

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2025

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2025 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NATIONAL CREDIT UNION FOUNDATION		D Employer identification number 39-1383650		
	Doing business as				
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	E Telephone number	
	4703 MADISON YARDS WAY		300	608-231-5771	
	City or town, state or province, country, and ZIP or foreign postal code MADISON, WI 53705		G Gross receipts \$		10,132,347.
F Name and address of principal officer: LAUREN E. CULP 99 M STREET SE, SUITE 300, SE, WASHINGTON, D		H(a) Is this a group return for subordinates?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "No," attach a list. See instructions	
J Website: WWW.NCUF.COOP		H(c) Group exemption number			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1980	M State of legal domicile: WI	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: WE EXIST TO IMPROVE FINANCIAL WELL-BEING WITH AND THROUGH CREDIT UNIONS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	18
	6 Total number of volunteers (estimate if necessary)	6	19
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	4,102,689.	4,200,850.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	995,726.	751,601.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	828,237.	711,894.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-191,585.	-177,183.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,735,067.	5,487,162.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,539,517.	1,168,662.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,836,613.	2,476,871.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	618,830.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,904,222.	1,185,802.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,280,352.	4,831,335.	
19 Revenue less expenses. Subtract line 18 from line 12	-545,285.	655,827.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	14,965,069.	16,117,483.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,626,998.	1,628,803.
22 Net assets or fund balances. Subtract line 21 from line 20	13,338,071.	14,488,680.	

Part II Signature Block

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

Sign Here	Signature of officer LAUREN E. CULP, EXECUTIVE DIRECTOR <i>Lauren E. Culp</i>		Date 4/29/2026		
	Type or print name and title				
Paid Preparer Use Only	Preparer's name SHELBY NETZ	Preparer's signature SHELBY NETZ	Date 04/27/26	Check if self-employed <input type="checkbox"/>	PTIN P01405265
	Firm's name BAKER TILLY ADVISORY GROUP, LP	Firm's EIN 39-0859910	Phone no. 414.777.5500		
Firm's address 790 N. WATER ST., SUITE 2000 MILWAUKEE, WI 53202					

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE NATIONAL CREDIT UNION FOUNDATION ENVISIONS A WORLD WHERE EVERYONE CAN ACHIEVE FINANCIAL WELL-BEING. WE EXIST TO IMPROVE FINANCIAL WELL-BEING WITH AND THROUGH CREDIT UNIONS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 394,007. including grants of \$ 379,306.) (Revenue \$) DISASTER RELIEF: THROUGH THE NATIONAL CREDIT UNION FOUNDATION'S DISASTER RELIEF FUND & CUAID INITIATIVE, THE FOUNDATION CAN QUICKLY RESPOND WHEN DISASTERS STRIKE BY HARNESSING THE COLLECTIVE GENEROSITY OF CREDIT UNIONS, INDIVIDUALS, AND OTHER STAKEHOLDERS. CUAID RAISES DONATIONS THAT SUPPORT CREDIT UNION EMPLOYEES AND VOLUNTEERS WHO ARE IMPACTED BY A DISASTER. THE FOUNDATION COORDINATES WITH THE STATE FOUNDATION/LEAGUE PARTNERS WITHIN THE GEOGRAPHIC AREA WHERE THE DISASTER HAPPENS TO ASSESS AND RESPOND TO NEEDS. MORE INFORMATION IS AVAILABLE AT: WWW.NCUF.COOP/DISASTER-RELIEF/.

