# EXTENDED TO NOVEMBER 15, 2016

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public

OMB No. 1545-0047

Internal Revenue Service

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

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

Inspection

Α	For th	e 2015 calendar year, or tax year beginning and calendary	ending	_				
В	Check if applicab	WORLDWIDE FOUNDATION FOR CREDIT		D Employer identifi	cation number			
	Addre							
	Name chang			39-6	093210			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r			
	Final return	P.O. BOX 2982		608-395-2000				
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,049,378.			
	Amen return	MADISON, WI 55701-2302		H(a) Is this a group re				
	Application	F Name and address of principal officer: DKTAN DKANCII		for subordinates	? Yes X No			
	pendi	<sup>9</sup> SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No			
		empt status: $X = 501(c)(3) = 501(c)(1)$ (insert no.) $4947(a)(1) = 4947(a)(1)$	or 527	If "No," attach a	list. (see instructions)			
		te: > WWW.WOCCU.ORG		H(c) Group exemptio				
		forganization: X Corporation Trust Association Other	<b>L</b> Year	of formation: $1965$ $ m  binspace  binspace $	N State of legal domicile; WI			
P	art I	Summary						
& Governance	1	Briefly describe the organization's mission or most significant activities: SUPPOMEMBERS IN DEVELOPMENT ACTIVITIES.	ORT CR	EDIT UNION	SYSTEMS &			
rne	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	ssets.			
ŏ.	3	Number of voting members of the governing body (Part VI, line 1a)		3	13			
<u>ح</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)			13			
es 6	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)			0			
ξ	6	Total number of volunteers (estimate if necessary)			20			
Activities	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
_		Net unrelated business taxable income from Form 990-T, line 34			0.			
				Prior Year	Current Year			
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)		1,502,024.				
Revenue	9	Program service revenue (Part VIII, line 2g)		535,625.	463,325.			
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.			
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	256.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		2,037,649.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		585,814.	491,172.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .		0.	0.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
ă	b	Total fundraising expenses (Part IX, column (D), line 25)  92,56	64.	1 101 510	4 504 040			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,424,610.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,010,424.				
. (/		Revenue less expenses. Subtract line 18 from line 12		27,225.				
Net Assets or Find Ralances			Ве	ginning of Current Year	End of Year			
Sset	20	Total assets (Part X, line 16)		811,907.	645,025.			
et A	21	Total liabilities (Part X, line 26)		279,926.	79,439.			
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		531,981.	565,586.			
		Signature Block	a and atatam	anta and to the heat of m	v knowledge and balisf it is			
		alties of perjury, I declare that I have examined this return, including accompanying schedules at, and complete. Declaration of preparer (other than officer) is based on all information of wh			y knowledge and bellet, it is			
uut	,	is, and complete. Decial ation of preparer (other than officer) is based on an information of whi	iicii preparei	las any knowledge.				
e:.		Signature of officer		I Date				
Sig He		BRIAN BRANCH, PRESIDENT & CEO						
116	16	Type or print name and title						
		Print/Type preparer's name Preparer's signature	1	Date Check	PTIN			
Pai	d	KIMBERLY ANDERSON, CPA KIMBERLY ANDERSO	$ON$ , $Cl_1$	1/14/16 if self-employ	P00188889			
	parer	Firm's name CLIFTONLARSONALLEN LLP	· , -  <b>-</b>	Firm's EIN	41-0746749			
	Only		600	7 0 E.114				
MIDDLETON, WI 53562 Phone no. (608) 66								
Ma	v the I	RS discuss this return with the preparer shown above? (see instructions)		1	X Yes No			
		EL						

	WORLDWIDE FOUNDATION FOR CREDIT
Form	1990 (2015) UNIONS, INC. 39-6093210 Page
Pai	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE WORLDWIDE FOUNDATION FOR CREDIT UNIONS SUPPORTS THE EXPANSION OF
	FINANCIAL SERVICES TO THOUSANDS OF INDIVIDUALS LIVING IN DEVELOPING
	COUNTRIES AND PROVIDES TANGIBLE SKILLS, KNOWLEDGE, AND RESOURCES TO
	THE LEADERS-AND FUTURE LEADERS-OF THE GLOBAL CREDIT UNION INDUSTRY. IT
2	Did the organization undertake any significant program services during the year which were not listed on
_	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X N
	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 \$ 138,501. including grants of \$ ) (Revenue \$ 0.
	PARTNERSHIP PROGRAM
	MILE ECIMINATION'S THERMATIONAL DADWIEDGILD DOCUMAN DEINGS MOSEMILED
	THE FOUNDATION'S INTERNATIONAL PARTNERSHIP PROGRAM BRINGS TOGETHER CREDIT UNION LEADERS FROM DEVELOPED AND EMERGING ECONOMIC SYSTEMS TO
	SHARE CUTTING-EDGE TECHNOLOGY AND BEST PRACTICES, PROVIDING NEW
	KNOWLEDGE AND RESOURCES FOR ALL PARTICIPANTS. THE INTERNATIONAL
	PARTNERSHIP PROGRAM SUPPORTED 16 CREDIT UNION PARTNERSHIPS AND
	FACILITATED 12 EDUCATIONAL EXCHANGES IN 10 COUNTRIES.
	THOUSE IN TO COMMITTEE TO COMMI
	ONE NEW PARTNERSHIP WAS SIGNED BETWEEN THE IDAHO CREDIT UNION LEAGUE
	AND CENTRAL ASSOCIATION OF SAVINGS AND CREDIT ASSOCIATIONS OF MOLDOVA.
	THROUGH THIS NEW PARTNERSHIP, THE IDAHO LEAGUE AND WORLD COUNCIL SEEK
4b	(Code:) (Expenses \$ 472,094 •including grants of \$ 338,918 • ) (Revenue \$ 0 •
	TECHNICAL ASSISTANCE
	CREDIT UNION DEVELOPMENT
	THE WORLDWIDE FOUNDATION PROVIDED FUNDING TO WORLD COUNCIL OF CREDIT
	UNIONS TO SUPPORT ITS CREDIT UNION DEVELOPMENT ACTIVITIES. EXAMPLES OF
	WORLD COUNCIL'S DEVELOPMENT INITIATIVES INCLUDE THE FOLLOWING:
	WORLDWIDE FOUNDATION GRANTED MALAWI UNION SAVINGS AND CREDIT
	COOPERATIVES WITH \$25,000 IN SUPPORT OF NSANJE COMMUNITY SACCO'S
	REBUILDING EFFORTS. THE AWARD COVERED THE SACCO'S INCREASED DEMAND FOR
	LOANS AND ALLOWED FOR LOAN REPAYMENT DEFERRALS, AS LOCAL FAMILIES AND
40	(Code: ) (Expenses \$ 809, 290 • including grants of \$ 37, 254 • ) (Revenue \$ 463, 325 •
	EDUCATION
	THE GLOBAL WOMEN'S LEADERSHIP NETWORK IS A WORLDWIDE FOUNDATION PROGRAM
	THAT ADVANCES CREDIT UNION WOMEN IN LEADERSHIP. THE NETWORK PROVIDES
	WOMEN WITH ACCESS TO A GLOBAL COMMUNITY OF CREDIT UNION LEADERS
	DEDICATED TO ADVISING EACH OTHER AND TO CULTIVATING THE LEADERSHIP
	POTENTIAL OF WOMEN WORLDWIDE. IT ENGAGES CREDIT UNION WOMEN IN
	PROFESSIONAL AND PERSONAL DEVELOPMENT THROUGH SOCIAL MEDIA AND ONLINE
	RESOURCES, EDUCATIONAL PLATFORMS AND NETWORKING EVENTS. GLOBAL WOMEN'S
	ALSO SUPPORTS WORLD COUNCIL'S DEVELOPMENT PROGRAMS THAT FURTHER THE
	VISION AND MISSION OF ADVANCING WOMEN IN THEIR COMMUNITIES.

4d Other program services (Describe in Schedule O.)

