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.

OMB No. 1545-0047

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. and ending A For the 2024 calendar year, or tax year beginning C Name of organization Check if applicable D Employer identification number Address change NATIONAL CREDIT UNION FOUNDATION Name change 39-1383650 Doing business as Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated 4703 MADISON YARDS WAY 300 608-231-5771 7,553,357. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return MADISON, WI 53705 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: LAUREN E. CULP Yes X No for subordinates? 99 M STREET SE, SUITE 300, SE, WASHINGTON, D **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: WWW.NCUF.COOP H(c) Group exemption number K Form of organization: X Corporation Trust Association Other Year of formation: 1980 M State of legal domicile; WI Part I Summary Briefly describe the organization's mission or most significant activities: A CATALYST TO IMPROVE PEOPLE'S Governance FINANCIAL LIVES THROUGH CREDIT UNIONS 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 16 3 Number of voting members of the governing body (Part VI, line 1a) 3 16 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 Activities & 16 5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) Total number of volunteers (estimate if necessary) 18 6 0. 7 a 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 0. 7h **Prior Year Current Year** 4,832,028, 4,102,689. Contributions and grants (Part VIII, line 1h) 8 Revenue 932,161 995,726. Program service revenue (Part VIII, line 2g) 583,008 828,237. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -169,253 -191,585. 11 6,177,944 5,735,067. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 602,890 1,539,517. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 2,461,891. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,836,613. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 1,562,194. 1,904,222. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 6,280,352. 4,626,975. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,550,969. -545,285. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** Ы 15,288,100 14,965,069. Total assets (Part X, line 16) 1,505,074, 1,626,998, 21 Total liabilities (Part X, line 26) 三年 13,783,026. 13,338,071. Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. April 23, 2025 Signature of officer Lauren (. Sign AUREN E. CULP, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Check Preparer's name Preparer's signature SHELBY NETZ CPA SHELBY NETZ, CPA 04/21/25 P01405265 Paid 39-0859910 BAKER TILLY ADVISORY GROUP. Preparer Firm's name Firm's EIN

Form 🤄	990 (2024)
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No

X Yes

Phone no.414.777.5500

MILWAUKEE, WI 53202

May the IRS discuss this return with the preparer shown above? See instructions

Use Only

Firm's address

790 N. WATER ST., SUITE 2000

Check if Schedule Coordans a response or note to any line in this Part III Theirly describe the organization rise hours of the total program service States of the Control	Par	t III Statement of Program Service Accomplishments
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4 004 406		· ·
	4e	4 004 406

39-1383650

Form 990 (2024) 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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	<u> </u>		
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	 		
3	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6		"		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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, VIII, 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	Х	
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		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ч	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		x
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
	the organization's separate of consolidated infancial 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	х	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
ıza	, ,	40-	х	
	Schedule D, Parts XI and XII	12a	- 21	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		_v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		-
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			l
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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			l
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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		X
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	

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Part IV	Checklist of Required Schedules	(continued)
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Par	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	<u> </u>
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		х	
04-	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	Λ	_
2 4a	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		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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		X
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			x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		x
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? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash 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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
^-	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	330		
50	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	00		
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
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	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1	_		
	Enter the number of Porns w-2G included on line 1a. Enter-o- in not applicable	<u> </u>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	(0.5.5
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Form 990 (2024)

NATIONAL CREDIT UNION FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) NATIONAL CREDIT UNION FOUNDATION 39-1383650

					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	16			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		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	accou	ınt)?	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 Advanced in the Financi	ccou	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e org	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons (or 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	rvices	provided to the payor?	7a	X	
				7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as re	quired			
	to file Form 8282?	1	1	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7 c	•			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		ct?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	•				
•				8		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?			9a		
a b	Did the control in a control in the control of the			9b		
10	Section 501(c)(7) organizations. Enter:			30		
а	Initiation fees and capital contributions included on Part VIII, line 12	10	.			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	101		1		
11	Section 501(c)(12) organizations. Enter:		•	1		
а	Gross income from members or shareholders	111	,			
	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	111	,			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	104	1?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	121	<u> </u>			
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	131)			
С	Enter the amount of reserves on hand	13	;			
				14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					_
	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** (2024)

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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					Х
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16			
	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.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other			
	officer, director, trustee, or key employee?			2		х
3	Did the organization delegate control over management duties customarily performed by or under the					
				3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 99			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's asset			5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app					
	more members of the governing body?			7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto					
	persons other than the governing body?		*	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?	-	•	8a	х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac					
·	organization's mailing address? <i>If</i> "Yes," provide the names and addresses on Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	/eni ie	Code)			
	(This dection B reguests information about policies not required by the internal new	CHUC	Ocac.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such cha					
		•	,	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		Ü			
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			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yo					
	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					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-	•			
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	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 arrangem	ent w	vith 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	e its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zatior	ı's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filedAL , AK , AR , CA , CO , CT , FI	J,GA	HI, IL, KS, KY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990	0-T (section 501(c)(3)	s only)	availal	ble
	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		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor	nflict (of interest policy, and	d finan	cial	
	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 book	ks an	d records			
	ANDRE T. PARRAWAY - 608-231-5771					
	4703 MADISON YARDS WAY, SUITE 300, MADISON, WI 53705					