4b (Code:) (Expenses \$ 726,406. including grants of \$ 14,343.) (Revenue \$ 735,934.) CREDIT UNION DEVELOPMENT EDUCATION (DE) PROGRAM: THE DE PROGRAM IS AN EDUCATION PROGRAM FOR ESTABLISHED AND EMERGING LEADERS WITHIN THE CREDIT UNION MOVEMENT. THIS PROGRAM EXPLORES HOW CREDIT UNIONS CAN LEVERAGE THEIR UNIQUE BUSINESS MODEL TO SOLVE CORE DEVELOPMENT ISSUES THAT PREVENT THE PROSPERITY AND FINANCIAL WELL-BEING OF THEIR MEMBERS AND COMMUNITIES. PARTICIPANTS TAKE PART IN A NUMBER OF LESSONS, ACTIVITIES AND GROUP PROJECTS TO DEMONSTRATE EFFECTIVE LEARNING AND POTENTIAL FOR APPLICATION. UPON COMPLETION, ATTENDEES EARN THEIR CREDIT UNION DEVELOPMENT EDUCATOR (CUDE) DESIGNATION. THE DE PROGRAM IS OFFERED AS AN IN-PERSON AND ONLINE TRAINING. SINCE 1982, MORE THAN 3,000 CREDIT UNION PROFESSIONALS HAVE EARNED THEIR CUDE DESIGNATION AND USED THIS NEW KNOWLEDGE TO IMPROVE THE QUALITY OF LIFE FOR THEIR

4c (Code:) (Expenses \$ 1,521,778. including grants of \$ 631,684.) (Revenue \$ 15,667.) FINANCIAL WELL-BEING AND GRANT MAKING: THE NATIONAL CREDIT UNION FOUNDATION FUNDS THE EFFORTS OF CREDIT UNIONS AND OTHER NON-PROFIT ORGANIZATIONS TO MEASURE AND IMPROVE FINANCIAL HEALTH AND WELL-BEING. THROUGH IMPACT AND INNOVATIVE GRANTMAKING, CONVENINGS AND CONFERENCES, THE FOUNDATION HAS ASSEMBLED A ROBUST SUITE OF TOOLS AND CASE STUDIES TO HELP CREDIT UNIONS MEASURE FINANCIAL WELL-BEING, BUILD A STRATEGY, AND TAKE ACTION TO MOVE PEOPLE UP A PATH TO FINANCIAL FREEDOM. MORE INFORMATION IS AVAILABLE AT NCUF.COOP.

4d Other program services (Describe on Schedule O.) (Expenses \$ 162,040. including grants of \$ 143,330.) (Revenue \$)

4e Total program service expenses 2,804,231.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and Schedule O completion.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee reporting, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
ANDRE T. PARRAWAY - 608-231-5771
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.
 - 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.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LAUREN E. CULP EXECUTIVE DIRECTOR	40.00			X			438,172.	0.	44,271.	
(2) ANDRE T. PARRAWAY CHIEF FINANCIAL & OPERATIONS OFFICER	40.00			X			341,931.	0.	22,812.	
(3) DANIELLE BROWN CHIEF ENGAGEMENT DIRECTOR	40.00				X		282,565.	0.	32,680.	
(4) CHRISTOPHER MORRIS PROGRAM DIRECTOR, DE	40.00					X	180,957.	0.	28,975.	
(5) JENNI SPETH DIRECTOR, ENGAGEMENT	40.00					X	125,667.	0.	28,673.	
(6) CHRISTINE HICKEY FINANCIAL HEALTH PROGRAM SR MANAGER	40.00					X	114,118.	0.	20,968.	
(7) MARGARET RUSSELL, SR MANAGER USER EXPERIENCE & PROJECTS	40.00					X	115,606.	0.	10,337.	
(8) JIM NUSSLE PRESIDENT (TERM 11/2025)	1.00			X			0.	0.	0.	
(9) SCOTT SIMPSON PRESIDENT (AS OF 11/2025)	1.00	X		X			0.	0.	0.	
(10) JOHN SACKETT CHAIR	1.00	X		X			0.	0.	0.	
(11) JENNY VIPPERMAN VICE CHAIR	1.00	X		X			0.	0.	0.	
(12) ROBERT CASHMAN TREASURER	1.00	X		X			0.	0.	0.	
(13) CHRISTINE CORDELL SECRETARY	1.00	X		X			0.	0.	0.	
(14) CARMA PARRISH DIRECTOR (TERM 11/2025)	1.00	X					0.	0.	0.	
(15) CECILIA HOMISON DIRECTOR	1.00	X					0.	0.	0.	
(16) CHRISSY SIDERS DIRECTOR	1.00	X					0.	0.	0.	
(17) CREIGHTON BLACKWELL DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DAVID BIRKY DIRECTOR	1.00	X					0.	0.	0.	
(19) DEAN YOUNG DIRECTOR	1.00	X					0.	0.	0.	
(20) DEBBIE SMITH DIRECTOR	1.00	X					0.	0.	0.	
(21) GREG GALLANT DIRECTOR	1.00	X					0.	0.	0.	
(22) JUAN FERNANDEZ DIRECTOR	1.00	X					0.	0.	0.	
(23) KYLE MARKLAND DIRECTOR	1.00	X					0.	0.	0.	
(24) LAUREN WHALEY DIRECTOR	1.00	X					0.	0.	0.	
(25) MELANIE KENNEDY DIRECTOR	1.00	X					0.	0.	0.	
(26) PAUL BARBATO DIRECTOR	1.00	X					0.	0.	0.	
1b Subtotal							1,599,016.	0.	188,716.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							1,599,016.	0.	188,716.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 7