182,695. including grants of \$ 115,000.) (Revenue \$ 0.)

1,602,580. 4e

Form **990** (2015)

# Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	x	
2	If "Yes," complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Λ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111	- 25	
ıza	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		<sub>v</sub>	
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4	х	
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Λ	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х

Form **990** (2015)

# Part IV Checklist of Required Schedules (continued)

			Yes	NO
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	Х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
-	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2015)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V								
			Yes	No					
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable								
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable								
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								
	(gambling) winnings to prize winners?	1c							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return								
b	<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?								
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
За	3a Did the organization have unrelated business gross income of \$1,000 or more during the year?								
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country: ►								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_		7,7					
	any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
_	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).	7a		Х					
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?								
	, , , , , , , , , , , , , , , , , , , ,								
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?								
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		Х					
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
	Initiation fees and capital contributions included on Part VIII, line 12								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders 11a								
р	Gross income from other sources (Do not net amounts due or paid to other sources against								
٠	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	40-							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	Is the organization licensed to issue qualified health plans in more than one state?	13a							
ч	Note. See the instructions for additional information the organization must report on Schedule O.	.54							
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
-	organization is licensed to issue qualified health plans								
С	Enter the amount of reserves on hand 13c								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b							
		Form	990	(2015)					

Form 990 (2015)

39-6093210

Page 6

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 in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 13			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 13	:		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
		8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b				
12a		12a	Х	
b		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►WI, CA, IL			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	BRIAN BRANCH - 608-395-2007			
	5710 MINERAL POINT RD, MADISON, WI 53705			

Form 990 (2015)

NS, INC. 39-6093210

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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.

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

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

(A)	(B)	l	(C)					(D)	(E)	(F)	
Name and Title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated	
	hours per	box	box, unless person is bo officer and a director/true			is bot	h an	compensation	compensation	amount of	
	week	-	CCI ai		1 1 1		100)	from	from related	other	
	(list any hours for	Individual trustee or director				p		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the	
	related	ee or	stee			nsate			(** 2) 1000 (***100)	organization	
	organizations	trust	ıal tru		oyee	ompe				and related	
	below	vidua	Institutional trustee	Ser	Key employee	Highest compensated employee	ner			organizations	
	line)	Indi	Inst	Officer	Key	High	Former				
(1) ANNE COCHRAN	1.00	l		l						•	
CHAIR	1.00	Х		Х				0.	0.	0.	
(2) DANIEL BURNS	1.00	l		l							
1ST VICE CHAIR	1.00	Х		Х				0.	0.	0.	
(3) PATRICK JURY	1.00	١		l						•	
2ND VICE CHAIR	1.00	Х		Х				0.	0.	0.	
(4) MANFRED ALFONSO DASENBROCK	1.00	١		l						•	
TREASURER	1.00	Х		Х				0.	0.	0.	
(5) BRUCE FOULKE	1.00									•	
DIRECTOR	1.00	Х						0.	0.	0.	
(6) SYLVESTER KADZOLA	1.00	,,							0	0	
DIRECTOR	1.00	Х						0.	0.	0.	
(7) MARK DEGOTARDI	1.00	٠,,							0	0	
DIRECTOR	1.00	Х						0.	0.	0.	
(8) BRIAN MCCRORY	1.00	X		x				0.	0.	^	
SECRETARY	1.00	^		^				0.	0.	0.	
(9) JAIME CHAVEZ SUAREZ	1.00	X						0.	0.	0.	
(10) RAFAL MATUSIAK	1.00	^						0.	0.	0.	
DIRECTOR	1.00	X						0.	0.	0.	
(11) STEVEN STAPP	1.00	^						0.	0.	0.	
DIRECTOR	1.00	X						0.	0.	0.	
(12) DR. CHUL-SANG MOON	1.00							0.	0.	<u></u>	
DIRECTOR	1.00	x						0.	0.	0.	
(13) DOUG STODDART	1.00								•		
DIRECTOR	1.00	x						0.	0.	0.	
(14) AARON MOSES	1.00	<del></del>									
DIRECTOR	1.00	x						0.	0.	0.	
(15) VICTOR CORRO	40.00	<u> </u>	$\vdash$	$\vdash$		$\vdash$					
VICE PRESIDENT	1.00	1		х				0.	121,877.	15,958.	
	1								,		
		1									
		1									
	-	•	_	•	_	•	_	•		- 000	

Page 7

Page 8

Part VII   Section A. Officers, Directors, Trus (A)	tees, Key Em (B)	pioy	ees			gne	st C	Compensated Employe (D)	es (continued) (E)	1		(F)	
(A) Name and title	Average	(C) Position						Reportable	(E) Reportable		Fs	(F) timate	ed
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	hours per	(do not check more than one box, unless person is both an					h an	compensation	compensation			nount	
	week	$\vdash$	officer and a director/trustee)				itee)	from	from related			other	
	(list any hours for	Jirecto						the organization	organization (W-2/1099-MI			pensa om the	
	related	ee or c	stee			nsatec		(W-2/1099-MISC)	(***271099-1411	30)		anizati	
	organizations	Itrust	nal tru		oyee	ombe					and	d relat	ed
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer				orga	anizatio	ons
	11110)	Ĕ	Ë	₩.	Ş.	弄品	요						
		1											
			_										
1b Sub-total							<b></b>	0.	121,8		1	5,9	
c Total from continuation sheets to Part VI								0.	121,8	0.		5,9	0. 50
d Total (add lines 1b and 1c)												3,3	50.
compensation from the organization	ot illilited to ti	1036	iioto	ou a	DOV	<i>C)</i> WI	10 1	eceived more than \$100	,000 or reportab	iiC			0
										Г		Yes	No
3 Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for some				•	•	•				- 1	3		Х
4 For any individual listed on line 1a, is the su											3		-25
and related organizations greater than \$150	•							•	aro organization		4		Х
5 Did any person listed on line 1a receive or a									dual for services	,			
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	e J f	or s	uch	pers	son .					5		X
Complete this table for your five highest co.	mpensated inc	depe	ende	ent c	onti	racto	ors t	that received more than	\$100.000 of cor	npensa	ation 1	rom	
the organization. Report compensation for													
<b>(A)</b> Name and business	address	NO	INC	3				<b>(B)</b> Description of s	ervices	C	Ompe	<b>;)</b> nsatio	n
				_				· · · · · · · · · · · · · · · · · · ·					
							_						
2 Total number of independent contractors (in	ncluding but n	ot li	mite	d to		_	stec	d above) who received m	ore than				
\$100,000 of compensation from the organiz	zation >				(	0						000	204 =:
											⊢orm	<b>990</b> (2	∠U15)

UNIONS, 39-6093210 Page 9 Form 990 (2015) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Related or Unrelated Total revenue from tax under exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues ..... 1b c Fundraising events d Related organizations 175,000. e Government grants (contributions) f All other contributions, gifts, grants, and ,391,008 similar amounts not included above ..... g Noncash contributions included in lines 1a-1f: \$ 1,566,008. h Total. Add lines 1a-1f Business Code 611430 449,075 449,075 2 a CUSTOMIZED INTERNATION Program Service Revenue 14,250. EDUCATIONAL RECEPTIONS 611710 14,250. С f All other program service revenue 463,325 g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ...... c Rental income or (loss) d Net rental income or (loss) . (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See 20,045 Part IV, line 18 a Other **b** Less: direct expenses ..... 256. 256. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses **c** Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold **c** Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a b d All other revenue

256.

e Total. Add lines 11a-11d

Total revenue. See instructions.

2,029,589.

463,325.