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		ition		one	Reportable	Reportable	Estimated
	hours per	box	, unle: cer ar	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week		Cer ai	uau	recto	i / ii us	iee)	from	from related	other
	(list any hours for	irecto						the	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			sated		organization (W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trustee		yee	mper		1099-NEC)	1000 (420)	and related
	below	Individual trustee or director	Institutional	er	Key employee	Highest compensated employee	e.	,		organizations
	line)	Indiv	Instit	Officer	Key 6	High	Former			
(1) CHRISTIANE G. HYLAND	40.00									
EXECUTIVE DIRECTOR (TERM 12/2024)				Х				522,346.	0.	20,420.
(2) ANDRE T. PARRAWAY	40.00									
CHIEF FINANCIAL & OPERATION				Х				298,026.	0.	9,474.
(3) DANIELLE BROWN	40.00									
CHIEF ENGAGEMENT DIRECTOR					Х			228,688.	0.	23,815.
(4) TOBI WEINGART	40.00									
CHIEF PROGRAMS OFFICER					Х			189,941.	0.	34,821.
(5) JENNI SPETH	40.00									
DIRECTOR, ENGAGEMENT						Х		111,278.	0.	24,451.
(6) TRACI O'NEILL	40.00									
EXECUTIVE ASSISTANT						Х		111,366.	0.	7,996.
(7) LAUREN E. CULP	40.00									
EXECUTIVE DIRECTOR (AS OF 12/2024)				Х				22,173.	0.	2,909.
(8) JIM NUSSLE	1.00									
PRESIDENT				Х				0.	0.	0.
(9) JOHN SACKETT	1.00									
CHAIR		Х		Х				0.	0.	0.
(10) TERESA CAMPBELL	1.00									
IMMEDIATE PAST CHAIR		Х						0.	0.	0.
(11) JENNY VIPPERMAN	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(12) ROBERT CASHMAN	1.00									
TREASURER		Х		Х				0.	0.	0.
(13) CHRISTINE CORDELL	1.00									
SECRETARY		Х		Х				0.	0.	0.
(14) CARMA PARRISH	1.00									
DIRECTOR		Х						0.	0.	0.
(15) CREIGHTON BLACKWELL	1.00									
DIRECTOR		Х						0.	0.	0.
(16) DAVID BIRKY	1.00	1								
DIRECTOR		Х						0.	0.	0.
(17) DAVID SWEITZER	1.00	1								
DIRECTOR		Х						0.	0.	0.

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Part VII Section A. Officers, Directors,	, Trustees, Key Em	oloy	ees,	and	Hiç	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)			_ (0				(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	box	not cl , unles cer an	ss per	more rson i irecto	than o s both r/trust	an tee)	Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC/	Estimated amount of other compensation from the
	related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related organizations
(18) DEAN YOUNG	1.00									
DIRECTOR		Х						0.	0.	0.
(19) DEBBIE SMITH	1.00									
DIRECTOR		Х						0.	0.	0
(20) ENRIQUE DELGADILLO	1.00									
DIRECTOR (TERM 12/2024)		Х						0.	0.	0.
(21) GREG GALLANT	1.00									
DIRECTOR (STARTED 05/2024)		Х						0.	0.	0
(22) JUAN FERNANDEZ DIRECTOR	1.00	x						0.	0.	0.
(23) MELANIE KENNEDY	1.00	Λ						0.	0.	0
DIRECTOR (STARTED 03/2024)	1.00	х						0.	0.	0
(24) MELANIE MURPHY	1.00							· ·	•	
DIRECTOR		х						0.	0.	0.
(25) NADER MOGHADDAM	1.00									
DIRECTOR		х						0.	0.	0.
1b Subtotal								1,483,818.	0.	123,886
c Total from continuation sheets to P								0.	0.	0
d Total (add lines 1b and 1c)	<u></u>	<u></u> .	<u></u>	<u></u>	····			1,483,818.	0.	123,886

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

3 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

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 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

5 X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Name and pusitiess address	Description of services	Compensation
ATTUNE INSIGHTS, INC., 2093 PHILADELPHIA		
PIKE, STE 2681, CLAYMONT, DE 19703	CONSULTING	255,000.
MARRIOTT HOTEL SERVICES, 901 MASSACHUSETTS	FOOD AND BEVERAGE FOR	
AVE NW, WASHINGTON, DC 20001	FOUNDATION DINNER	203,590.
COOPERA CONSULTING, 7745 OFFICE PLAZA DR		
N, STE 170, WEST DES MOINES, IA 50266	CONSULTING	201,143.
MADISON CONCOURSE HOTEL & GOVERNOR'S CLUB		
1 W DAYTON ST, MADISON, WI 53703	LODGING FOR DE TRAINING	183,261.
HILTON CARILLON		
950 CARILLON DRIVE, ST PETERSBURG, FL 33716	LODGING FOR DE TRAINING	111,451.
2 Total number of independent contractors (including but not limited to	those listed above) who received more than	
\$100,000 of compensation from the organization	5	
*		= 000 (ass i)

Form **990** (2024)