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
MARRIOTT MARQUIS, 901 MASSACHUSETTS AVE NW, WASHINGTON, DC 20001	FOOD AND BEVERAGE FOR FOUNDATION DINNER	241,747.
AVLD EVENTS INC 8812 DOVE DRIVE, BEL ALTON, MD 20611	AUDIO/VISUAL FOR THE FOUNDATION DINNER	105,915.

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 2

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	734,930.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	3,465,920.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f			4,200,850.		
Program Service Revenue	2 a	TRAINING PROGRAMS	Business Code				
			900099	751,601.	751,601.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f			751,601.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		711,894.			711,894.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses ...	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	7a			4,224,000.			
	b	Less: cost or other basis and sales expenses	7b	4,224,000.			
	c	Gain or (loss)	7c	0.			
	d	Net gain or (loss)			0.		
	8 a	Gross income from fundraising events (not including \$ 734,930. of contributions reported on line 1c). See Part IV, line 18					
8a			229,770.				
b	Less: direct expenses	8b	421,185.				
c	Net income or (loss) from fundraising events			-191,415.		-191,415.	
9 a	Gross income from gaming activities. See Part IV, line 19						
		9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
		10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	FUND ADMIN FEES	Business Code				
			900099	14,232.			14,232.
	b						
	c						
	d	All other revenue					
e	Total. Add lines 11a-11d			14,232.			
12	Total revenue. See instructions			5,487,162.	751,601.	0.	534,711.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	1,153,083.	1,153,083.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	15,579.	15,579.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,162,431.	553,241.	357,653.	251,537.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	914,264.	435,129.	281,298.	197,837.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	170,879.	77,024.	56,241.	37,614.
9 Other employee benefits	72,385.	32,628.	23,824.	15,933.
10 Payroll taxes	156,912.	70,729.	51,644.	34,539.
11 Fees for services (nonemployees):				
a Management				
b Legal	69,789.		69,789.	
c Accounting	23,962.		23,962.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	384,299.	159,378.	209,985.	14,936.
12 Advertising and promotion	22,036.		19,628.	2,408.
13 Office expenses	34,242.	20,660.	7,516.	6,066.
14 Information technology	98,150.	23,600.	74,550.	
15 Royalties				
16 Occupancy				
17 Travel	266,537.	73,819.	173,462.	19,256.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	201,936.	158,640.	18,687.	24,609.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	35,019.	1,681.	29,345.	3,993.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROGRAM & MATERIALS	28,966.	28,342.	315.	309.
b MISCELLANEOUS	20,866.	698.	10,375.	9,793.
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	4,831,335.	2,804,231.	1,408,274.	618,830.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	31,708.	1	44,883.
	2 Savings and temporary cash investments	9,176,915.	2	9,636,209.
	3 Pledges and grants receivable, net	123,491.	3	84,944.
	4 Accounts receivable, net	148,708.	4	64,780.
	5 Loans and other receivables from 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	107,883.	9	155,774.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 110,000.		
	b Less: accumulated depreciation	10b 110,000.	10c 0.	0.
	11 Investments - publicly traded securities	5,376,364.	11	6,130,893.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	14,965,069.	16	16,117,483.	
Liabilities	17 Accounts payable and accrued expenses	665,330.	17	631,478.
	18 Grants payable		18	
	19 Deferred revenue	961,668.	19	997,325.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,626,998.	26	1,628,803.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	7,509,703.	27	8,448,429.
	28 Net assets with donor restrictions	5,828,368.	28	6,040,251.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	13,338,071.	32	14,488,680.
33 Total liabilities and net assets/fund balances	14,965,069.	33	16,117,483.	