#### 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). X Check if Schedule O contains a response or note to any line in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 338,918. 338,918. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 ..... Grants and other assistance to foreign organizations, foreign governments, and foreign 152,254. 152,254. individuals. See Part IV, lines 15 and 16 Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (non-employees): 11 577,204. 326,984. 185,231. 64,989. a Management 20,012. 1,439.18,573. Legal 3,910. 3,910. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 201,725. 8,140. 1,845. 211,710. column (A) amount, list line 11g expenses on Sch O.) <u>2,</u>799. 17,561. 25,398. 5,038. Advertising and promotion 12 7,540. 49,115. 18,166. 23,409. Office expenses 13 583. <del>583.</del> 14 Information technology 15 Royalties 34,113. 34,113. 16 Occupancy 288,334. 276,448. 6,101. 5,785. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 123,006. 122,134. 872. Conferences, conventions, and meetings 19 20 Payments to affiliates \_\_\_\_\_ 21 Depreciation, depletion, and amortization ..... 22 9,637. 2,410. 7,227. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) ..... **ENGAGEMENT PROGRAM** 1,418. 1,418. С 27,016. 125,989. 160,372. 7,367. All other expenses 1,995,984. 1,602,580. 300,840. 92,564. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Part X | Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	809,577.	1	645,025
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	2,330.	4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
2	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
<sup>t</sup>   8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 19,851.			
b		0.	10c	C
11	Investments - publicly traded securities		11	
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 34)	811,907.	16	645,025
17	Accounts payable and accrued expenses	92,126.	17	79,439
18	Grants payable		18	
19	Deferred revenue	187,800.	19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
g 22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.			
<u> </u>	Complete Part II of Schedule L		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	279,926.	26	79,439
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
27 28 29	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	167,851.	27	204,495
28	Temporarily restricted net assets	364,130.	28	361,091
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
5	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
g 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
30 31 32	Retained earnings, endowment, accumulated income, or other funds	F04 -004	32	
<b>z</b> 33	Total net assets or fund balances	531,981.	33	565,586
34	Total liabilities and net assets/fund balances	811,907.	34	645,025

Form **990** (2015)

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)		2,02					
2	Total expenses (must equal Part IX, column (A), line 25)	2	.,99					
3	Revenue less expenses. Subtract line 2 from line 1	3			05. 81.			
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4							
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	56	5,5	86.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.						
2a	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	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	Separate basis X Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit						
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2015)			

532012 12-16-15

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

WORLDWIDE FOUNDATION FOR CREDIT

Employer identification number 39-6093210

<b>D</b>	41	December Dublic						3 0033210					
Par	τι	Reason for Public (	Jarity Status (A	All organizations must co	omplete th	is part.) Se	ee instructions.						
he c	organi	zation is not a private found	ation because it is: (	For lines 1 through 11, o	check only	one box.)							
1		A church, convention of ch	urches, or association	on of churches describe	d in <b>sectio</b>	n 170(b)(1	I)(A)(i).						
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)											
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
		city, and state:											
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
		section 170(b)(1)(A)(iv). (Complete Part II.)											
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	X												
•		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8		A community trust describe		(1)(A)(vi) (Complete Par	+ II \								
9		An organization that norma				contribution	ana mambarahin fasa a	nd arose receipts from					
J 1		activities related to its exen	• • • • • • • • • • • • • • • • • • • •	•	•			•					
			•	•	. ,		• •	•					
		income and unrelated busin		(less section 511 tax) if	om busine	esses acqu	ired by the organization	arter June 30, 1975.					
40		See section 509(a)(2). (Cor	. ,	ivaly to toot for public or	foty Coo	aaatian EC	)O(a)(4)						
10		An organization organized a	•	•	•			numpees of one or					
11		An organization organized a	=	•	=								
		more publicly supported or	-					neck the box in					
		lines 11a through 11d that				-							
а		Type I. A supporting orga		•	•								
		the supported organization			a majority	of the dire	ctors or trustees of the s	supporting					
		organization. You must c											
b		Type II. A supporting org	· ·					-					
		control or management o			ame perso	ons that co	ontrol or manage the sup	pported					
	_	organization(s). <b>You mus</b>	t complete Part IV,	Sections A and C.									
С		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functionally integrate	ed with,					
		its supported organization	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.						
d		Type III non-functionally	<b>integrated.</b> A supp	orting organization oper	ated in co	nnection v	vith its supported organi	zation(s)					
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness					
		requirement (see instruct)	ions). <b>You must con</b>	nplete Part IV, Sections	s A and D,	and Part	V.						
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III						
		functionally integrated, or	Type III non-functio	nally integrated support	ing organi:	zation.							
f	Ente	r the number of supported o	organizations										
g	Prov	ide the following information	about the supporte										
	(i	Name of supported	(ii) EIN	· , ,,	(iv) Is the o	rganization in your	(v) Amount of monetary	(vi) Amount of					
		organization		(described on lines 1-9 above (see instructions))	governing of	document?	support (see	other support (see					
					Yes	No	instructions)	instructions)					

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,359,306.	1,734,698.	1,774,012.	1,502,024.	1,566,008.	7,936,048.
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						_
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,359,306.	1,734,698.	1,774,012.	1,502,024.	1,566,008.	7,936,048.
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)						470,662.
6	Public support. Subtract line 5 from line 4.						7,465,386.
	tion B. Total Support		•	•			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	1,359,306.	1,734,698.	1,774,012.	1,502,024.	1,566,008.	7,936,048.
8	Gross income from interest,						_
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	2,551.	427.				2,978.
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.)						
11							7,939,026.
12	Gross receipts from related activities,	etc. (see instruction	ons)	•		12 2	,144,476.
13	First five years. If the Form 990 is for	r the organization's	first, second, third	, fourth, or fifth tax	x year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					<b>&gt;</b> □_
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2015 (	line 6, column (f) di	vided by line 11, co	olumn (f))		14	94.03 %
15	Public support percentage from 2014	Schedule A, Part	II, line 14			15	94.74 %
16a	33 1/3% support test - 2015. If the	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				<b>▶</b> X
b	33 1/3% support test - 2014. If the	organization did no	t check a box on lir	ne 13 or 16a, and I	ine 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	tion			▶□
17a	10% -facts-and-circumstances tes	<b>t - 2015.</b> If the orga	anization did not ch	neck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check thi	is box and <b>stop he</b>	<b>ere.</b> Explain in Par	t VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a p	oublicly supported	organization		▶□
b	10% -facts-and-circumstances tes	<b>t - 2014.</b> If the orga	anization did not ch	neck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	eck this box and <b>s</b>	t <b>op here.</b> Explain	in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization qu	ualifies as a public	ly supported orga	anization	▶□
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	, 16b, 17a, or 17b,	, check this box a	nd see instruction	s ▶□
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	, 16b, 17a, or 17b,	, check this box a	nd see instruction	s ▶└

Schedule A (Form 990 or 990-EZ) 2015

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	qualify under the tests listed be ction A. Public Support	elow, please com	plete Part II.)					
	endar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
	Gifts, grants, contributions, and	(a) 2011	(b) 2012	(6) 2013	(u) 2014	(e) 2013	(i) iotai	
'	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions,							
2	merchandise sold or services per-							
	formed, or facilities furnished in							
	any activity that is related to the							
2	organization's tax-exempt purpose						<del>                                     </del>	
3	Gross receipts from activities that are not an unrelated trade or bus-							
	iness under section 513							
4							<del>                                     </del>	
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to or expended on its behalf							
_							<del>                                     </del>	
5	The value of services or facilities							
	furnished by a governmental unit to the organization without charge							
	Total. Add lines 1 through 5						<del>                                     </del>	
/ 6	A Amounts included on lines 1, 2, and							
ŀ	3 received from disqualified persons Amounts included on lines 2 and 3 received							
•	from other than disqualified persons that							
	exceed the greater of \$5,000 or 1% of the							
	amount on line 13 for the year							
	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(a) 2012	(4) 2014	(a) 2015	(f) Total	
		(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
	Amounts from line 6  Gross income from interest,						<del>                                     </del>	
100	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources		+				<del>                                     </del>	
ľ	Unrelated business taxable income (less section 511 taxes) from businesses							
	acquired ofter June 20, 1075							
	Add lines 10a and 10b  Net income from unrelated business							
••	activities not included in line 10b,							
	whether or not the business is							
12	regularly carried on Other income. Do not include gain		+				<del>                                     </del>	
12	or loss from the sale of capital							
12	assets (Explain in Part VI.)							
	Total support. (Add lines 9, 10c, 11, and 12.)	the evenimention	a first second this	d foundb or fifth t	l ny voor oo o oostis	 		
14	First five years. If the Form 990 is for	· ·	•		-		zation,	
Se	check this box and stop here ction C. Computation of Publi		rcentage				<u>-                                </u>	
	Public support percentage for 2015 (li			column (fl)		15		
	Public support percentage from 2014					16	<u>%</u> %	
	ction D. Computation of Inves					10	70	
						17	%	
17						18		
18	Investment income percentage from 2 a 33 1/3% support tests - 2015. If the							
198								
	more than 33 1/3%, check this box ar							
	33 1/3% support tests - 2014. If the line 18 is not more than 33 1/3%, che							
20								
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 in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