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39-1383650

Form 990 (2024) NATIONAL CI Part VIII Statement of Revenue

		Check if Schedule O contains a respons	se or note to any lin	e in this Part VIII			
		<u>.</u>	,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
SΩ	1:	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues 1b					
ନ୍ଦ୍ର ପ୍ର		c Fundraising events 1c	662,310.				
ífts, r A		d Related organizations 1d	,				
nila		e Government grants (contributions) 1e					
Sir		f All other contributions, gifts, grants, and					
uti Je		similar amounts not included above 1f	3,440,379.				
e ţ		g Noncash contributions included in lines 1a-1f	, , = = , , , , , , , , , , , , , , , ,				
on Pud		h Total. Add lines 1a-1f		4,102,689.			
<u> </u>		Troum / Go in co ra n	Business Code	, , ,			
	2 :	a TRAINING PROGRAMS	900099	995,726.	995,726.		
Şi				,			
Ser							
z N			-				
gra Re		d e	-				
Program Service Revenue		f All other program service revenue					
		g Total. Add lines 2a-2f		995,726.			
-	3	Investment income (including dividends, into		330,720.			
	3			828,237.			828,237.
	4	other similar amounts) Income from investment of tax-exempt bond		020,207.			920,207.
	5	Royalties	-				
	3	(i) Real	(ii) Personal				
	6 -	a Gross rents 6a	(1) 1 51551141				
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Not rental income or (less)					
		a Gross amount from sales of (i) Securities	s (ii) Other				
	′ ′	assets other than inventory 7a 1,425,59					
		b Less: cost or other basis					
ø		and sales expenses 7b 1,425,59	8.				
her Revenue			0.				
Seve		d Net gain or (loss)		0.			
e F		a Gross income from fundraising events (not					
ğ	•	including \$ 662,310. of					
		contributions reported on line 1c). See					
		' '	3a 186,490.				
			3b 392,692.				
		c Net income or (loss) from fundraising events	-	-206,202.			-206,202.
		a Gross income from gaming activities. See		,			·
			9a				
		I	9b				
		c Net income or (loss) from gaming activities_					
		a Gross sales of inventory, less returns					
		-	0a				
			0b				
		c Net income or (loss) from sales of inventory	•				
			Business Code				
sno	11 :	a MISCELLANEOUS INCOME	900099	14,617.			14,617.
nec		b		, , , , , , , , , , , , , , , , , , ,			,
Miscellaneous Revenue		c					
SS		d All other revenue					
≥		e Total. Add lines 11a-11d		14,617.			
	12	Total revenue. See instructions		5,735,067.	995,726.	0.	636,652.

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Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Х Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 1,493,225 1,493,225 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 46,292 46,292. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 543,632, trustees, and key employees 1,352,613. 564,663. 244,318. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 942,697. 393,538. 378,883. 170,276. Other salaries and wages 7 8 Pension plan accruals and contributions (include 55,203 section 401(k) and 403(b) employer contributions) 146,763 63,908. 27,652. 258,984 112,775. 97,414 48,795. 9 Other employee benefits 135,556. 59,028. 50,988 25,540. 10 Payroll taxes Fees for services (nonemployees): а Management 78,126. 78,126. Legal 27,741. 27,741. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 841,705 681,588 144,601 15,516. column (A), amount, list line 11g expenses on Sch O.) 81,451 60,000. 21,451 Advertising and promotion 12 17,741 5,194 8,879. 31,814 13 Office expenses 94,600 23,600. 71,000 14 Information technology 15 Royalties 16 Occupancy 18,137. 242,841 66,989. 157,715 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 417,585. 400,279. 4,340 12,966. Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 22 Depreciation, depletion, and amortization 32,859. 2,958. 25,250 4,651. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) PROGRAM & MATERIALS 46,641 44,010. 124 2,507. MISCELLANEOUS 8,859 3,372 832 4,655. С d All other expenses 583,892. Total functional expenses. Add lines 1 through 24e 6,280,352, 4,031,426 1,665,034 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2024) Part X Balance Sheet

Par	t X	Balance Sneet					
		Check if Schedule O contains a response or r	ote to ar	ny line in this Part X		······	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			23,312.	1	31,708
	2	Savings and temporary cash investments	9,769,854.	2	9,176,91		
	3	Pledges and grants receivable, net	310,743.	3	65,69		
	4	Accounts receivable, net	132,016.	4	206,50		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul					
		controlled entity or family member of any of the	nese pers	sons		5	
	6	Loans and other receivables from other disqu	alified pe				
		under section 4958(f)(1)), and persons describ	ed in sec	ction 4958(c)(3)(B)		6	
s l	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	5			105,107.	9	107,88
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		110,000.			
	b	Less: accumulated depreciation			0.	10c	
	11	Investments - publicly traded securities			4,947,068.	11	5,376,36
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, lin				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e			15,288,100.	16	14,965,06
	17	Accounts payable and accrued expenses			610,213.	17	665,33
	18	Grants payable		18			
	19	Deferred revenue			894,861.	19	961,66
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
ູ	22	Loans and other payables to any current or fo					
116		trustee, key employee, creator or founder, sul	ostantial	contributor, or 35%			
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					
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			1,505,074.	26	1,626,998
		Organizations that follow FASB ASC 958, c	heck he	re X			
ès		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions	7,411,180.	27	7,509,70		
Ба	28	Net assets with donor restrictions	6,371,846.	28	5,828,368		
<u> </u>		Organizations that do not follow FASB ASC					
ב		and complete lines 29 through 33.					
, P	29	Capital stock or trust principal, or current fund	ds			29	
Sets	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			13,783,026.	32	13,338,07
-	33	Total liabilities and net assets/fund balances			15,288,100.	33	14,965,069

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Form 990 (2024)

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	5	,735,	067.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6	,280,	352.
3	Revenue less expenses. Subtract line 2 from line 1	3	-	-545,	285.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13	,783,	026.
5	Net unrealized gains (losses) on investments	5		100,	330.
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	13	,338,	071.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Х
				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	X	
	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		

SCHEDULE A

(Form 990)

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

NATIONAL CREDIT UNION FOUNDATION 39-1383650 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. 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 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 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). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) Total