Form 990 (2025)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,487,162.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,831,335.
3	Revenue less expenses. Subtract line 2 from line 1	3	655,827.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13,338,071.
5	Net unrealized gains (losses) on investments	5	494,782.
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	14,488,680.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2025)

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,871,908.	5,538,384.	4,832,028.	4,102,689.	4,200,850.	22,545,859.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3,871,908.	5,538,384.	4,832,028.	4,102,689.	4,200,850.	22,545,859.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						4,097,173.
6 Public support. Subtract line 5 from line 4.						18,448,686.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	3,871,908.	5,538,384.	4,832,028.	4,102,689.	4,200,850.	22,545,859.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	299,623.	224,658.	583,008.	828,237.	711,894.	2,647,420.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	152,709.	115,542.	26,731.	14,617.	14,232.	323,831.
11 Total support. Add lines 7 through 10						25,517,110.
12 Gross receipts from related activities, etc. (see instructions)					12	3,769,589.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f))	14	72.30 %
15 Public support percentage from 2024 Schedule A, Part II, line 14	15	73.64 %
16a 33 1/3% support test - 2025. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2024. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2025. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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.)

Section A. Public Support

Table with 7 columns: (a) 2021, (b) 2022, (c) 2023, (d) 2024, (e) 2025, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2021, (b) 2022, (c) 2023, (d) 2024, (e) 2025, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 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.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2024 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2025 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2024 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2025. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2024. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section 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 instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental supported organization. Describe in Part VI how you supported a governmental supported organization (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? <i>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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
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? <i>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.</i>			
3 Parent of Supported Organizations. Answer lines 3a, 3b, and 3c below.			
a Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? <i>If "Yes," provide details in Part VI.</i>			
b Did the organization direct the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
c Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>			
2a			
2b			
3a			
3b			
3c			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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 complete Sections A through E.

Section 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	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	

Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Total annual distributions. Add lines 1 through 5.	6
7	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	7
8	Distributable amount for 2025 from Section C, line 6	8
9	Line 7 amount divided by line 8 amount	9

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2025	(iii) Distributable Amount for 2025
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020			
b From 2021			
c From 2022			
d From 2023			
e From 2024			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: \$			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2026. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021			
b Excess from 2022			
c Excess from 2023			
d Excess from 2024			
e Excess from 2025			

Schedule A (Form 990) 2025

**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

NATIONAL CREDIT UNION FOUNDATION

Employer identification number

39-1383650

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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 NATIONAL CREDIT UNION FOUNDATION	Employer identification number 39-1383650
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 245,085.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 225,259.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 192,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 185,206.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 134,160.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL CREDIT UNION FOUNDATION	Employer identification number 39-1383650
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization NATIONAL CREDIT UNION FOUNDATION	Employer identification number 39-1383650
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(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, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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

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

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

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

LHA 532051 04-01-25

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	817,452.	731,490.	625,169.	749,104.	650,764.
b Contributions					
c Net investment earnings, gains, and losses	139,542.	85,962.	106,321.	-123,935.	98,340.
d Grants or scholarships					
e Other expenditures for facilities and programs	50,000.				
f Administrative expenses					
g End of year balance	906,994.	817,452.	731,490.	625,169.	749,104.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment 24.5100 %
 - c Term endowment 75.4900 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-------------------------------------|--------------------------|
| (i) Unrelated organizations? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii) Related organizations? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		110,000.	110,000.	0.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 0.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	5,563,910.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	76,748.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	76,748.
3	Subtract line 2e from line 1	3	5,487,162.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	5,487,162.