			<u> </u>
		Yes	No
	1		
	2		
	3a		
	3b		
	- CL		
	3с		
	4a		
	41-		
	4b		
	4c		
	F		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	0-		
	9a		
	9b		
	9с		
	10a		
	401-		
~ O	10b	00 E7	2015

Pai	rt IV   Supporting Organizations (continued)			
	, i i i i i i i i i i i i i i i i i i i		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		1a		
b		1b		
		1c		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?  b A family member of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Details in Part VI. Details of the person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Details of the person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Details or regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's directors or trustees, and the organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization (advantage) and the organization or the benefit of any supported organization other than the supported organization organization organization organization organization organization.  Did the organization provide the supporting organization or the supported organization organization organization.  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 organizations.  Were an amjority of the organization's supported organizations, by the last day of the fifth month of the organization organization's supported organization's provide to each of its supported organization's provide to each of its supported organization's provide organization's governing documents in effect on the date of notification, t			
	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?  A family member of a person described in (a) above?  A family member of a person described in (a) above?  A family member of a person described in (a) above?  A family member of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. to the Stype of the Organizations and the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax yea?" If "No," describe in Part VI how the supported organization's effectively operated, supervised, or controlled the organization and programation and programation and programation and programation of the organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.  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 directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees of sech of the organization's directors or trustees of organization organi			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2				
	supervised, or controlled the supporting organization.	2		
Sec				
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		3		
<u>Sec</u>	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b				
С		tions) r		
2		_	Yes	No
а				
	· · · · · · · · · · · · · · · · · · ·	2a		
b				
-		2b		
3				
а				
		3a		
b				
	OLUS SUDDOTTED OFGANIZATIONS CITEMAS E DESCRIDE IN <b>PAIT VI</b> THE FOIE DIAVED BY THE OFGANIZATION IN THIS FEDARO	Rh I		

# WORLDWIDE FOUNDATION FOR CREDIT

Schedule A (Form 990 or 990-EZ) 2015 UNIONS, INC.

39-6093210 Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970. <b>See inst</b> ri	uctions. All			
	other Type III non-functionally integrated supporting organizations must co	mplete :	Sections A through E.				
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other						
	factors (explain in detail in <b>Part VI</b> ):						
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 1-1/2% 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 .035	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2	Enter 85% of line 1	2					
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4	Enter greater of line 2 or line 3	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions)	6					
7	Check here if the current year is the organization's first as a non-functionall	y-integra	ated Type III supporting org	ganization (see			
	instructions).						

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 UNIONS, INC.

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	ion D -	Distributions		,	Current Year
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp			
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	ns		
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which the	ne organization is responsive	<del></del>	
		de details in <b>Part VI</b> ). See instructions.	3		
9		outable amount for 2015 from Section C, line 6			
10		amount divided by Line 9 amount			
		,	(i)	(ii)	(iii)
			Excess Distributions	Underdistributions	Distributable
Secti	ion E -	Distribution Allocations (see instructions)		Pre-2015	Amount for 2015
1	Distrib	outable amount for 2015 from Section C, line 6			
2		rdistributions, if any, for years prior to 2015			
		onable cause required-see instructions)			
3		es distributions carryover, if any, to 2015:			
a	Ελουσ	o distributions sarry over, it arry, to 2010.			
b					
c					
	From	2013			
	From				
		of lines 3a through e			
		ed to underdistributions of prior years			
		ed to 2015 distributable amount			
i		over from 2010 not applied (see instructions)			
i		inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2015 from Section D,			
-	line 7:	·			
а		ed to underdistributions of prior years			
		ed to 2015 distributable amount			
		inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2015, if			
-		Subtract lines 3g and 4a from line 2 (if amount			
		er than zero, see instructions).			
6	_	ining underdistributions for 2015. Subtract lines 3h			
-		b from line 1 (if amount greater than zero, see			
		ctions).			
7		ss distributions carryover to 2016. Add lines 3j			
-	and 4	-			
8		down of line 7:			
a					
b					
	Exces	ss from 2013			
		ss from 2014			
		ss from 2015			

Schedule A (Form 990 or 990-EZ) 2015

# WORLDWIDE FOUNDATION FOR CREDIT

Schedule A (Form 990 or 990-EZ) 2015 UNIONS, INC. 39-6093210 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

# Schedule A

# Identification of Excess Contributions Included on Part II, Line 5

2015

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
CUNA MUTUAL GROUP	397,195.	238,414.
STATE EMPLOYEES CREDIT UNION	260,000.	101,219.
VANCITY SAVINGS CREDIT UNION	289,810.	131,029.
Total Excess Contributions to Schedule A, Part II, Line 5		470,662.

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization

Organization type (check one):

WORLDWIDE FOUNDATION FOR CREDIT UNIONS, INC.

**Employer identification number** 

39-6093210

Filers of:		Section:						
Form 990	or 990-EZ	X 501(c)( 3 ) (enter number) organization						
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
		527 political organization						
Form 990	-PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
Note. Onl	y a section 501(c)(	covered by the <b>General Rule</b> or a <b>Special Rule.</b> 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 F	,							
8	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 or 990-EZ), 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, 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. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year								
Oautia:	An amazinatic - ti-	at in set account by the Consul Dule and for the Consid Dule does not file Cohedule D. (Form 200, 200 F7, as 200 DF)						

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization
WORLDWIDE FOUNDATION FOR CREDIT
UNIONS, INC.

Employer identification number

39-6093210

Parti	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		
6	U.S. DEPARTMENT OF STATE  2201 C STREET NW  WASHINGTON, DC 20520	\$175,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	BELLCO CREDIT UNION  PO BOX 6611  GREENWOOD VILLAGE, CO 80155	- \$\$35,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	CUNA MUTUAL GROUP  5910 MINERAL POINT ROAD  MADISON, WI 53705	97,500.	Person X Payroll		
(a)	(b)	(c)	(d)		
	Name, address, and ZIP + 4  ILCU INTERNATIONAL DEVELOPMENT FOUNDATION  33-41 LOWER MOUNT STREET  DUBLIN, IRELAND	Total contributions  - \$ 44,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	PSCU PO BOX 31216 TAMPA, FL 33631	- \$\$0,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5	SCHOOLSFIRST FEDERAL CREDIT UNION PO BOX 11547 SANTA ANA, CA 92711-1547	- \$\$000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization
WORLDWIDE FOUNDATION FOR CREDIT
UNIONS, INC.

Employer identification number

39-6093210

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

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Employer identification number Name of organization WORLDWIDE FOUNDATION FOR CREDIT 39-6093210 UNIONS, 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 Part III 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 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

#### **SCHEDULE D** (Form 990)

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.

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

Department of the Treasury Internal Revenue Service

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

WORLDWIDE FOUNDATION FOR CREDIT UNIONS, INC.