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3,874,707.	3,871,908.	5,538,384.	4,832,028.	4,102,689.	22,219,716.
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						
	Total. Add lines 1 through 3	3,874,707.	3,871,908.	5,538,384.	4,832,028.	4,102,689.	22,219,716.
	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)						3,859,014.
6	Public support. Subtract line 5 from line 4.						18,360,702.
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Amounts from line 4	3,874,707.	3,871,908.	5,538,384.	4,832,028.	4,102,689.	22,219,716.
	Gross income from interest,	, , .	, , ,	, , -	, , .	, , ,	, , , -
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	184,620.	299,623.	224,658.	583,008.	828,237.	2,120,146.
0	***	101,020.	233,023.	221,030.	303,000.	020,237.	2,120,110.
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	282,892.	152,709.	115,542.	26,731.	14,617.	592,491.
	assets (Explain in Part VI.)	202,092.	132,703.	113,342.	20,731.	14,017.	24,932,353.
	Total support. Add lines 7 through 10		`			40	3,282,275.
	Gross receipts from related activities,	•	,			12	3,202,273.
13	First 5 years. If the Form 990 is for th	· ·		•		. , . ,	
Sac	organization, check this box and stop tion C. Computation of Public						
	Public support percentage for 2024 (li			olumn (f)\		14	73.64 %
						15	
	Public support percentage from 2023 33 1/3% support test - 2024. If the control of the control o						
10a		-					
L	stop here. The organization qualifies a		•			or mare aback thi	
b	33 1/3% support test - 2023. If the condition have						
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 te	•	•				
b	10% -facts-and-circumstances test	_					IU% Or
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the						
	•				-		
18	more, and if the organization meets the organization meets the facts-and-circu Private foundation. If the organizatio	umstances test. The	e organization qua	lifies as a publicly	supported organiz	ation	

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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.)

Sed	etion A. Public Support	siow, picase comp	note r art ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 performed, 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 business 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						
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
		(a) 2020	(6) 2021	(0) 2022	(4) 2020	(6) 2024	(i) rotal
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	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 assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	J		,	•	()()	· —
	check this box and stop here						
	tion C. Computation of Publi					T 1	
	Public support percentage for 2024 (li	, , , , , , , , , , , , , , , , , , , ,	•	column (f))		15	<u>%</u>
	Public support percentage from 2023		-			16	%
	ction D. Computation of Inves					T 1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	<u>%</u>
19a	33 1/3% support tests - 2024. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2023. If the	•			•	•	
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	1 1

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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
n 000)	2024
	n 990)

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Sche	edule A (Form 990) 2024 NATIONAL CREDIT UNION FOUNDATION	39-1383650	F	age 5
Pa	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?	11:	а	
b	A family member of a person described on line 11a above?	111)	
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.	110	С	
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 or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's off directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	icers,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support	orted		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
	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,			
Sac	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
300	ation 6. Type it Supporting Organizations		1,,	Τ
_			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	1		
Sec	the supported organization(s). 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		163	140
•	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			
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	•	•	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	tructions).		
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental			
	entity (see instructions).			
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	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	1	
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)	l

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	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	Section D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1					
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported						
	organizations, in excess of income from activity		2					
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3					
4	Amounts paid to acquire exempt-use assets		4					
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5					
_6	Other distributions (describe in Part VI). See instructions.		6					
7	Total annual distributions. Add lines 1 through 6.		7					
8	Distributions to attentive supported organizations to which the	ne organization is responsive						
	(provide details in Part VI). See instructions.		8					
9	Distributable amount for 2024 from Section C, line 6		9					
10	Line 8 amount divided by line 9 amount		10					
		(i)	(ii)	(iii)				
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2024	Distributable Amount for 2024				
1	Distributable amount for 2024 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2024 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2024							
<u>a</u>	From 2019							
<u>b</u>	From 2020							
c	From 2021							
d	From 2022							
е	From 2023							
<u>f</u>	Total of lines 3a through 3e							
<u>g</u>	Applied to under distributions of prior years							
<u>h</u>	Applied to 2024 distributable amount							
<u>_i</u>	Carryover from 2019 not applied (see instructions)							
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2024 from Section D,							
	line 7: \$							
<u>a</u>	Applied to underdistributions of prior years							
<u> </u>	Applied to 2024 distributable amount							
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2024, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2024. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2025. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
	Excess from 2020							
	Excess from 2021							
	Excess from 2022							
<u>a</u>	Excess from 2023 Excess from 2024							

Part VI	Cumplemental Information
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	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,
	line 1. Dest W. Cockier D. Lines C. and C. Dest W. Cockier E. Lines 1.6. On the Cockier D. Lines 1.6. Dest W. Dest W. Cockier D. Lines 1.6. Dest W. De
	ille 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.)
-	
-	
-	
1	

Schedule B (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

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

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization					
	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					
Note: Only a section	zation is covered by the General Rule or a Special Rule . 1 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
	inization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or om any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 50 contributor	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.						
year, contri is checked, purpose. D	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).						

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

Schedule B (Form 990) (Rev. 12-2024)

Name of organization

Employer identification number

NATIONAL CREDIT UNION FOUNDATION

39-1383650

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 2	Name, address, and ZIP + 4	Total contributions Person Payroll \$ 188,000. Noncash
(a)	(b)	(Complete Part II for noncash contributions.)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 4	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5	italiie, audi 635, aliu LIF T 7	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6 <u>6</u>	Name, audress, and ZIP + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

NATIONAL CREDIT UNION FOUNDATION

39-1383650

Part II	Noncash Property (see instructions). Use duplicate copies of Part II i	f 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
		-	
		_ _	

Name of or	ganization		Employer identification number									
NATIONAL	CREDIT UNION FOUNDATION		39-1383650									
Part III	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional states.	through (e) and the following line encharitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year ntry. For organizations r less for the year. (Enter this info. once.)									
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held									
	(e) Transfer of gift											
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee									
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held									
	(e) Transfer of gift											
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee									
(a) No												
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held									
		(e) Transfer of gi	ift									
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee									
(a) No. from												
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held									
		(a) Transfer of vi										
	Transferee's name, address, a	(e) Transfer of gi	fer of gift Relationship of transferor to transferee									