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

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

1	Total expenses and losses per audited financial statements	1	4,908,083.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	76,748.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	76,748.
3	Subtract line 2e from line 1	3	4,831,335.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	4,831,335.

Part XIII Supplemental Information

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

PART V, LINE 4:

INVESTMENT INCOME MAY BE USED FOR OPERATIONS OF THE ORGANIZATION.

PART X, LINE 2:

THE FOUNDATION QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE IRC AND THE APPLICABLE STATE REGULATIONS. THE INTERNAL REVENUE SERVICE (IRS) ALSO HAS DETERMINED THAT THE FOUNDATION IS NOT A PRIVATE FOUNDATION. IN ADDITION, THE FOUNDATION IS REQUIRED TO REPORT UNRELATED BUSINESS INCOME TO THE IRS AND THE STATE OF WISCONSIN. THE FOUNDATION HAD NO SOURCES OF UNRELATED BUSINESS INCOME FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024. MANAGEMENT HAS CONCLUDED THAT THE FOUNDATION HAS PROPERLY MAINTAINED THEIR EXEMPT STATUS, ALL REVENUE WITHIN THE STATEMENTS OF ACTIVITIES HAS BEEN PROPERLY CLASSIFIED AS EXEMPT FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024, AND THERE ARE NO UNCERTAIN TAX POSITIONS THROUGH DECEMBER 31, 2025 AND 2024.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		WEGNER DINNER (event type)	(event type)	(total number)	
Revenue	1 Gross receipts	964,700.			964,700.
	2 Less: Contributions	734,930.			734,930.
	3 Gross income (line 1 minus line 2)	229,770.			229,770.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	218,557.			218,557.
	8 Entertainment	201,983.			201,983.
	9 Other direct expenses	645.			645.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				421,185.
11 Net income summary. Subtract line 10 from line 3, column (d)				-191,415.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**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 **NATIONAL CREDIT UNION FOUNDATION** Employer identification number **39-1383650**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

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

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
NUVISTA FEDERAL CREDIT UNION 2711 COMMERCIAL WAY MONTROSE, CO 81401	84-0564373	501(C)(1)	12,790.	0.			FOSTER YOUTH GRANT
USF FEDERAL CREDIT UNION 13101 TELECOM DR, SUITE 100 TEMPLE TERRACE, FL 33637	59-1009532	OTHER	12,500.	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)	92,338.	0.			FOSTER YOUTH GRANT
COOPERA CONSULTING LLC 7745 OFFICE PLAZA DRIVE NORTH, SUITE 170 - WEST DES MOINES, IA 50266	90-0340857	OTHER	54,073.	0.			KNOWING AND HELPING YOUR MEMBERSHIP GRANT
ATTUNE INSIGHTS INC 2093 PHILADELPHIA PIKE STE 2681 CLAYMONT, DE 19703	93-2334647	OTHER	85,000.	0.			KNOWING AND HELPING YOUR MEMBERSHIP GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 4.