**Employer identification number** 39-6093210

Schedule D (Form 990) 2015

Pa	rt I Organizations Maintaining Donor Adviso	ed Funds or Other Similar Funds	or Accounts. Complete if the						
	organization answered "Yes" on Form 990, Part IV, li	ne 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 advis	ed funds						
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes No						
6	Did the organization inform all grantees, donors, and donor								
	for charitable purposes and not for the benefit of the donor								
	impermissible private benefit?								
Pa	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	tion (check all that apply).							
	Preservation of land for public use (e.g., recreation or	education) Preservation of a histo	orically important land area						
	Protection of natural habitat	Preservation of a cert	ified historic structure						
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form	of a conservation easement on the last						
	day of the tax year.		Held at the End of the Tax Year						
а	Total number of conservation easements		2a						
b									
С	Number of conservation easements on a certified historic st	ructure included in (a)	2c						
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structu	ure						
	listed in the National Register		2d						
3	Number of conservation easements modified, transferred, re								
	year ▶								
4	Number of states where property subject to conservation ea	asement is located >							
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of							
	violations, and enforcement of the conservation easements	it holds?	Yes No						
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cons	servation easements during the year						
	<b>&gt;</b>								
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conserva	tion easements during the year						
	<b>&gt;</b> \$								
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170	(h)(4)(B)(i)						
	and section 170(h)(4)(B)(ii)?		Yes No						
9	In Part XIII, describe how the organization reports conservation	tion easements in its revenue and expense	statement, and balance sheet, and						
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	the organization's accounting for						
	conservation easements.								
Pa	rt III Organizations Maintaining Collections of	of Art, Historical Treasures, or O	ther Similar Assets.						
	Complete if the organization answered "Yes" on Forr	n 990, Part IV, line 8.							
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue staten	nent and balance sheet works of art,						
	historical treasures, or other similar assets held for public ex	chibition, education, or research in furthera	nce of public service, provide, in Part XIII,						
	the text of the footnote to its financial statements that descri	ribes these items.							
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement	and balance sheet works of art, historical						
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pul	blic service, provide the following amounts						
	relating to these items:								
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$						
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$						
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	I gain, provide						
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:							
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$						
h	Assets included in Form 990 Part Y								

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

	t III Organizations Maintaining Co	ollections of Ar	rt. His	torical Tr	easures.	or Oth	er Simila	ar Asse	ts/continu	rage <b>z</b> ied)
3	Using the organization's acquisition, accession								•	
Ü	(check all that apply):	ri, and other record	13, UNCO	it arry or the	Tollowing the	it are a s	ngrimoarit t	350 01 113	CONCOLION	items
а	Public exhibition	d		Loop or ove	change progra	ame				
b	Scholarly research	e		Other	nange progra	airis				
		e	ш	Other						
C	Preservation for future generations		41	6 41 4	da a			i D	+ V/III	
4	Provide a description of the organization's col							se in Par	τ XIII.	
5	During the year, did the organization solicit or								7 v	N
Dai	to be sold to raise funds rather than to be mai								<b>Yes</b>	└── No
Fai	<b>t IV</b> Escrow and Custodial Arrang reported an amount on Form 990, Part		ete if the	e organizatio	on answered	"Yes" or	1 Form 990	, Part IV,	line 9, or	
	Is the organization an agent, trustee, custodia		liary for	contribution	ns or other as	seats not	included			
ıu	on Form 990, Part X?								Yes	☐ No
h	If "Yes," explain the arrangement in Part XIII a								_ 1 <del>0</del> 3	
b	in res, explain the analigement in rait Ama	na complete the lo	liowing	labie.					Amount	
^	Poginning halanco						1c		Amount	
	Beginning balance									
	Additions during the year									
	Distributions during the year									
	Ending balance								Yes	No
	If "Yes," explain the arrangement in Part XIII.						•			
_	t V Endowment Funds. Complete if									
	·	(a) Current year		rior year	(c) Two yea		(d) Three y	ears hack	(a) Four v	ears back
10	Designation of wear belones		(0)	Tioi yeai	(C) TWO yea	13 Dack	(u) Tilloo y	cars back	(e) roury	rcars back
	T-									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
g	End of year balance			. ,	\\					
2	Provide the estimated percentage of the curre	ent year end balanc	•	g, column (a	a)) held as:					
	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
С	Temporarily restricted endowment	%								
_	The percentages on lines 2a, 2b, and 2c shou	=								
3a	Are there endowment funds not in the posses	sion of the organiza	ation tha	at are held a	and administe	ered for t	he organiz	ation	Г.	
	by:									res No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizati								3b	
4	Describe in Part XIII the intended uses of the		wment	funds.						
Pai	t VI Land, Buildings, and Equipme			, ,, ,, ,			" 40			
	Complete if the organization answered	1		ı						
	Description of property	(a) Cost or of			t or other		ccumulate	d	(d) Book	value
		basis (investn	nent)	basis	(other)	de	preciation			
	Land									
	Buildings							_		
	Leasehold improvements				0 0 - 1		10 0	- 1		
	Equipment			$\perp$ 1	.9,851.		19,85	ο I •		0.
	Other									
Total	. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part	X, colur	nn (B), line 1	10c.)					0.

Schedule D (Form 990) 2015

39-6093210 Page 3

Part VII	Investments - Other Securities.	5 000 5 . 11/11		
(a) Descrip	Complete if the organization answered "Yes" ption of security or category (including name of security)	on Form 990, Part IV, lii <b>(b)</b> Book value	ne 11b. See Form 990, Part X, line 12 (c) Method of valuation: Cost	
		(b) Book value	(c) Method of Valuation. Cost	or end-or-year market value
	al derivatives			
	-held equity interests			
(3) Other				
(A)			+	
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	h) moved agreed Forms 000 Port V and (P) line 10 \			
	b) must equal Form 990, Part X, col. (B) line 12.)			
Fait VIII	Investments - Program Related.	5 000 D 1 N / I'	44 0 5 000 5 17 1 40	
	Complete if the organization answered "Yes"  (a) Description of investment	on Form 990, Part IV, lii	ne 11c. See Form 990, Part X, line 13 (c) Method of valuation: Cost	
	(a) Description of investment	(b) DOOK Value	(C) Method of Valuation. Cost	or enu-or-year market value
(1)			-	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX				
	Complete if the organization answered "Yes"		ne 11d. See Form 990, Part X, line 15	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Part X	mn (b) must equal Form 990, Part X, col. (B) lin Other Liabilities.			▶
	Complete if the organization answered "Yes"	on Form 990, Part IV, lir	ne 11e or 11f. See Form 990, Part X, I  (b) Book value	ine 25.
1.	(a) Description of liability		(b) BOOK value	
	deral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) lin			
	for uncertain tax positions. In Part XIII, provide			
organiz	ation's liability for uncertain tax positions under	r FIN 48 (ASC 740). Che	ck here if the text of the footnote has	been provided in Part XIII X