SCHEDULE D (Form 990)

(Rev. December 2024) 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

Open to Public Inspection

Name of the organization

NATIONAL CREDIT UNION FOUNDATION

Employer identification number 39-1383650

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferring
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, l	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
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	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included on line 2a	2c
d	Number of conservation easements included on line 2c acqu	ired after July 25, 2006, and not	
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel-	eased, extinguished, or terminated by the	organization during the tax
	year		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
			
8	Does each conservation easement reported on line 2d above		
_			
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statement	ents that describes the
Pai	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Treasures or Ot	her Similar Assets
. u	Complete if the organization answered "Yes" on Form		nior cirmar Addeto.
10	If the organization elected, as permitted under FASB ASC 95		and halance cheet works
ıa	of art, historical treasures, or other similar assets held for pub	•	
	service, provide in Part XIII the text of the footnote to its finar	· · · · · · · · · · · · · · · · · · ·	•
h			
b	If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public		
	•	exhibition, education, or research in furti	refairce of public service,
	provide the following amounts relating to these items.		Ф
	(i) Revenue included on Form 990, Part VIII, line 1		_
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treations are the control of the cont	acurae or other cimilar assets for financia	
~	the following amounts required to be reported under FASB A		i gain, provide
а	Revenue included on Form 990, Part VIII, line 1	-	\$
	Assets included in Form 990, Part X		
	, access moladed in Form 600, 7 art A		Ψ

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

Schedule D (Form 990) (Rev. 12-2024)

Par	t III Organizations Maintaining Co	llections of Art	, Historical Tre	asures, or Oth	er Si	milar Ass	ets (contii	nued)					
3	Using the organization's acquisition, accession	, and other records	s, check any of the f	ollowing that make	signif	icant use of i	ts						
	collection items (check all that apply).												
а	Public exhibition	d	Loan or excl	nange program									
b	b Scholarly research e Other												
С	Preservation for future generations												
4	Provide a description of the organization's colle	ections and explain	how they further th	e organization's ex	empt	purpose in P	art XIII.						
5	During the year, did the organization solicit or r	eceive donations o	f art, historical treas	ures, or other simil	ar ass	ets							
	to be sold to raise funds rather than to be main	tained as part of th	ne organization's col	lection?			Yes	☐ No					
Par	t IV Escrow and Custodial Arrange				n Forr	n 990, Part I\	/, line 9, or						
	reported an amount on Form 990, Part 2												
1a	Is the organization an agent, trustee, custodian	, or other intermed	iary for contribution	s or other assets no	ot incl	uded							
	on Form 990, Part X?						Yes	☐ No					
b	If "Yes," explain the arrangement in Part XIII an												
							Amoun	t					
С	Beginning balance					1c							
	Additions during the year					1d							
	Distributions during the year					1e							
f	Ending balance					1f							
2a	Did the organization include an amount on Form	m 990, Part X, line	21, for escrow or cu	stodial account liab	oility?	•	Yes	No					
	If "Yes," explain the arrangement in Part XIII. C												
Par													
		(a) Current year	(b) Prior year	(c) Two years back		Three years ba	ick (e) Fou	r years back					
1a	Beginning of year balance	731,490.	625,169.	749,104		650,76	4.	569,992.					
	Contributions												
	Net investment earnings, gains, and losses	85,962.	106,321.	-123,935		98,34	0.	80,772.					
	Grants or scholarships	,		•		· · ·							
	Other expenditures for facilities												
_	and programs												
f	Administrative expenses												
g g	End of year balance	817,452.	731,490.	625,169		749,10	4.	650,764.					
2	Provide the estimated percentage of the currer	· · · · · ·	· · · · · · · · · · · · · · · · · · ·	•	-		<u> </u>						
a	Board designated or quasi-endowment	it your one balance	%	, ricia ao.									
h	Permanent endowment 27.1900	%											
c	Term endowment 72.8100 %												
·	The percentages on lines 2a, 2b, and 2c should												
32	Are there endowment funds not in the possess	•	tion that are held an	d administered for	the								
Ou	organization by:	ion of the organiza	tion that are ned an	a administered for	uic			Yes No					
	(i) Unrelated organizations?						3a(i)	X					
								X					
h	(ii) Related organizations? If "Yes" on line 3a(ii), are the related organization	ne lietod ae roquire	nd on Schodulo P2				3b						
4	Describe in Part XIII the intended uses of the o						30						
	t VI Land, Buildings, and Equipme		villent lunus.										
	Complete if the organization answered		Part IV. line 11a. S	ee Form 990. Part)	X. line	10.							
	Description of property	(a) Cost or of		I		mulated	(d) Boo	k valuo					
	Description of property	basis (investm		' '		ciation	(u) 600	k value					
10	Land	<u> </u>	,	(= =: /5.)									
	Land	I											
	Buildings												
	Leasehold improvements	I		110,000.		110,000.		0.					
	Equipment					,							
	Other			(7))				0.					
rota	. Add lines 1a through 1e. (Column (d) must equ	iai Form 990. Part)	k. iine TUC. column	(B))				٠.					