3 Enter total number of other organizations listed in the line 1 table 18.

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 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
RIZE CREDIT UNION 12701 SCHABARUM AVENUE IRWINDALE, CA 91706	95-1766772	OTHER	47,500.	0.			FOSTER YOUTH GRANT/PITCH GRANT
ALLEGACY FEDERAL CREDIT UNION 1691 WESTBROOK PLAZA DR WINSTON SALEM, NC 27103	56-6087383	OTHER	14,714.	0.			FOSTER YOUTH GRANT
VIRGINIA CREDIT UNION 7500 BOULDER VIEW DR RICHMOND, VA 23225	54-0578719	501(C)(14)	25,768.	0.			FOSTER YOUTH GRANT
CAPITOL CREDIT UNION PO BOX 81647 AUSTIN, TX 78708	74-6054885	OTHER	45,000.	0.			FOSTER YOUTH GRANT
CALIFORNIA CREDIT UNION LEAGUE PO BOX 51476 ONTARIO, CA 91761	94-0357265	501(C)(6)	12,573.	0.			COMMUNITY INVESTMENT FUND GRANT
CORNERSTONE CREDIT UNION FOUNDATION - 6801 PARKWOOD BLVD - PLANO, TX 75024	75-6039968	501(C)(3)	81,320.	0.			COMMUNITY INVESTMENT FUND GRANT
CREDIT UNION ASSOCIATION OF THE DAKOTAS - 2005 N KAVANEY DR - BISMARCK, ND 58501	20-4608169	501(C)(6)	9,708.	0.			COMMUNITY INVESTMENT FUND GRANT
CROSSSTATE CREDIT UNION ASSOCIATION - 4309 NORTH FRONT STREET - HARRISBURG, PA 17101	25-1786339	501(C)(3)	7,970.	0.			COMMUNITY INVESTMENT FUND GRANT
GOWEST FOUNDATION 18000 INTERNATIONAL BLVD STE 1102 SEATAC, WA 98188	91-1649328	501(C)(3)	15,924.	0.			COMMUNITY INVESTMENT FUND GRANT

Schedule I (Form 990)

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
ILLINOIS CREDIT UNION SYSTEM 1807 WEST DIEHL RD NAPERVILLE, IL 60563	36-1255150	501(C)(6)	8,717.	0.			COMMUNITY INVESTMENT FUND GRANT
LEAGUE OF SOUTHEASTERN CREDIT UNIONS - 22 INVERNESS CENTER PKWY STE 200 - BIRMINGHAM, AL 35242	94-3458406	501(C)(6)	46,821.	0.			COMMUNITY INVESTMENT FUND GRANT
LUMINATE LOUISIANA CREDIT UNIONS 824 ELMWOOD PARK BLVD STE 200 HARAHAN, LA 70123-3342	72-0244197	501(C)(6)	16,223.	0.			COMMUNITY INVESTMENT FUND GRANT
MINNESOTA CREDIT UNION NETWORK 555 WABASHA ST N STE 200 SAINT PAUL, MN 55102-1610	41-0417120	501(C)(6)	20,654.	0.			COMMUNITY INVESTMENT FUND GRANT
MONTANA CREDIT UNION NETWORK 101 N RODNEY HELENA, MT 59601-2948	81-0240316	501(C)(6)	19,199.	0.			COMMUNITY INVESTMENT FUND GRANT
NEW YORK CREDIT UNION ASSOCIATION 4 TOWER PLACE, 5TH FLOOR ALBANY, NY 12203	16-1527073	501(C)(3)	54,911.	0.			COMMUNITY INVESTMENT FUND GRANT
OHIO CREDIT UNION LEAGUE 10 W BROAD ST STE 1100 COLUMBUS, OH 43212-3482	31-4359680	501(C)(6)	26,267.	0.			COMMUNITY INVESTMENT FUND GRANT

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
DE TRAINING SCHOLARSHIPS	1	2,599.	0.		
FOSTER YOUTH GRANTS	2	9,000.	0.		
CU FINHEALTH CONFERENCE SCHOLARSHIPS	4	3,980.	0.		

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

PART I, LINE 2:

THE FOUNDATION REQUIRES EACH U.S. RECIPIENT TO REPORT THEIR USE OF FUND RECEIVED ACCORDING TO THE FOUNDATION STANDARDS. ALL STATE CREDIT UNION FOUNDATIONS AND ASSOCIATIONS THAT RECEIVED COMMUNITY INVESTMENT FUND GRANTS FILE A REPORT ANNUALLY, THOSE THAT RECEIVED MORE THAN \$10,000 OF COMMUNITY INVESTMENT FUND GRANTS IN A YEAR MUST ALSO FILE A REPORT SEMI-ANNUALLY. EACH OUTREACH GRANT IS GOVERNED BY A GRANT AGREEMENT OUTLINING THE GRANT REQUIREMENTS. PROCESS REPORTING IS REQUIRED WITH AT LEAST TWO REPORTS WITH A FINAL GRANT REPORT REQUIRED BEFORE THE FINAL PAYMENT.