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015

Part XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenue	per Return.	<u> </u>
Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.		
1 Total revenue, gains, and other support per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
a Net unrealized gains (losses) on investments			
<b>b</b> Donated services and use of facilities			
c Recoveries of prior year grants	1		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d			
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	14.1		
a Investment expenses not included on Form 990, Part VIII, line 7b			
b Other (Describe in Part XIII.) c Add lines 4a and 4b		40	
<ul> <li>c Add lines 4a and 4b</li> <li>5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.</li> </ul>			
Part XII Reconciliation of Expenses per Audited Financial St			
Complete if the organization answered "Yes" on Form 990, Part IV, lir		o por motarin	
Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a		
<b>b</b> Prior year adjustments	1		
c Other losses			
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d	· · · · · · · · · · · · · · · · · · ·	2e	
3 Subtract line 2e from line 1			
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>b</b> Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	5	
Part XIII Supplemental Information.			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and $$	4; Part IV, lines 1b and 2b; Part	V, line 4; Part X, line 2	2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional information.		
DADM V IING 9.			
PART X, LINE 2:			
WORLD COUNCIL AND THE FOUNDATION ARE EXEM	™ ₽₽₽₩ ТМСОМ₽ ¶	יאע נואורעים פ	ECTTON
WORLD COUNCIL AND THE FOUNDATION ARE EXEM	IFI FROM INCOME	AX UNDER S	ECTION
501(C)(6) AND 501(C)(3) OF THE INTERNAL R	FVFNIIF CODE REG	ισες πτινεί.ν	2 MID 2
JULY COLOR OF THE INTERNAL R	EVENUE CODE, REL	DIECTIVEDI,	AND A
SIMILAR SECTION OF THE WISCONSIN INCOME T	AX TAW WHICH PE	OVIDES TAX	
DIMILIAN BECTION OF THE WISCONDIN INCOME I	MILCH II	COVIDED IME	
EXEMPTION FOR CORPORATIONS ORGANIZED AND	OPERATED EXCLUSI	VELY FOR	
RELIGIOUS, CHARITABLE, OR EDUCATIONAL PUR	POSES.		
THE ORGANIZATIONS ARE REQUIRED TO ASSESS	WHETHER IT IS MO	RE LIKELY	THAN
		<u> </u>	
NOT THAT A TAX POSITION WILL BE SUSTAINED	UPON EXAMINATIO	ON ON THE	
TECHNICAL MERITS OF THE POSITION ASSUMING	THE TAXING AUTH	HORITY HAS	FULL
KNOWLEDGE OF ALL INFORMATION. IF THE TAX	POSITION DOES NO	T MEET THE	MORE
LIKELY THAN NOT RECOGNITION THRESHOLD, TH	E BENEFIT OF THA	AT POSITION	IS NOT

Part XIII Supplemental Information (continued)
RECOGNIZED IN THE FINANCIAL STATEMENTS. THE ORGANIZATIONS HAVE DETERMINED
THERE ARE NO AMOUNTS TO RECORD AS ASSETS OR LIABILITIES RELATED TO
UNCERTAIN TAX POSITIONS. FEDERAL RETURNS FOR THE YEARS ENDED 2012 AND
BEYOND REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE.

#### SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

# Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

WORLDWIDE FOUNDATION FOR CREDIT

**Employer identification number** 

UNIONS, INC.				39-609321	0			
		ctivities Out	tside the United States. Comple	ete if the organization answered "Y	'es" on			
Form 990, Part IV, line 14b.								
1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,								
the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No								
2 For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of it	s grants and other assistance outs	side the			
United States.			p	- g. a. 110 a. 14 c. 110.				
	The following Part I, line 3 table can be duplicated if additional space is needed.)							
(a) Region	(b) Number of		(d) Activities conducted in region	(e) If activity listed in (d)	(f) Total			
	offices	employees, agents, and	(by type) (e.g., fundraising, program	is a program service,	expenditures			
	in the region	independent	services, investments, grants to	describe specific type	for and investments			
		contractors in region	recipients located in the region)	of service(s) in region	in region			
CENTRAL AMERICA AND				THE INTERNATIONAL				
THE CARIBBEAN -				PARTNERSHIP PROGRAM,				
ANTIGUA & BARBUDA,				WHICH UNITES CREDIT				
ARUBA, BAHAMAS,	0	0	PROGRAM SERVICES	UNION MOVEMENTS FROM	88,132.			
CENTRAL AMERICA AND								
THE CARIBBEAN -								
ANTIGUA & BARBUDA,								
ARUBA, BAHAMAS,	0	0	FUNDRAISING		37,751.			
EAST ASIA AND THE				THE INTERNATIONAL				
PACIFIC - AUSTRALIA,				PARTNERSHIP PROGRAM,				
BRUNEI, BURMA,				WHICH UNITES CREDIT				
CAMBODIA,	0	0	PROGRAM SERVICES	UNION MOVEMENTS FROM	56,157.			
EAST ASIA AND THE								
PACIFIC - AUSTRALIA,								
BRUNEI, BURMA,								
CAMBODIA,	0	0	FUNDRAISING		13,641.			
EUROPE (INCLUDING				THE INTERNATIONAL				
ICELAND & GREENLAND)				PARTNERSHIP PROGRAM,				
- ALBANIA, ANDORRA,				WHICH UNITES CREDIT				
AUSTRIA, BELGIUM	0	0	PROGRAM SERVICES	UNION MOVEMENTS FROM	15,988.			
EUROPE (INCLUDING				SUPPORT OF THE GLOBAL				
ICELAND & GREENLAND)				WOMEN'S LEADERSHIP				
- ALBANIA, ANDORRA,				NETWORK, WHICH CONNECTS				
AUSTRIA, BELGIUM	0	0	EDUCATION	CREDIT UNION WOMEN WITH	110,323.			
EUROPE (INCLUDING								
ICELAND & GREENLAND)								
- ALBANIA, ANDORRA,								
AUSTRIA, BELGIUM	0	0	FUNDRAISING		31,444.			
MIDDLE EAST AND				FOLLOWING THE				
NORTH AFRICA -				DEVASTATING 7.9				
ALGERIA, BAHRAIN,				EARTHQUAKE IN NEPAL,				
OJIBOUTI, EGYPT,	0		PROGRAM SERVICES	WORLDWIDE FOUNDATION	144,487.			
3 a Sub-total	0	0			497,923.			
<b>b</b> Total from continuation								
sheets to Part I 0 0 1,181,066.								
c Totals (add lines 3a								
and 3b)	0	0			1,678,989.			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS Schedule F (Form 990) 2015

(a) Region	(b) Number of	(c) Number of	n.(Schedule F (Form 990), Part I, line 3	(e) If activity listed in (d)	(f) Total
(a) negion	offices in the region	employees or agents in region	(by type) (i.e., fundraising, program services, grants to recipients located in the region)	is a program service, describe specific type of service(s) in region	expenditures for region
MIDDLE EAGE AND		region	Teoperies reduced in the region)	or service(s) in region	
MIDDLE EAST AND					
NORTH AFRICA -					
ALGERIA, BAHRAIN,			L		35.006
DJIBOUTI, EGYPT,	0	0	FUNDRAISING		35,096
NORTH AMERICA -				GRANT GIVEN TO WORLD	
CANADA AND MEXICO,				COUNCIL OF CREDIT UNIONS	
BUT BUT NOT THE	_	_		TO ASSIST WITH ITS	
UNITED STATES	0	0	PROGRAM SERVICES	DEVELOPMENT ACTIVITIES	88,232
NORTH AMERICA -					
CANADA AND MEXICO,					
BUT BUT NOT THE					
UNITED STATES	0	0	FUNDRAISING		63,606
RUSSIA AND				THE INTERNATIONAL	
NEIGHBORING STATES -				PARTNERSHIP PROGRAM,	
ARMENIA, AZERBIJAN,				WHICH UNITES CREDIT	
BELARUS,	0	0	PROGRAM SERVICES	UNION MOVEMENTS FROM	3,997
RUSSIA AND					
NEIGHBORING STATES -					
ARMENIA, AZERBIJAN,					
BELARUS,	0	0	FUNDRAISING		971
SUB-SAHARAN AFRICA -				GRANT GIVEN TO WORLD	
ANGOLA, BENIN,				COUNCIL OF CREDIT UNIONS	
BOTSWANA, BURKINA,				TO ASSIST WITH ITS	
FASO,	0	0	PROGRAM SERVICES	DEVELOPMENT ACTIVITIES	176,464
SUB-SAHARAN AFRICA -				TRAVEL EXPENSES AND	
ANGOLA, BENIN,				TUITION PAID TO CREDIT	
BOTSWANA, BURKINA,				UNION PROFESSIONALS FROM	
FASO,	0	0	EDUCATION	KENYA TO ATTEND	111,271
SUB-SAHARAN AFRICA -					
ANGOLA, BENIN,					
BOTSWANA, BURKINA,					
FASO,	0	0	FUNDRAISING		77,668
SOUTH AMERICA -				GRANT GIVEN TO WORLD	
ARGENTINA, BOLIVIA,				COUNCIL OF CREDIT UNIONS	
BRAZIL, CHILE,				TO ASSIST WITH ITS	
COLUMBIA, ECUADOR,	0	0	TECHNICAL ASSISTANCE	DEVELOPMENT WORK IN	88,232
SOUTH AMERICA -				THE INTERNATIONAL	
ARGENTINA, BOLIVIA,				PARTNERSHIP PROGRAM,	
BRAZIL, CHILE,				WHICH UNITES CREDIT	
COLUMBIA, ECUADOR,	0	0	PROGRAM SERVICES	UNION MOVEMENTS FROM	124,306

Schedule F (Form 990) UNIONS, INC.