Schedule D (Form 990) (Rev. 12-2024)

Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market valu
N =	(b) book value	(C) Wethou of Valuation. Cost of end-or-year market valu
) 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, line 12, col. (B))		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market valuation
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		
Part IX Other Assets		
Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.
(a) [Description	(b) Book value
(1)		
(2)		
(3)		
(3)		
(4)		
(4) (5)		
(4) (5) (6)		
(4) (5) (6) (7)		
(4) (5) (6) (7) (8)		
(4) (5) (6) (7) (8) (9)		
(4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col.	(B))	
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities		
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of		11e or 11f. See Form 990, Part X, line 25.
(4) (5) (6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities		
(4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of the properties of liability.		11e or 11f. See Form 990, Part X, line 25.
(4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of the incomplete if the organization of liability		11e or 11f. See Form 990, Part X, line 25.
(4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes		11e or 11f. See Form 990, Part X, line 25.
(4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of the income taxes (1) (1) Federal income taxes (2)		11e or 11f. See Form 990, Part X, line 25.
(4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of the image of the		11e or 11f. See Form 990, Part X, line 25.
(4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)		11e or 11f. See Form 990, Part X, line 25.
(4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes (2) (3) (4) (5) (6)		11e or 11f. See Form 990, Part X, line 25.
(4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)		11e or 11f. See Form 990, Part X, line 25.
(4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of the image of the		11e or 11f. See Form 990, Part X, line 25.

Schedule D (Form 990) (Rev. 12-2024)

Par	t XI Reconciliation of Revenue per Audited Financial Staten	nents With R	evenue per Re	turn	9
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	5,809,798.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	74,731.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	74,731.
3	Subtract line 2e from line 1			3	5,735,067.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 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			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	5,735,067.
Pal	rt XII Reconciliation of Expenses per Audited Financial State		expenses per r	return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1				6 255 002
1	Total expenses and losses per audited financial statements			1	6,355,083.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	74 721		
a	Donated services and use of facilities		74,731.	-	
b	Prior year adjustments			-	
С.	Other losses			-	
d	Other (Describe in Part XIII.)	· ·			7/ 731
_	Add lines 2a through 2d			2e	74,731. 6,280,352.
3	Subtract line 2e from line 1			3	0,200,332.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	45			
a	Investment expenses not included on Form 990, Part VIII, line 7b			-	
	Other (Describe in Part XIII.) Add lines 4a and 4b			4c	0.
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	6,280,352.
	rt XIII Supplemental Information			<u> </u>	7-1-1
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	art IV. lines 1b a	nd 2b: Part V. line 4	: Part X. lir	ne 2: Part XI.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	•		, ,	
	V, LINE 4:				
INVE	STMENT INCOME MAY BE USED FOR OPERATIONS OF THE ORGANIZATION	N.			
PART	YX, LINE 2:				
THE	FOUNDATION QUALIFIES AS A TAX EXEMPT ORGANIZATION UNDER SEC	TION			
501(C)(3) OF THE IRC AND THE APPLICABLE STATE REGULATIONS. THE	INTERNAL			
REVE	NUE SERVICE (IRS) ALSO HAS DETERMINED THAT THE FOUNDATION I	S NOT A			
PRIV	TATE FOUNDATION. IN ADDITION, THE FOUNDATION IS REQUIRED TO	REPORT			
UNRE	LATED BUSINESS INCOME TO THE IRS AND THE STATE OF WISCONSIN	. THE			
FOUN	DATION HAD NO SOURCES OF UNRELATED BUSINESS INCOME FOR THE	YEARS ENDED			
DECE	MBER 31, 2024 AND 2023. MANAGEMENT HAS CONCLUDED THAT THE F	OUNDATION			
HAS	PROPERLY MAINTAINED THEIR EXEMPT STATUS, ALL REVENUE WITHIN	THE			
STAT	EMENTS OF ACTIVITIES HAS BEEN PROPERLY CLASSIFIED AS EXEMPT	FOR THE			
	S ENDED DECEMBER 31, 2024 AND 2023 AND THERE ARE NO UNCERTA	IN TAX			
POSI	TIONS AS OF DECEMBER 31, 2024 AND 2023.				

SCHEDULE G (Form 990)

(Rev. December 2024)

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

Open to Public Inspection

Name of the organization	REDIT UNION FOUNDATION					Employer ide 39-138365	ntification number ∩
	Complete if the organization answe	red "V	es" or	n Form 990 Part IV I	ine 1		
required to complete this part		ieu i	C3 01	11 01111 990, 1 ait 10, 1	ii iC T	7. 1 OIIII 990-LZ	mers are not
 1 Indicate whether the organization raise a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Path b If "Yes," list the 10 highest paid indivisions 	ed funds through any of the followin e Solicitat f Solicitat g Special r oral agreement with any individual art VII) or entity in connection with p	tion of tion of fundra (includation	nongo gover hising ling of onal fo	overnment grants nment grants events fficers, directors, trus undraising services?		Yes	
compensated at least \$5,000 by the	organization.						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fund have o or cor contrib	Did aiser ustody itrol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
otal		1	•				
List all states in which the organization or licensing.			utions	or has been notified	it is e	exempt from re	gistration
or Paperwork Reduction Act Notice, se	e the Instructions for Form 990 or	990-F	Z .		Sche	edule G (Form	990) (Rev. 12-2024