**SCHEDULE J
(Form 990)**

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

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization NATIONAL CREDIT UNION FOUNDATION	Employer identification number 39-1383650
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Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input checked="" type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> 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	X	
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?	X	
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. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
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: a Receive a severance payment or change-of-control payment?		X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	X	
c Participate in or receive payment from an equity-based compensation arrangement?		X
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: a The organization?		X
b Any related organization?		X
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: a The organization?		X
b Any related organization?		X
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	X	
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		X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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 compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LAUREN E. CULP EXECUTIVE DIRECTOR	(i)	395,351.	42,120.	701.	23,500.	20,771.	482,443.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ANDRE T. PARRAWAY CHIEF FINANCIAL & OPERATIONS OFFICER	(i)	289,591.	49,616.	2,724.	22,812.	0.	364,743.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DANIELLE BROWN CHIEF ENGAGEMENT DIRECTOR	(i)	242,366.	38,990.	1,209.	22,335.	10,345.	315,245.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CHRISTOPHER MORRIS PROGRAM DIRECTOR, DE	(i)	178,801.	1,575.	581.	7,101.	21,874.	209,932.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JENNI SPETH DIRECTOR, ENGAGEMENT	(i)	109,128.	16,318.	221.	6,799.	21,874.	154,340.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

LAUREN CULP, THE FOUNDATION'S EXECUTIVE DIRECTOR, RECEIVED FIRST CLASS AND
COMPANION TRAVEL BENEFITS IN 2025. NO OTHER OFFICER OR DIRECTOR RECEIVED
THIS BENEFIT. THE FIRST CLASS TRAVEL WAS NOT TREATED AS TAXABLE
COMPENSATION. THE COMPANION TRAVEL WAS TREATED AS TAXABLE COMPENSATION.

PART I, LINE 4B:

NATIONAL CREDIT UNION FOUNDATION PROVIDES A SUPPLEMENTAL NON-QUALIFIED
RETIREMENT PLAN TO ELIGIBLE EMPLOYEES. DURING 2025, LAUREN CULP
PARTICIPATED IN THE PLAN. NO AMOUNTS WERE PAID OUT IN 2025.

PART I, LINE 7:

ALL REGULAR EMPLOYEES ARE ELIGIBLE FOR A YEARLY DISCRETIONARY BONUS. THE
AMOUNT OF ANY DISCRETIONARY BONUS WILL BE DETERMINED BASED ON THE SUCCESS
OF THE BUSINESS AND PROGRESS TOWARD ENTERPRISE GOALS. IT IS AT THE SOLE AND
TOTAL DISCRETION OF MANAGEMENT WHETHER THERE IS ANY DISCRETIONARY BONUS
DECLARED FOR STAFF, THE AMOUNT, TIMING, OR DISTRIBUTION PLAN TO EMPLOYEES.

**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.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization NATIONAL CREDIT UNION FOUNDATION	Employer identification number 39-1383650
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FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
 WE DO THIS THROUGH TWO STRATEGIC PRIORITIES. FIRST, WE INSPIRE AND
 EDUCATE CREDIT UNION PROFESSIONALS ABOUT FINANCIAL WELL-BEING AND THE
 CREDIT UNION MISSION. SECOND, WE HELP CREDIT UNIONS MAKE MORE IMPACT
 AND IMPROVE THE FINANCIAL WELL-BEING OF THEIR MEMBERS AND COMMUNITIES.
 PUT ANOTHER WAY, WE WORK TO INNOVATE AND OPERATIONALIZE FINANCIAL
 WELL-BEING.