39-6093210 Page 1

THE CARIBBEAN	es	employees or agents in region  0 0	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)  EDUCATION  FUNDRAISING  PROGRAM SERVICES	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region  SUPPORT OF THE GLOBAL WOMEN'S LEADERSHIP NETWORK, WHICH CONNECTS CREDIT UNION WOMEN WITH  FOLLOWING TYPHOON HAIYAN THAT STRUCK THE PHILLIPINES IN NOVEMBER	(f) Total expenditures for region  67,210
in the r  SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR, SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR, CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS, EUROPE (INCLUDING ICELAND & GREENLAND)  CENTRAL AMERICA AND THE CARIBBEAN	egion C	agents in region  0 0	program services, grants to recipients located in the region)  EDUCATION  FUNDRAISING	describe specific type of service(s) in region  SUPPORT OF THE GLOBAL WOMEN'S LEADERSHIP NETWORK, WHICH CONNECTS CREDIT UNION WOMEN WITH  FOLLOWING TYPHOON HAIYAN THAT STRUCK THE PHILLIPINES IN NOVEMBER	for region
GOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR, GOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR, CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS, EUROPE (INCLUDING ICELAND & GREENLAND) THE CARIBBEAN	C	region 0	recipients located in the region)  EDUCATION  FUNDRAISING	of service(s) in region  SUPPORT OF THE GLOBAL  WOMEN'S LEADERSHIP  NETWORK, WHICH CONNECTS  CREDIT UNION WOMEN WITH  FOLLOWING TYPHOON HAIYAN  THAT STRUCK THE  PHILLIPINES IN NOVEMBER	67,210
ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR, SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR, CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,  EUROPE (INCLUDING ICELAND & GREENLAND)  CENTRAL AMERICA AND THE CARIBBEAN	C	0	FUNDRAISING	WOMEN'S LEADERSHIP NETWORK, WHICH CONNECTS CREDIT UNION WOMEN WITH  FOLLOWING TYPHOON HAIYAN THAT STRUCK THE PHILLIPINES IN NOVEMBER	
BRAZIL, CHILE, COLUMBIA, ECUADOR, BOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR, CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS, EUROPE (INCLUDING ICELAND & GREENLAND) CENTRAL AMERICA AND THE CARIBBEAN	C	0	FUNDRAISING	NETWORK, WHICH CONNECTS CREDIT UNION WOMEN WITH  FOLLOWING TYPHOON HAIYAN THAT STRUCK THE PHILLIPINES IN NOVEMBER	·
BRAZIL, CHILE, COLUMBIA, ECUADOR, SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR, CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS, EUROPE (INCLUDING ICELAND & GREENLAND) CENTRAL AMERICA AND THE CARIBBEAN	C	0	FUNDRAISING	NETWORK, WHICH CONNECTS CREDIT UNION WOMEN WITH  FOLLOWING TYPHOON HAIYAN THAT STRUCK THE PHILLIPINES IN NOVEMBER	·
COLUMBIA, ECUADOR, SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR, CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS, EUROPE (INCLUDING ICELAND & GREENLAND) CENTRAL AMERICA AND THE CARIBBEAN	C	0	FUNDRAISING	CREDIT UNION WOMEN WITH  FOLLOWING TYPHOON HAIYAN THAT STRUCK THE PHILLIPINES IN NOVEMBER	
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR, CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,  EUROPE (INCLUDING ICELAND & GREENLAND)  CENTRAL AMERICA AND THE CARIBBEAN	C		FUNDRAISING	FOLLOWING TYPHOON HAIYAN THAT STRUCK THE PHILLIPINES IN NOVEMBER	
ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR, CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS, EUROPE (INCLUDING ICELAND & GREENLAND) CENTRAL AMERICA AND THE CARIBBEAN	C			THAT STRUCK THE PHILLIPINES IN NOVEMBER	67,951
BRAZIL, CHILE, COLUMBIA, ECUADOR, CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,  EUROPE (INCLUDING ICELAND & GREENLAND)  CENTRAL AMERICA AND THE CARIBBEAN	C			THAT STRUCK THE PHILLIPINES IN NOVEMBER	67,951
COLUMBIA, ECUADOR, CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS, EUROPE (INCLUDING ICELAND & GREENLAND) CENTRAL AMERICA AND THE CARIBBEAN	C			THAT STRUCK THE PHILLIPINES IN NOVEMBER	67,951
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,  EUROPE (INCLUDING ICELAND & GREENLAND)  CENTRAL AMERICA AND THE CARIBBEAN		0		THAT STRUCK THE PHILLIPINES IN NOVEMBER	,
THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,  EUROPE (INCLUDING ICELAND & GREENLAND)  CENTRAL AMERICA AND THE CARIBBEAN		0	PROGRAM SERVICES	THAT STRUCK THE PHILLIPINES IN NOVEMBER	
ANTIGUA & BARBUDA, ARUBA, BAHAMAS,  EUROPE (INCLUDING ICELAND & GREENLAND)  CENTRAL AMERICA AND THE CARIBBEAN		0	PROGRAM SERVICES	PHILLIPINES IN NOVEMBER	
EUROPE (INCLUDING ICELAND & GREENLAND)  CENTRAL AMERICA AND THE CARIBBEAN		0	PROGRAM SERVICES		
EUROPE (INCLUDING ICELAND & GREENLAND)  CENTRAL AMERICA AND THE CARIBBEAN			TROSIUM BERVICEB	2013, WORLD COUNCIL	2,513
ICELAND & GREENLAND)  CENTRAL AMERICA AND  THE CARIBBEAN	C		I .	FOLLOWING THE	2,313
ICELAND & GREENLAND)  CENTRAL AMERICA AND  THE CARIBBEAN	C			DEVASTATING 7.9	
ICELAND & GREENLAND)  CENTRAL AMERICA AND  THE CARIBBEAN	C			EARTHQUAKE IN NEPAL,	
CENTRAL AMERICA AND THE CARIBBEAN SUB-SAHARAN AFRICA		0	PROGRAM SERVICES	WORLDWIDE FOUNDATION	3,141
THE CARIBBEAN		1	FROGRAM SERVICES	GRANT GIVEN TO WORLD	3,141
THE CARIBBEAN				COUNCIL OF CREDIT UNIONS	
THE CARIBBEAN				TO ASSIST WITH ITS	
	C	0	PROGRAM SERVICES		64 770
SUB-SAHARAN AFRICA		,	PROGRAM SERVICES	DEVELOPMENT ACTIVITIES FOLLOWING THE	64,770
SUB-SAHARAN AFRICA					
SUB-SAHARAN AFRICA				DEVASTATING 7.9	
SUB-SANAKAN AFKICA	C	0	PROGRAM SERVICES	EARTHQUAKE IN NEPAL,	22 012
		,	PROGRAM SERVICES	WORLDWIDE FOUNDATION SUPPORT OF THE GLOBAL	32,013
				WOMEN'S LEADERSHIP	
NODELL AND TO	,		EDUCATE ON	NETWORK, WHICH CONNECTS	172 625
NORTH AMERICA	C	0	EDUCATION	CREDIT UNION WOMEN WITH	173,625
					1,181,066