LHA 432081 01-14-25

Pa	ırt	Fundraising Events. Complete if the of fundraising event contributions and great fundraising event contributions and great fundraising event contributions.				
		or fundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			WEGNER DINNER	(ovent type)	(total number)	col. (c))
ene			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	848,800.			848,800.
	2	Less: Contributions	662,310.			662,310.
	3	Gross income (line 1 minus line 2)	186,490.			186,490.
	4	Cash prizes				
ű	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect E	7	Food and beverages	195,214.			195,214.
Ω	8	Entertainment	196,842.			196,842.
	9	Other direct expenses				636.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			392,692.
_		Net income summary. Subtract line 10 from I				-206,202.
Pa	ırτ		answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
_		\$15,000 on Form 990-EZ, line 6a.		(L.) Dull taba/instant	T	(a) Takal manaina (add
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
æ	1	Gross revenue				
S	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
		Net gaming income summary. Subtract line 7				
а	Is	nter the state(s) in which the organization conduct the organization licensed to conduct gaming and	ctivities in each of these s	states?		Yes No
D	. 11	"No," explain:				
		ere any of the organization's gaming licenses re				Yes No
	_					
43200	22 0	1_1/_25			Schedule G (F	orm 990) (Rev. 12-2024)

Sch	edule G (Form 990) (Rev. 12-2024) NATIONAL CREDIT UNION FOUNDATION	-1383650	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	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?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility		%
	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?	Yes	☐ No
b	of If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$		
C	: If "Yes," enter the name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of any income state of		
	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?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	art III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,	
	· · · · · · · · · · · · · · · · · · ·		

Schedule 6	G (Form 990) NATIONAL CREDIT UNION FOUNDATION	39-1383650	Page 4
Part IV	S (Form 990) NATIONAL CREDIT UNION FOUNDATION Supplemental Information (continued)		
	· · · · · · · · · · · · · · · · · · ·		
			-

SCHEDULE I (Form 990)

(Rev. December 2024)
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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization							Employer identification number
Part I General Information on Grants a		DATION					39-1383650
Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's pro-	to substantiate the				•	stance, and the selecti	₩, ,,
Part II Grants and Other Assistance to recipient that received more than S					anization answered "Y	es" on Form 990, Part	t IV, line 21, for any
1 (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
ALLEGACY FEDERAL CREDIT UNION 1691 WESTBROOK PLAZA DR WINSTON SALEM, NC 27103	56-6087383	OTHER	15,225.	0.			FOSTER YOUTH GRANT
VIRGINIA CREDIT UNION 7500 BOULDER VIEW DR RICHMOND, VA 23225	54-0578719	501(C)(14)	30,000.	0.			FOSTER YOUTH GRANT
RIZE CREDIT UNION 12701 SCHABARUM AVENUE IRWINDALE, CA 91706	95-1766772	OTHER	37,500.	0.			FOSTER YOUTH GRANT
FIRST CREDIT UNION 25 S ARIZONA PLACE STE 111 CHANDLER, AZ 85225	86-0100904	501(C)(14)	7,500.	0.			FOSTER YOUTH GRANT
OKLAHOMA'S CREDIT UNION 3001 N LINCOLN BLVD OKLAHOMA CITY, OK 73105	73-6093655	501(C)(14)	42,338.	0.			FOSTER YOUTH GRANT
SCE FCU 12701 SCHABARUM AVENUE IRWINDALE, CA 91706	95-1766772		10,000.	0.			PITCH GRANT
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organizations	-						

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

Schedule I (Form 990) (Rev. 12-2024)

Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(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
NCLUSIV NETWORK							
9 BROADWAY, SUITE 2140 EW YORK, NY 10006	11-2421972	501(C)(3)	24,000.	0.			EMPOWERMENT GRANT
CALIFORNIA CREDIT UNION LEAGUE O BOX 51476			42.540				COMMUNITY INVESTSMENT
ONTARIO, CA 91761	94-0357265	501(C)(6)	13,610.	0.			FUND GRANT
COOPERATIVE CREDIT UNION ASSOCIATION - 845 DONALD LYNCH BOULEVARD - MALBOROUGH, MA 01752	04-3403594	501(C)(6)	6,206.	0.			COMMUNITY INVESTSMENT FUND GRANT
CORNERSTONE CREDIT UNION FOUNDATION - 6801 PARKWOOD BLVD - PLANO, TX 75024	75-6039968	501(C)(3)	85,643.	0.			COMMUNITY INVESTSMENT FUND GRANT
CREDIT UNION ASSOCIATION OF THE DAKOTAS - 2005 N KAVANEY DR - BISMARCK, ND 58501	20-4608169	501(C)(6)	10,501.	0.			COMMUNITY INVESTSMENT
CROSSSTATE CREDIT UNION ASSOCIATION - 4309 NORTH FRONT STREET - HARRISBURG, PA 17101	25-1786339	501(C)(3)	9,477.	0.			COMMUNITY INVESTSMENT FUND GRANT
SOWEST FOUNDATION 8000 INTERNATIONAL BLVD STE 1102 SEATAC, WA 98188	91-1649328	501(C)(3)	22,265.	0.			COMMUNITY INVESTSMENT FUND GRANT
LLINOIS CREDIT UNION SYSTEM .807 WEST DIEHL RD WAPERVILLE, IL 60563	36-1255150	501(C)(6)	9,012.	0.			COMMUNITY INVESTSMENT
LEAGUE OF SOUTHEASTERN CREDIT JNIONS - 22 INVERNESS CENTER PKWY STE 200 - BIRMINGHAM, AL 35242	94-3458406	501(C)(6)	44,392.	0.			COMMUNITY INVESTSMENT FUND GRANT