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 VI, SECTION A, LINE 1A:
 THE EXECUTIVE COMMITTEE MAY ACT ON BEHALF OF THE FULL BOARD TO ADDRESS
 SPECIFIC ISSUES WHEN THE FULL BOARD CANNOT BE CONVENED IN A TIMELY MANNER
 AND THE ISSUE IS TIME SENSITIVE IN NATURE AS DETERMINED BY THE EXECUTIVE
 COMMITTEE; PROVIDED ALL DECISIONS ARE WITHIN THE FINANCIAL AND OTHER
 LIMITATIONS IMPOSED UPON THE EXECUTIVE COMMITTEE BY THE FULL BOARD AND ARE
 NOT INCONSISTENT WITH THE FOUNDATION'S MISSION, BYLAWS, POLICIES OR OTHER
 EXISTING RESTRICTIONS IMPOSED BY THE FULL BOARD. THE EXECUTIVE COMMITTEE,
 WORKING WITH THE FOUNDATION PRESIDENT, IS CHARGED WITH CONDUCTING THE
 ANNUAL REVIEW OF THE EXECUTIVE DIRECTOR, SUBJECT TO THE EXECUTIVE DIRECTOR
 ANNUAL REVIEW POLICY AND PROCESS. THE MEMBERS INCLUDE THE CHAIR, VICE
 CHAIR, SECRETARY AND TREASURER. THE BOARD HAS ESTABLISHED THE PRESIDENT AND
 THE IMMEDIATE PAST CHAIR AS EX OFFICIO, NON-VOTING MEMBERS OF THE EXECUTIVE
 COMMITTEE.

THE AUDIT COMMITTEE ACTS ON BEHALF OF THE FULL BOARD TO APPROVE THE ANNUAL
 AUDITED FINANCIAL STATEMENTS AND RELATED GOVERNANCE COMMUNICATIONS. THE
 MEMBERS INCLUDE THE BOARD CHAIR AND 4 OTHER BOARD MEMBERS.

FORM 990, PART VI, SECTION A, LINE 4:
 THE FOUNDATION'S BYLAWS AND BOARD MANUAL WERE UPDATED AND APPROVED BY THE
 BOARD IN 2025. CHANGES TO THE BYLAWS CONSISTED OF REVISIONS TO THE
 QUALIFICATIONS AND TERM OF OFFICE FOR THE VARIOUS VOTING DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B:
 NATIONAL CREDIT UNION FOUNDATION MUST RECEIVE THE APPROVAL OF AMERICAS
 CREDIT UNIONS BOARD OF DIRECTORS TO CHANGE THE BYLAWS.

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. IN THE EVENT OF A CONFLICT, THE
 INDIVIDUAL AGREES TO NOT PARTICIPATE IN ANY DECISIONS OR VOTE ON ANY MATTER
 AFFECTED BY THE CONFLICT.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) (Rev. 12-2024)

LHA 532211 04-01-25

Name of the organization NATIONAL CREDIT UNION FOUNDATION	Employer identification number 39-1383650
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THE ANNUAL PROCESS FOR DETERMINING THE EXECUTIVE DIRECTOR'S COMPENSATION SHALL CONSIST OF THE FOLLOWING ACTIONS:

1. ANNUALLY, EACH BOARD MEMBER IS INVITED TO COMPLETE AN EXECUTIVE DIRECTOR PERFORMANCE EVALUATION FORM.
2. EXECUTIVE DIRECTOR COMPLETES A SELF-EVALUATION REPORT.
3. EXECUTIVE COMMITTEE, WORKING WITH THE PRESIDENT, SHALL REVIEW EVALUATIONS AND OTHER INFORMATION (SUCH AS COMPARABLE COMPENSATION DATA, WHICH IS GENERALLY UPDATED EVERY TWO YEARS) AND CREATE THE EXECUTIVE DIRECTOR'S PERFORMANCE EVALUATION AND SET ANNUAL COMPENSATION AND BONUS.
4. BOARD CHAIR SHALL REPORT RESULTS TO THE ENTIRE BOARD.
5. 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, NV, UT, VA, WA, WV, WI, DC

FORM 990, PART VI, SECTION C, LINE 18:
FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AND UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:
CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:
THE ORGANIZATION HAS NEITHER CHANGED ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR.