									
DIRECTOR		Х						0.	0.	0.
(12) CHRISTINE CORDELL	1.00									
DIRECTOR		Х						0.	0.	0.
(13) CREIGHTON BLACKWELL	1.00									
DIRECTOR (START 01/2022)		Х						0.	0.	0.
(14) DAN KAMPEN	1.00									
DIRECTOR		Х						0.	0.	0.
(15) DAVID BIRKY	1.00	1								
DIRECTOR		Х						0.	0.	0.
(16) DAVID SNODGRASS	1.00	-								
DIRECTOR		Х						0.	0.	0.
(17) DEAN YOUNG	1.00	-								
DIRECTOR		Х						0.	0.	0.

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Part VII Section A. Officers, Directors, 1	Trustees, Key Emp	oloy	ees,	and	Hig	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)				than o	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) GERRY SINGLETON	1.00									
DIRECTOR		Х						0.	0.	0.
(19) HOWARD SPENCER DIRECTOR	1.00	x						0.	0.	0.
(20) LILY NEWFARMER	1.00									
DIRECTOR		х						0.	0.	0.
(21) MELANIE MURPHY	1.00							_	_	_
DIRECTOR (START 01/2022)		Х						0.	0.	0.
(22) NADER MOGHADDAM	1.00									
DIRECTOR (START 03/2022)	1.00	Х						0.	0.	0.
(23) PATRICK PIERCE DIRECTOR	1.00	х						0.	0.	0.
		•								
1b Subtotal								1,105,941.	0.	167,197.
c Total from continuation sheets to Pa								0.	0.	0.
d Total (add lines 1b and 1c)								1,105,941.	0.	167,197.
2 Total number of individuals (including b								ceived more than \$100.	000 of reportable	

compensation from the organization

Yes Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person

Section B. Independent Contractors

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. 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								
MARRIOTT HOTEL SERVICES, 901	FOOD AND BEVERAGE FOR									
MASSACHUSETTES AVE NW, WASHINGTON, DC 20001	FOUNDATION DINNER	161,482.								
UNIVERSITY OF WISCONSIN										
601 LANGDON ST, MADISON, WI 53706	DE TRAINING SITE	113,611.								
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than									

Form 990 (2022)

\$100,000 of compensation from the organization

Form 990 (2022) NATIONAL CIPART VIII Statement of Revenue

		Check if Schedule O	onta	ains a respor	ise d	or note to any line	e 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
ठ ठ	1 a	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues								
<u>2</u> 8		Fundraising events				626,320.				
ifts ar A		Related organizations								
s, G		Government grants (contri								
Sign		All other contributions, gifts,								
buti		similar amounts not included				4,912,064.				
ÖĒ	g	Noncash contributions included in I	ines 1	a-1f 1g \$						
a C	h	Total. Add lines 1a-1f					5,538,384.			
						Business Code				
ø	2 a	TRAINING PROGRAMS			_	900099	744,438.	744,438.		
Σĕ	b				_					
Se	с									
eve eve	d									
Program Service Revenue	е				_					
₫	f	All other program service	rever	nue						
	g	Total. Add lines 2a-2f					744,438.			
	3	Investment income (include	ling (dividends, in	tere	st, and				
						224,658.			224,658.	
	4				roceeds					
	5	Royalties	······							
				(i) Real		(ii) Personal				
		Gross rents	6a							
		Less: rental expenses	6b							
		Rental income or (loss)	6с							
		Net rental income or (loss)		(i) Securition	·····	(ii) Other				
	/ a	Gross amount from sales of	7-	(i) Securiti		(ii) Other				
	L	assets other than inventory	7a							
a	Б	Less: cost or other basis and sales expenses	7b	3,83	3.8	3,031.				
ž	_			-3,83		-3,031.				
ther Revenue		Net gain or (loss)					-6,869.			-6,869.
프		Gross income from fundraising					-,			,,,,,,,
ğ	οu	including \$								
		contributions reported on								
		Part IV, line 18		•	8a	173,030.				
	b				8b	320,032.				
		Net income or (loss) from			s		-147,002.			-147,002.
	9 a	Gross income from gamin	g ac	tivities. See						
		Part IV, line 19			9a					
	b	Less: direct expenses			9b					
	С	Net income or (loss) from	gami	ng activities						
	10 a	Gross sales of inventory, le	ess r	eturns						
		and allowances			10a					
	b	Less: cost of goods sold			10b					
\longrightarrow	С	Net income or (loss) from	sales	of inventory	/					
ω						Business Code	100 50-			100 50-
Miscellaneous Revenue		LIQUIDATION PAYMENT			_	900099	100,637.			100,637.
lan en		MISCELLANEOUS INCOM	E		_	900099	14,905.			14,905.
Sce.	C				_					
Ĕ		d All other revenue				115,542.				
		Total rayanua See instruction					6,469,151.	744,438.	0.	186,329.
	12	Total revenue. See instruction	115				0, =00, 101.	1 /==,=50.	ı	5 000 (2222)

13470424 144198 293986

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 respons	(A)	(B)	(C)	(D)
7b, 8	ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	922,344.	922,344.		
	Grants and other assistance to domestic individuals. See Part IV, line 22	51,984.	51,984.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	735,720.	458,629.	201,668.	75,42
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	1,136,468.	708,594.	311,343.	116,531
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	58,059.	36,315.	15,772.	5,97
9	Other employee benefits	231,258.	144,648.	62,822.	23,788
0	Payroll taxes	113,076.	70,727.	30,718.	11,631
1	Fees for services (nonemployees):				
а	Management				
b	Legal	55,000.		55,000.	
С	Accounting	68,968.		68,968.	
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
_	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	275,782.	172,766.	85,402.	17,614
	Advertising and promotion	17,781.		17,716.	65
	Office expenses	11,586.	3,415.	7,867.	304
	Information technology	96,620.	31,620.	65,000.	
	Royalties		15 705		
	Occupancy	24,651.	16,596.	4,175.	3,880
	Travel	163,542.	67,780.	81,982.	13,780
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	211 660	206 225		14.56
	Conferences, conventions, and meetings	311,669.	296,905.		14,764
	Interest		-		
	Payments to affiliates	27 677	26.667	1 010	
	Depreciation, depletion, and amortization	37,677.	36,667.	1,010.	4 027
	Insurance	20,126.		15,291.	4,835
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
	PROGRAM & MATERIALS	30,457.	27,356.		3,103
b	DUES & SUBSCRIPTIONS	16,562.	9,732.	5,142.	1,688
_	MISCELLANEOUS	4,389.	200.		4,189
d	All others company		+	+	
	All other expenses Add lines 1 through 24s	A 392 710	3 056 270	1 020 076	207 FC
	Total functional expenses. Add lines 1 through 24e	4,383,719.	3,056,278.	1,029,876.	297,56
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Form **990** (2022)

Form 990 (2022) Part X Balance Sheet

Par	τχ	Balance Sneet					_
		Check if Schedule O contains a response or r	note to ar	ny line in this Part X	(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			258,229.	1	15,45
	2	Savings and temporary cash investments			5,495,216.	2	6,037,07
	3	Pledges and grants receivable, net			557,300.	3	11,50
	4	Accounts receivable, net	82,948.	4	106,24		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul	bstantial	contributor, or 35%			
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqu	ersons (as defined				
		under section 4958(f)(1)), and persons describ		6			
ပ္	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
¥	9	B			112,449.	9	145,95
	10a	Land, buildings, and equipment: cost or other	r				
		basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation	10b	88,611.	76,597.	10c	21,389
	11	Investments - publicly traded securities	5,075,500.	11	6,265,03		
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lir		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e			11,658,239.	16	12,602,64
	17	Accounts payable and accrued expenses		482,697.	17	522,85	
	18	Grants payable	8,594.	18	72:		
	19	Deferred revenue	345,750.	19	334,26		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
Se	22	Loans and other payables to any current or fo					
┋		trustee, key employee, creator or founder, sul					
Liabilities		controlled entity or family member of any of the				22	
-	23	Secured mortgages and notes payable to unr				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lir	nes 17-24). Complete Part X		_	
		of Schedule D			027 041	25	057 046
-	26				837,041.	26	857,84
ړي		Organizations that follow FASB ASC 958, c	neck nei	re 📤			
ဥ	07	and complete lines 27, 28, 32, and 33.			6,295,485.	07	6 126 80
<u>aa</u>	27	Net assets without donor restrictions	4,525,713.	27	6,126,899		
ם פ	28	Net assets with donor restrictions	4,323,713.	28	5,617,892		
<u> </u>		Organizations that do not follow FASB ASC					
<u></u>	00	and complete lines 29 through 33.			00		
STS	29	Capital stock or trust principal, or current fund			29		
SS	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			10,821,198.	31	11,744,793
ž	32	Total lightilities and not assets/fund balances			11,658,239.	32	12,602,640
	33	Total liabilities and net assets/fund balances			11,000,209.	33	Form 990 (202

Form **990** (2022)

Pa	rt 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	6,	469,	151.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,	383,	719.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,	085,	432.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,	821,	198.
5	Net unrealized gains (losses) on investments	5	-1,	161,	839.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	11,	744,	791.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2022)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

NATIONAL CREDIT UNION FOUNDATION 39-1383650 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4,519,932.	3,572,549.	3,874,707.	3,871,908.	5,538,384.	21,377,480.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	4,519,932.	3,572,549.	3,874,707.	3,871,908.	5,538,384.	21,377,480.
	The portion of total contributions						
_	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						4,278,413.
6	Public support. Subtract line 5 from line 4.						17,099,067.
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	4,519,932.	3,572,549.	3,874,707.	3,871,908.	5,538,384.	21,377,480.
	Gross income from interest,	, , .	, , ,	, , ,	, ,	, , ,	, , ,
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	122,491.	198,588.	184,620.	299,623.	224,658.	1,029,980.
0		122,131.	130,300.	101,020.	233,023.	221,030.	1,023,300.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	21,560.	21,387.	282,892.	152,709.	115,542.	594,090.
	assets (Explain in Part VI.)	21,300.	21,307.	202,032.	132,703.	113,542.	23,001,550.
	Total support. Add lines 7 through 10)			40	2,684,700.
	Gross receipts from related activities,	•	,			12	2,004,700.
13	First 5 years. If the Form 990 is for th	•		•		. , . ,	
<u>Sac</u>	organization, check this box and stop						
	Public support percentage for 2022 (li			olumn (f))		14	74.34 %
						15	
	Public support percentage from 2021 33 1/3% support test - 2022. If the o						
10a		-					
L	stop here. The organization qualifies a		-			or mare shook thi	
D	33 1/3% support test - 2021. If the o						
47-	and stop here. The organization quali						
1/a	10% -facts-and-circumstances test	-					
	and if the organization meets the facts		•	-		· ·	
	meets the facts-and-circumstances tes	· ·	•			7 II 4F i	
b	10% -facts-and-circumstances test	_					ı∪% or
	more, and if the organization meets th				-		
40	organization meets the facts-and-circu		-				
18	Private foundation. If the organization	<u>n aid not check a b</u>	ox on line 13, 16a	ı, 16b, 17a, or 17b	<u>, cneck this box ar</u>	<u>na see instructions</u>	

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Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
K	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
		(a) 2019	(b) 2019	(a) 2020	(4) 2021	(a) 2022	(f) Total
	ndar year (or fiscal year beginning in) Amounts from line 6	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gross income from interest,						
100	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
•	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
,	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fi	rst. second. third.	fourth, or fifth tax	vear as a section 5	i01(c)(3) organizatio	on.
					•		
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2022 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2021					16	%
Se	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20)22 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	<u>%</u>
18						18	<u>%</u>
19a	a 33 1/3% support tests - 2022. If the						7 is not
	more than 33 1/3%, check this box ar						Ш
k	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	tructions	

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Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

_		Yes	No
Г	1		
	2		
	_		
	3a		
Н	3b		
Н	3c		
	4 -		
	4a		
	4b		
	710		
	4c		
	5a		
L	5b		
L	5c		
	6		
L	7		
L	8		
L	9a		
	9b		
	90		
	9c		
	10a		
	10b		
ıla <i>l</i>	\ /Earr	n aan)	2022

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Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		—
000	tion 6. Type it oupporting organizations		V	NI-
4	Ware a majority of the erganization's directors or trustees during the tay year also a majority of the directors		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction).	ıs).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	inatu iatia m		
2	Activities Test. Answer lines 2a and 2b below.	rinstruction	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b	i l	ı

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	izations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
_3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
_6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	nization (see	
	instructions).				

Par	't V	509(a	a)(3) Supporting Orga	anizations _{(contin}	ued)	
Section	ion D - Distributions					Current Year
	Amounts paid to supported organizations to accomplish	h exem	npt purposes		1	
	Amounts paid to perform activity that directly furthers ex					
	organizations, in excess of income from activity	•			2	
3	Administrative expenses paid to accomplish exempt put	rposes	of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets				4	
	Qualified set-aside amounts (prior IRS approval required	d - pro	vide details in Part VI)		5	
	Other distributions (describe in Part VI). See instruction		,		6	
	Total annual distributions. Add lines 1 through 6.				7	
	Distributions to attentive supported organizations to wh)				
	(provide details in Part VI). See instructions.					
9	Distributable amount for 2022 from Section C, line 6					
10						
			(i)	(ii)	10	(iii)
Section	ion E - Distribution Allocations (see instructions)		Excess Distributions	Underdistributio Pre-2022	ns	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason	n-				
	able cause required - explain in Part VI). See instruction	ns.				
_3	Excess distributions carryover, if any, to 2022					
a	From 2017					
b	From 2018					
c	From 2019					
d	From 2020					
е	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
i_	Carryover from 2017 not applied (see instructions)					
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
С	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result grea	ater				
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3	h				
	and 4b from line 1. For result greater than zero, explain	in				
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2018					
b	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					

Part VI	VI Supplemental Information			
T CIT VI	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,			
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)			

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2022

Employer identification number

NATIONAL CREDIT UNION FOUNDATION 39-1383650 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990). LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990) (2022) Schedule B (Form 990) (2022) Page **2**

Name of organization	Employer identification number
NATIONAL CREDIT INTON FOUNDATION	39-1383650

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. <u>4</u>	Name, address, and ZIP + 4	### Total contributions ### 400,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_		\$\$	Person X Payroll

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

NATIONAL CREDIT UNION FOUNDATION

39-1383650

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 8	Name, address, and ZIP + 4	Total contributions \$\$ \$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$ 177,419.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$\$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.

Schedule B (Form 990) (2022) Page **3**

Name of organization Employer identification number

NATIONAL CREDIT UNION FOUNDATION 39-1383650

Part II	Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		 \$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		 \$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			

Page 4 Schedule B (Form 990) (2022)

varne or or	rganization			Employer identification number					
	CREDIT UNION FOUNDATION	ana ta annonimatione described in acc	tion 504/a)/7) (0) av (40) th	39-1383650					
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a	through (e) and the following line entry	. For organizations						
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or le space is needed.	SS for the year. (Enter this info. or	nce.) •					
(a) No. from	· · · · · · · · · · · · · · · · · · ·	İ	(4) D	atation of house attacks hold					
Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held					
		(e) Transfer of gift							
		1715 4	5						
ŀ	Transferee's name, address, a	nd ZIP + 4	Relationship of tran	nsferor to transferee					
(a) No.		<u> </u>							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held					
ŀ	(e) Transfer of gift								
-	Transferee's name, address, a	Relationship of tran	nsferor to transferee						
(-) NI-									
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held					
Part I									
		-							
-		(e) Transfer of gift							
		(c) Transier of gire							
	Transferee's name, address, a	nd ZIP + 4	Relationship of tran	nsferor to transferee					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held					
Part I	.,	.,	. ,						
		-							
		(a) Transfer of with							
		(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of trar	nsferor to transferee					
	-								

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

NATIONAL CREDIT UNION FOUNDATION

Employer identification number

Schedule D (Form 990) 2022

Pai	t I Organizations Maintaining Donor Advised		S or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		Complete ii tile
		(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 v	writing that the assets held in donor advi	sed funds
Ŭ	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
Ŭ	for charitable purposes and not for the benefit of the donor or		-
	• •		
Pai		ganization answered "Yes" on Form 990.	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreating the control of the c	`	of a historically important land area
	Protection of natural habitat	· —	of a certified historic structure
	Preservation of open space		or a continua motorio ciractare
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
_	day of the tax year.		Held at the End of the Tax Year
а			2a
b			
c	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
_			2d
3	Number of conservation easements modified, transferred, rele		
•	year	oussu, extinguished, or terminated by th	o organization daming the tax
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	•	-
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ation easements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	e statement and
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial staten	nents that describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in t	urtherance of public
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that describes these iter	ns.
b	If the organization elected, as permitted under FASB ASC 95	8, 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 fur	therance 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 treat	asures, or other similar assets for financi	al gain, provide
	the following amounts required to be reported under FASB A	<u> </u>	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		

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

Sche	dule D (Form 990) 2022 NATIONAL CRED	OIT UNION FOUN	DATION					39-138	3650	Р	age 2
Par	t III Organizations Maintaining Coll	ections of Art	, Histori	cal Tre	asures, or	Other	Simila	r Assets	(contir		
3	Using the organization's acquisition, accession,	and other records	, check an	y of the f	ollowing that	make sig	gnificant ı	use of its	•		
	collection items (check all that apply):										
а	a Public exhibition d Loan or exchange program										
b	b Scholarly research e Other										
С	Preservation for future generations										
4	Provide a description of the organization's collection	ctions and explain	how they t	further th	ie organizatioi	n's exem	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit or re	eceive donations of	f art, histor	rical treas	sures, or other	r similar a	assets		_		_
_	to be sold to raise funds rather than to be maint								Yes		_ No
Par	t IV Escrow and Custodial Arrange		te if the or	ganizatio	n answered "	Yes" on	Form 990), Part IV, I	ine 9, or		
	reported an amount on Form 990, Part X										
1a	Is the organization an agent, trustee, custodian		•						7		٦
	on Form 990, Part X?							∟	Yes		_ No
b	If "Yes," explain the arrangement in Part XIII and	complete the follo	owing table	e:					Amoun		
	Destinates heles as						-		Amoun		
	Beginning balance										
	Additions during the year										
f	Distributions during the year										
	Ending balance								Yes		No
	If "Yes," explain the arrangement in Part XIII. Ch						·y ·		_ 100]o
Par							0.				
		a) Current year	(b) Prior		(c) Two years			ears back	(e) Four	years	back
1a	Beginning of year balance	749,104.	65	0,764.	569	,992.	4	77,380.		505,	915.
	Contributions										
										-28,	535.
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance	625,169.	74	9,104.	650	,764.	5	69,992.		477,	380.
2	Provide the estimated percentage of the current	year end balance	(line 1g, co	olumn (a)) held as:						
а	Board designated or quasi-endowment	.0000	_%								
b	Permanent endowment 35.5500	%									
С	Term endowment64.4500 %										
	The percentages on lines 2a, 2b, and 2c should										
3a	Are there endowment funds not in the possession	on of the organizat	tion that ar	e held ar	nd administere	ed for the	9		ſ	V	
	organization by:								(a //)	Yes	No
	(i) Unrelated organizations								3a(i)		X
	(ii) Related organizations								3a(ii)		
_	If "Yes" on line 3a(ii), are the related organization								3b		Ь—
Par	Describe in Part XIII the intended uses of the org		vment lund	15.							
	Complete if the organization answered "		Part IV. lin	ne 11a. S	ee Form 990.	Part X. I	ine 10.				
	Description of property	(a) Cost or ot	i i		or other		cumulate	2d	(d) Boo	k valu	
	Description of property	basis (investm		. ,	(other)		reciation		(u) 500	it valu	C
	Land	,	,		` /						
	Buildings										
	Leasehold improvements										
	Equipment				110,000.		88,	611.		21,	389.
	Other										
	. Add lines 1a through 1e. (Column (d) must equa	al Form 990. Part X	(. column (i	B). line 10	0c.)	<u></u>				21,	389.
								Schedule	D (Forn	990	2022