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
LOUISIANA CREDIT UNION LEAGUE 824 ELMWOOD PARK BLVD STE 200 HARAHAN, LA 70123-3342	72-0244197	501(C)(6)	16,409.	0.			COMMUNITY INVESTSMENT
MINNESOTA CREDIT UNION NETWORK 555 WABASHA ST N STE 200 SAINT PAUL, MN 55102-1610	41-0417120	501(C)(6)	25,057.	0.			COMMUNITY INVESTSMENT
MONTANA CREDIT UNION NETWORK 101 N RODNEY HELENA, MT 59601-2948	81-0240316	501(C)(6)	19,828.	0.			COMMUNITY INVESTSMENT
NEW YORK CREDIT UNION ASSOCIATION 4 TOWER PLACE, 5TH FLOOR ALBANY, NY 12203	16-1527073	501(C)(3)	58,798.	0.			COMMUNITY INVESTSMENT
OHIO CREDIT UNION LEAGUE 10 W BROAD ST STE 1100 COLUMBUS, OH 43212-3482	31-4359680	501(C)(6)	17,549.	0.			COMMUNITY INVESTSMENT FUND GRANT
							<u> </u>

(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 IN PERSON TRAINING SCHOLARSHIPS	8	27,792.	0.		
FOSTER YOUTH GRANTS	4	16,500.	0.		
CU FINHEALTH CONFERENCE SCHOLARSHIPS	2	2,000.	0.		
Part IV Supplemental Information. Provide the information	required in Part I, lin	ie 2; Part III, column	(b); and any other ac	Iditional information.	
PART I, LINE 2:					
THE FOUNDATION REQUIRES EACH U.S. RECIPIENT TO R	EPORT THEIR USE	OF FUND			
RECEIVED ACCORDING TO THE FOUNDATION STANDARDS.	ALL STATE CREDI	T UNION			
FOUNDATIONS AND ASSOCIATIONS THAT RECEIVED COMMU	NITY INVESTMENT	FUND GRANTS			
FILE A REPORT ANNUALLY, THOSE THAT RECEIVED MORE	THAN \$10,000 C	F COMMUNITY			
INVESTMENT FUND GRANTS IN A YEAR MUST ALSO FILE	A REPORT SEMI-A	ANNUALLY.			
EACH OUTREACH GRANT IS GOVERNED BY A GRANT AGREE	MENT OUTLINING	THE GRANT			
REQUIREMENTS. PROCESS REPORTING IS REQUIRED WITH	AT LEAST TWO R	REPORTS WITH			
A FINAL GRANT REPORT REQUIRED BEFORE THE FINAL P	AYMENT.				

SCHEDULE J (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

NATIONAL CREDIT UNION FOUNDATION

Part I Questions Regarding Compensation

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	Х			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?					
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's					
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to					
	establish compensation of the CEO/Executive Director, but explain in Part III.					
	X Compensation committee					
	Independent compensation consultant X Compensation survey or study					
	X Form 990 of other organizations X Approval by the board or compensation committee					
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a related organization:					
а	Receive a severance payment or change-of-control payment?	4a		Х		
b	b Participate in or receive payment from a supplemental nonqualified retirement plan?					
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?					
	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	Any related organization?	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		
8	8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the					
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
	Regulations section 53.4958-6(c)?	9				

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) CHRISTIANE G. HYLAND	(i)	476,843.	45,503.	0.	20,420.	0.	542,766.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ANDRE T. PARRAWAY	(i)	275,805.	22,221.	0.	9,474.	0.	307,500.	0.
CHIEF FINANCIAL & OPERATION	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DANIELLE BROWN	(i)	218,424.	10,264.	0.	13,286.	10,529.	252,503.	0.
CHIEF ENGAGEMENT DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) TOBI WEINGART	(i)	175,651.	14,290.	0.	9,593.	25,228.	224,762.	0.
CHIEF PROGRAMS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(II)						0	000) (D 40 0004)

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 1A:
LAUREN CULP, THE FOUNDATION'S EXECUTIVE DIRECTOR WHO BEGAN HER TENURE IN
12/2024, RECEIVED THE FIRST-CLASS TRAVEL BENEFIT FOR TRAVEL IN DECEMBER.
THE FIRST-CLASS BENEFIT WAS INCLUDED IN HER EMPLOYMENT OFFER LETTER. NO
OTHER OFFICER OR DIRECTOR RECEIVED THIS BENEFIT. THIS BENEFIT WAS NOT
TREATED AS TAXABLE COMPENSATION IN 2024.

SCHEDULE O (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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 instructions and the latest information.

Open to Public

Employer identification number

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

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" B
ASSISTING THE CREDIT UNION COMMUNITY TO CONTINUE SERVING MEMBERS WHEN

DISASTER STRIKES THROUGH FUNDRAISING, GRANT MAKING AND RESOURCES

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 \$ 336,421. INCLUDING GRANTS OF \$ 315,912. 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 FINALIZE DETERMINATION OF ANNUAL COMPENSATION AND BONUS. 6. BOARD CHAIR 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

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

Schedule O (Form 990) (Rev. 12-2024)

Schedule O (Form 990) 2024		Page 2
Name of the organization NATIONAL CREDIT UNION FOUNDATION		Employer identification number 39-1383650
REQUEST.		
FORM 990, PART VI, SECTION C, LINE 19:		
CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE AVAIL	ABLE UPON	
REQUEST.		
FORM 990, PART IX, LINE 11G, OTHER FEES:		
OTHER PROFESSIONAL FEES:		
PROGRAM SERVICE EXPENSES	225,445.	
MANAGEMENT AND GENERAL EXPENSES	144,601.	
FUNDRAISING EXPENSES	15,516.	
TOTAL EXPENSES	385,562.	
CONSULTING:		
PROGRAM SERVICE EXPENSES	456,143.	
TOTAL EXPENSES	456,143.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	841,705.	
FORM 990, PART XII, LINE 2C:		
THE ORGANIZATION HAS NEITHER CHANGED ITS OVERSIGHT PROCESS OR	SELECTION	
PROCESS DURING THE TAX YEAR.		
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		_