Schedule D (Form 990) 2022 NATIONAL CREDIT U	NION FOUNDATION	39	9-1383650 Page
Part VII Investments - Other Securities.			rage
Complete if the organization answered "Yes" of	n 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	d-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	- F 000 P-+ IV I'	44 - O Farm 000 Part V Fra 40	
Complete if the organization answered "Yes" o			d af.,.a.,
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)		+	
(6)			
(7)			
(8) (9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	Description	, ,	(b) Book value
(1)	1		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
(a) Description of liability		-	(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(0)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

(7) (8)

Sche	dule D (Form 990) 2022 NATIONAL CREDIT UNION FOUNDATION		39-1383650	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemen	nts With Reven	ue 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	5,469,151.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1		3	5,469,151.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5,469,151.
Pai	T XII Reconciliation of Expenses per Audited Financial Statement	-	nses 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	4,383,719.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities			
b	Prior year adjustments	2b		
С	Other losses			
d	Other (Describe in Part XIII.)	•		
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1		3	4,383,719.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			0.
5 D 21	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information.		5	4,383,719.
		N/ II	D 11/1 1 D 11/1 0 D	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part		Part V, line 4; Part X, line 2; Pa	art XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi	tional information.		
חס גם	T TIME A.			
PART	V, LINE 4:			
T NTV / T	IGENERAL TAGONE WAY BE HERE BOD ODEDAMIONS OF MHE ODGANIZACTON			
INVE	STMENT INCOME MAY BE USED FOR OPERATIONS OF THE ORGANIZATION.			
ם א סיד	Y ITME 2.			
PARI	X, LINE 2:			
mur	POINDATION ON THE PER AC A TAY PYEMPT OPCANIZATION UNDER CHART	NT.		
THE	FOUNDATION QUALIFIES AS A TAX EXEMPT ORGANIZATION UNDER SECTION	OIN .		
E01/	C)/2) OF MUE TOC AND MUE ADDITIONED COMME DECLIFAMIONS. MUE INC	IEDNAT		
301(C)(3) OF THE IRC AND THE APPLICABLE STATE REGULATIONS. THE INT	ERNAL		
D 1177	NUID CODUICE (TDC) NICO WAS DESCRIVED SWAR SWEET FOUNDATION TO N			
REVE	NUE SERVICE (IRS) ALSO HAS DETERMINED THAT THE FOUNDATION IS N	IOT A		
DD TI	NAME TOURDAMEON IN ADDITION MUT TOURDAMEON IS DESCRIBED TO DEE	OD#		
PRIV	ATE FOUNDATION. IN ADDITION, THE FOUNDATION IS REQUIRED TO REF	ORT		
	NAMED DUGINGG INCOME TO THE INCOME THE OF STREET			
UNRE	LATED BUSINESS INCOME TO THE IRS AND THE STATE OF WISCONSIN. T	HE		
EOIT.	IDAMION UAD NO COUDCEC OF UNDELAMED BUCINEGG INCOME FOR MUR. VEN	DC ENDED		
FUUN	IDATION HAD NO SOURCES OF UNRELATED BUSINESS INCOME FOR THE YEA	TVO ENDED		
חפתי	MDDD 21 2022 AND 2021 MANAGEMENM UNG GONGLUDED MUAM TURE TOUT	IDAMTON		
DECE	MBER 31, 2022 AND 2021. MANAGEMENT HAS CONCLUDED THAT THE FOUN	INVITON		
пла	DDODEDLY MATNITATINED THETD DYDMDM CHAMIC ALL DEVICATIO GITCHILL OF	TE CONTRACTOR		
паъ	PROPERLY MAINTAINED THEIR EXEMPT STATUS, ALL REVENUE WITHIN TH	LD.		

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization						Employer ide	ntification number
	REDIT UNION FOUNDATION					39-138365	
Part I Fundraising Activities. required to complete this par	Complete if the organization answett.	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
1 Indicate whether the organization rais		g activ	ities.	Check all that apply.			
a Mail solicitations				overnment grants			
b Internet and email solicitations	f Solicita	tion of	gover	nment grants			
c Phone solicitations	g Special	fundra	aising	events			
d In-person solicitations							
2 a Did the organization have a written of	or oral agreement with any individual	(includ	ling of	fficers, directors, trus	tees,	or	
key employees listed in Form 990, P						Yes	
b If "Yes," list the 10 highest paid indiv		ant to	agree	ments under which th	ne fur	ndraiser is to be	•
compensated at least \$5,000 by the	organization.						
(i) Name and address of individual or entity (fundraiser) (ii) Activity from activity (fundraiser) (iv) Gross receipts to from activity			to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization		
		Yes	No	-			
Total							
3 List all states in which the organization or licensing.				or has been notified	it is e	exempt from re	gistration
LHA For Paperwork Reduction Act Noti	ice, see the Instructions for Form 9	90 or	990-E	Z .		Schedule	G (Form 990) 2022

Pa	ert I	Fundraising Events. Complete if the of fundraising event contributions and grant of fundraising event contributions and grant fundamental fundamenta				
			(a) Event #1 WEGNER DINNER	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ne			(overte type)	(ovoin typo)	(total Hallibol)	
Revenue	1	Gross receipts	799,350.			799,350.
	2	Less: Contributions	626,320.			626,320.
	3	Gross income (line 1 minus line 2)	173,030.			173,030.
	4	Cash prizes				
ω	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
rect Ex	7	Food and beverages	148,599.			148,599.
	8	Entertainment	164,778.			164,778.
	9	Other direct expenses				6,655.
	10	Direct expense summary. Add lines 4 through		Į.		320,032.
	11	•				-147,002.
Pa	ırt I			990, Part IV, line 19, o	r reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Be	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes %	7 Yes %	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)			
а	ls t	ter the state(s) in which the organization conducted the organization licensed to conduct gaming and the conducted	ctivities in each of these	states?		Yes No
b	" 11 -	No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No
2320	32 10)-27-22			Sche	edule G (Form 990) 2022

Sch	edule G (Form 990) 2022 NATIONAL CREDIT UNION FOUNDATION	9-1383630	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Ү	es No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	🔲 Y	es No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Y	es No
b	of gaming revenue retained by the third party \$ and the amount of gaming revenue retained by the third party \$:	
c	e If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Y	es No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	;	
D-	organization's own exempt activities during the tax year \$		
Ра	Tt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, lines	s 9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	(Form 990) NATIONAL CREDIT UNION FOUNDATION	39-1383650	Page 4
Part IV	(Form 990) NATIONAL CREDIT UNION FOUNDATION Supplemental Information (continued)		<u> </u>
	· · · · · · · · · · · · · · · · · · ·		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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

Attach to Form 990.

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

2022
Open to Public

Inspection

Name of the organization NATIONAL CRED	IT UNION FOUN	DATION					Employer identification number 39-1383650
Part I General Information on Grants a	nd Assistance						
Does the organization maintain records criteria used to award the grants or assis Describe in Part IV the organization's properties.	stance? ocedures for monit	toring the use of grant	funds in the United	l States.			Yes No
Part II Grants and Other Assistance to recipient that received more than the second more than					anization answered	res on Form 990, Pan	tiv, line 21, for any
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BIZ KIDS ENTERPRISES, LLC 7308 39TH AVENUE SW SEATTLE, WA 98136	20-5124457	OTHER	50,000.	0.			BIZ KIDS FINANCIAL EDUCATION
ALABAMA CREDIT UNION 909 ANNA AVE TUSCALOOSA, AL 35401	63-0440014	501(C)(3)	5,375.	0.			FINANCIAL WELL-BEING
CANOPY CREDIT UNION 601 W MALLON AVE SPOKANE, WA 99201	91-0672401	OTHER	20,000.	0.			FINANCIAL WELL-BEING
CENTRAL WILLIAMETTE CREDIT UNION 7101 SUPRA DR SW ALBANY, OR 97321	93-0496543	501(C)(3)	20,000.	0.			FINANCIAL WELL-BEING
CONSOLIDATED COMMUNITY CREDIT UNION - 1033 NE 6TH AVE - PORTLAND, OR 97232	93-0460086	OTHER	10,000.	0.			FINANCIAL WELL-BEING
CREDIT HUMAN 6061 WEST IH 10 SAN ANTONIO, TX 78257	74-0956027	OTHER	5,375.	0.			FINANCIAL WELL-BEING
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization	-	-					'

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

Part II Continuation of Grants and Other	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
EDUCATION CREDIT UNION								
6203 HILLSIDE								
AMARILLO, TX 79109	75-0693720	501(C)(3)	10,000.	0.			FINANCIAL WELL-BEING	
EDUCATIONAL EMPLOYEES CREDIT UNION								
2222 SHAW AVE								
FRESNO, CA 93711	94-1031345	501(C)(3)	5,375.	0.			FINANCIAL WELL-BEING	
TARRANT COUNTY CREDIT UNION								
200 TAYLOR ST, SUITE 215								
FORT WORTH, TX 76196	75-1054189	501(C)(3)	15,000.	0.			FINANCIAL WELL-BEING	
UNIVERSITY OF SOUTHERN CALIFORNIA								
823 W 34TH ST, CLH 2ND FLOOR	95-1642394	E01/C\/2\	0 750	0.			FINANCIAL WELL-BEING	
LOS ANGELES, CA 90089-4012	95-1042394	501(C)(3)	8,750.	0.			FINANCIAL WELL-BEING	
WAUNA FEDERAL CREDIT UNION								
101 TRUEHAAK ST								
CLATSKANIE, OR 97016	95-0562551	OTHER	15,000.	0.			FINANCIAL WELL-BEING	
CORNERSTONE CREDIT UNION								
FOUNDATION - 6801 PARKWOOD BLVD -							COMMUNITY INVESTMENT FUND	
PLANO, TX 75024	75-6039968	501(C)(3)	27,288.	0.			GRANT	
GOWEST FOUNDATION								
18000 INTERNATIONAL BLVD STE 1102	91-1649328	E01/G)/3)	7.606				COMMUNITY INVESTMENT FUND GRANT	
SEATAC, WA 98188	91-1649326	501(C)(3)	7,606.	0.			GRANT	
SOUTHEASTERN CREDIT UNION								
FOUNDATION - 3692 COOLIDGE COURT -							COMMUNITY INVESTMENT FUND	
TALLAHASSEE, FL 32311	59-2252733	501(C)(3)	48,064.	0.			GRANT	
NEW YORK CREDIT UNION ASSOCIATION								
4 TOWER PLACE, 5TH FLOOR							COMMUNITY INVESTMENT FUND	
ALBANY, NY 12203	16-1527073	501(C)(3)	10,717.	0.			GRANT	

Part III	Grants and Other Assistance to Domestic Individu Part III can be duplicated if additional space is neede		e organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
DE VIRT	UAL TRAINING SCHOLARSHIPS	4	9,996.	0.		
DE IN P	ERSON TRAINING SCHOLARSHIPS	12	41,988.	0.		
Part IV	Supplemental Information. Provide the information	required in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I,	LINE 2:	· · · · · · · · · · · · · · · · · · ·				
THE FOU	NDATION REQUIRES EACH U.S. RECIPIENT TO R	EPORT THEIR USE	OF FUNDS			
RECEIVE	D ACCORDING TO THE FOUNDATION STANDARDS.	STATE CREDIT UN	IION			
FOUNDAT	IONS AND ASSOCIATIONS THAT RECEIVED MORE	THAN \$10,000 OF	COMMUNITY			
INVESTM	ENT FUND GRANTS IN A YEAR MUST FILE REPOR	TS SEMI ANNUALI	Y AND			
ANNUALL	Y. EACH OUTREACH GRANT IS GOVERNED BY A G	RANT AGREEMENT	OUTLINING			
THE GRA	NT REQUIREMENTS. PROCESS REPORTING IS REQ	UIRED WITH A FI	NAL GRANT			
REPORT	REQUIRED FOR THE FINAL PAYMENT.					

37

SCHEDULE J (Form 990)

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.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Part I Questions Regarding Compensation

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

NATIONAL CREDIT UNION FOUNDATION

Employer identification number 39-1383650

			Yes	No
1 a	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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
;	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
ļ	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	Х	
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		х
b	Any related organization?	5b		х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		х
b		6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.	-		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		х
3	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
•	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8		х
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			<u> </u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			

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

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) CHRISTIANE G. HYLAND	(i)	384,552.	36,775.	0.	46,500.	0.	467,827.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ANDRE T. PARRAWAY	(i)	226,318.	17,444.	0.	24,131.	0.	267,893.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DANIELLE BROWN	(i)	153,750.	8,598.	0.	22,974.	8,725.	194,047.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CHAD HELMINAK	(i)	149,102.	9,024.	0.	14,841.	16,401.	189,368.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SAMUEL PLESTER	(i)	116,563.	3,815.	0.	20,500.	13,125.	154,003.	0.
MARKETING & COMMUNICATIONS DIR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information					
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.					
PART I, LINE 4B:					
IN 2022, THE FOUNDATION BOARD APPROVED A CONTRIBUTION TO A 457(F) PLAN FOR					
THE EXECUTIVE DIRECTOR. THE TOTAL AMOUNT CONTRIBUTED IN 2022 WAS \$19,500.					

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

NATIONAL CREDIT UNION FOUNDATION

Employer identification number

NATIONAL CREDIT UNION FOUNDATION	39-1383650
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
FUNDING CATALYTIC GRANTS, HOLDING CONVENINGS, OFFERING RESOURCES AND	
TOOLS TO IGNITE CREDIT UNIONS TO CENTER THEIR STRATEGY ON FINANCIAL	
WELL-BEING FOR ALL 2. INSPIRING CREDIT UNIONS TO LEVERAGE THEIR	
COOPERATIVE VALUES TO REINFORCE AN ORGANIZATIONAL CULTURE THAT EMPOWERS	
AND MOTIVATES EMPLOYEES BY CELEBRATING, DEVELOPING AND HELPING RETAIN	
TALENT AT CREDIT UNIONS BY OFFERING EDUCATION AND ENGAGEMENT	
OPPORTUNITIES THAT ALIGN PURPOSE WITH ACTION 3. RESPONDING WHEN	
DISASTER STRIKES AND HELPING CREDIT UNIONS INCREASE THEIR BUSINESS	
RESILIENCY THROUGH THE COOPERATIVE VALUE OF "PEOPLE HELPING PEOPLE" BY	_
ASSISTING THE CREDIT UNION COMMUNITY TO CONTINUE SERVING MEMBERS WHEN	
DISASTER STRIKES THROUGH FUNDRAISING, GRANT MAKING AND RESOURCES	
FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:	
THE FINHEALTH FUND IS A DESIGNATED FUND ESTABLISHED IN 2022, WITH THE	
SUPPORT OF CREDIT UNIONS AND SYSTEM PARTNERS, TO CAPITALIZE A FIVE-YEAR	
PROGRAM FOCUSED ON THREE INTERRELATED EFFORTS:	
-CREATING A NATIONAL RESOURCE LIBRARY (E.G., CURRENT WORK, CASE	
STUDIES, TOOLKITS AND OTHER RESOURCES) TO HELP CREDIT UNIONS EMBRACE	
FINANCIAL WELL-BEING FOR ALL AS A STRATEGIC IMPERATIVE.	
-PROVIDING EDUCATION AND UPSKILLING FOR CREDIT UNION EMPLOYEES TO	
ESTABLISH A WORKFORCE READY TO PASSIONATELY SERVE PEOPLE WHERE THEY ARE	
IN THEIR FINANCIAL LIVES.	
-SUPPORTING INDUSTRY-WIDE CONSUMER RESEARCH, DATA CAPTURE AND ANALYSIS	
TO PRIORITIZE EFFORTS AND QUANTIFY IMPROVEMENTS TO MEMBERS' FINANCIAL	
HEALTH.	

 $\hbox{LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.}$

<u>Schedule O (Form 990) 2022</u> Page **2**

Name of the organization **Employer identification number** NATIONAL CREDIT UNION FOUNDATION 39-1383650 FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: MEMBERS, COLLEAGUES AND COMMUNITIES AROUND THE GLOBE. MORE INFORMATION IS AVAILABLE AT: DE PROGRAM INFORMATION (NCUF.COOP). FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: OTHER PROGRAMS. EXPENSES \$ 395,312. INCLUDING GRANTS OF \$ 98,048. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11B: THE FOUNDATION'S AUDIT COMMITTEE REVIEWS THE FORM 990 AND THEN FORWARDS TO THE BOARD OF DIRECTORS FOR APPROVAL. ALL BOARD MEMBERS MUST APPROVE THE 990 PRIOR TO IT BEING FILED. FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST DISCLOSURE STATEMENTS ARE COMPLETED ANNUALLY BY EACH OFFICER, BOARD MEMBER AND EMPLOYEE. THE DISCLOSURE FORMS ARE REVIEWED BY LEGAL; AND, THEN SUMMARIZED AND PRESENTED TO ALL BOARD MEMBERS. A SUMMARY OF POTENTIAL CONFLICTS IS PROVIDED AT EACH BOARD MEETING. FORM 990, PART VI, SECTION B, LINE 15: THE ANNUAL PROCESS FOR DETERMINING THE EXECUTIVE DIRECTOR'S COMPENSATION SHALL CONSIST OF THE FOLLOWING ACTIONS. 1. ANNUALLY, EACH BOARD MEMBER COMPLETES AN EXECUTIVE DIRECTOR PERFORMANCE EVALUATION FORM. 2. EXECUTIVE DIRECTOR COMPLETES A SELF-EVALUATION REPORT. 3. REVIEW OF COMPARABLE COMPENSATION DATA. 4. BOARD CHAIR AND PRESIDENT, IN COOPERATION WITH THE EXECUTIVE COMMITTEE, SHALL REVIEW EVALUATION REPORTS AND OTHER INFORMATION, 5. FINALIZE DETERMINATION OF ANNUAL COMPENSATION AND BONUS. 6. BOARD CHAIR

Schedule O (Form 990) 2022	Page 2
Name of the organization NATIONAL CREDIT UNION FOUNDATION	Employer identification number 39-1383650
SHALL REPORT RESULTS TO THE ENTIRE BOARD, AND 7. FOUNDATION SHALL MAINTAIN	
DOCUMENTATION OF THE INFORMATION GATHERED, THE PROCESS AND RESULTS.	
EXECUTIVE DIRECTOR REVIEWS THE PERFORMANCE OF OTHER OFFICERS AND KEY	
EMPLOYEES AND MAKES SALARY ADJUSTMENTS ACCORDING TO THE ESTABLISHED POLICY	
AND GUIDELINES.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
AL,AK,AR,CA,CO,CT,FL,GA,HI,IL,KS,KY,ME,MD,MA,MI,MN,MS,MT,NH,NJ,NM,NY,NC,ND	
OH,OK,OR,PA,RI,SC,TN,TX,UT,VA,WA,WV,WI,DC	
FORM 990, PART VI, SECTION C, LINE 18:	
FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AND UPON	
REQUEST. CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE AVAILABLE	
UPON REQUEST.	
FORM 990, PART VI, SECTION C, LINE 19:	
CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE AVAILABLE UPON	
REQUEST.	
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION HAS NEITHER CHANGED ITS OVERSIGHT PROCESS OR SELECTION	
PROCESS DURING THE TAX YEAR.	