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA -						
		AFGHANISTAN,						
		BANGLADESH,	NEPAL EARTHQUAKE					
		BHUTAN, INDIA,	ASSISTANCE	115,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN						
		AFRICA - ANGOLA,						
		BENIN, BOTSWANA,	SUPPORT FOR ORPHANAGE					
		BURKINA, FASO,	EDUCATION FUNDING	27,422.	WIRE TRANSFER	0.		
		SUB-SAHARAN						
		AFRICA - ANGOLA,	GENERAL ASSISTANCE					
		BENIN, BOTSWANA,	FOR ORPHANAGE					
		BURKINA, FASO,	OPERATIONS	9,832.	WIRE TRANSFER	0.		
			1					

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by
	the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
3	Enter total number of other organizations or entities

Schedule F (Form 990) 2015

39-6093210 UNIONS, INC. Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement non-cash non-cash assistance assistance

Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		

Foreign Partnerships (see Instructions for Form 8865)

Instructions for Form 5713; do not file with Form 990)

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Schedule F (Form 990) 2015

6

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

#### PART I, LINE 2:

WORLDWIDE FOUNDATION FOR CREDIT UNIONS, INC. (WF) MAKES ONLY A FEW GRANTS
EACH YEAR. THESE ARE PAID TO ORGANIZATIONS THAT THE ORGANIZATION HAS HAD
A PRIOR RELATIONSHIP WITH AND WHO ARE PART OF A GLOBAL NETWORK OF CREDIT
UNIONS AND SIMILAR COOPERATIVE ORGANIZATIONS. MONITORING OF THE FUNDS IS
DEPENDENT ON THE SIZE OF THE GRANT, THE PURPOSE AND THE STRENGTH OF THE
RELATIONSHIP WF HAS WITH THE RECIPIENTS. SMALLER GRANTS, PARTICULARLY
THOSE PAID TO OTHER FOUNDATIONS, DO NOT REQUIRE ADDITIONAL MONITORING.
HOWEVER, FOR LARGER GRANTS OR THOSE PAID TO CERTAIN TYPES OF
ORGANIZATIONS, WF WILL REQUEST THAT A FORMAL REPORT BE SUBMITTED BY THE
RECIPIENT DOCUMENTING THE USE OF THE FUNDS.

#### PART I, LINE 3, COLUMN (E):

#### (A) REGION:

CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,

(E) SPECIFIC TYPES OF SERVICES IN REGION: THE INTERNATIONAL PARTNERSHIP

PROGRAM, WHICH UNITES CREDIT UNION MOVEMENTS FROM AROUND THE WORLD TO

EXCHANGE IDEAS, BEST PRACTICES AND TECHNICAL EXPERTISE. THE PROGRAM

BUILDS STRONGER INSTITUTIONAL CAPACITY THAT ULTIMATELY BENEFITS CREDIT

UNION MEMBERS WHILE DEMONSTRATING THE COOPERATIVE IDEALS THAT

CHARACTERIZE CREDIT UNIONS AND DISTINGUISH THEM AS FINANCIAL

INSTITUTIONS. CENTRAL AMERICAN/CARIBBEAN PARTNERSHIPS INCLUDE BAHAMAS,

BELIZE, COSTA RICA, DOMINICAN REPUBLIC, GUATEMALA, JAMAICA, AND

TRINIDAD-TOBAGO.

CUSTOMIZED INTERNATIONAL TRAINING PROGRAMS WHICH PROVIDE TRAINING

OPPORTUNITIES FOR CREDIT UNION EXECUTIVES, BOARD MEMBERS AND EMPLOYEES TO

LEARN FROM CREDIT UNIONS IN OTHER COUNTRIES. CENTRAL AMERICAN/CARIBBEAN

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

PROGRAMS INCLUDE EXCHANGES BETWEEN CREDIT UNIONS IN THE UNITED STATES AND COSTA RICA.

DEPARTMENT OF STATE PROGRAMS PROVIDE EXCHANGES BETWEEN INDIVIDUALS IN THE UNITED STATES, DOMINICAN REPUBLIC, AND GUATEMALA.

REGION: EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,

(E) SPECIFIC TYPES OF SERVICES IN REGION: THE INTERNATIONAL PARTNERSHIP

PROGRAM, WHICH UNITES CREDIT UNION MOVEMENTS FROM AROUND THE WORLD TO

EXCHANGE IDEAS, BEST PRACTICES AND TECHNICAL EXPERTISE. THERE WAS ONE

EAST ASIA/PACIFIC PARTNERSHIP DURING THE YEAR, BETWEEN CANADA AND NEW

ZEALAND.

CUSTOMIZED INTERNATIONAL TRAINING PROGRAMS WHICH PROVIDE TRAINING

OPPORTUNITIES FOR CREDIT UNION EXECUTIVES, BOARD MEMBERS AND EMPLOYEES TO

LEARN FROM CREDIT UNIONS IN OTHER COUNTRIES. EAST ASIA/PACIFIC PROGRAMS

INCLUDE EXCHANGES BETWEEN CREDIT UNIONS IN THE UNITED STATES AND

AUSTRALIA.

#### (A) REGION:

EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIU

(E) SPECIFIC TYPES OF SERVICES IN REGION: THE INTERNATIONAL PARTNERSHIP

PROGRAM, WHICH UNITES CREDIT UNION MOVEMENTS FROM AROUND THE WORLD TO

EXCHANGE IDEAS, BEST PRACTICES AND TECHNICAL EXPERTISE. EUROPEAN

PARTNERSHIPS INCLUDE ESTONIA, POLAND AND ROMANIA.

#### (A) REGION:

EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIU

(E) SPECIFIC TYPES OF SERVICES IN REGION: SUPPORT OF THE GLOBAL WOMEN'S

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

LEADERSHIP NETWORK, WHICH CONNECTS CREDIT UNION WOMEN WITH FELLOW LEADERS
IN OTHER CREDIT UNION MOVEMENTS ALL OVER THE WORLD AND ENGAGES THEM IN
PROFESSIONAL AND PERSONAL DEVELOPMENT THROUGH SOCIAL MEDIA AND EDUCATION
FORUMS. MEMBERSHIP INCLUDES WOMEN FROM NORTH AMERICA, EUROPE, SOUTH
AMERICA, AND AFRICA.

ACTIVITIES RELATED TO THE WORLD CREDIT UNION CONFERENCE INCLUDE THE

ANNUAL SUPPORTERS' RECEPTION AND THE GLOBAL WOMEN'S LEADERSHIP NETWORK

EDUCATIONAL SESSIONS.

#### (A) REGION:

MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,

(E) SPECIFIC TYPES OF SERVICES IN REGION: FOLLOWING THE DEVASTATING 7.9

EARTHQUAKE IN NEPAL, WORLDWIDE FOUNDATION PARTNERED WITH CUNA MUTUAL

GROUP, THE IRISH LEAGUE OF CREDIT UNIONS FOUNDATION AND ASIA

CONFEDERATION OF CREDIT UNIONS TO PROVIDE GRANTS TO REBUILD 30 SACCOS,

REPAIR 17 BUILDINGS, RELOCATE 11 OFFICES, AND PROVIDE 123 SACCOS WITH NEW

OPERATIONAL EQUIPMENT.

REGION: NORTH AMERICA - CANADA AND MEXICO, BUT BUT NOT THE UNITED STATES

(E) SPECIFIC TYPES OF SERVICES IN REGION: GRANT GIVEN TO WORLD COUNCIL

OF CREDIT UNIONS TO ASSIST WITH ITS DEVELOPMENT ACTIVITIES IN MEXICO.

REGION: RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN, BELARUS,

(E) SPECIFIC TYPES OF SERVICES IN REGION: THE INTERNATIONAL PARTNERSHIP

PROGRAM, WHICH UNITES CREDIT UNION MOVEMENTS FROM AROUND THE WORLD TO

EXCHANGE IDEAS AND TECHNICAL EXPERTISE WITH THE GOAL OF BUILDING STRONGER

INSTITUTIONS FOR THE BENEFIT OF THEIR MEMBERS. RUSSIA IS ONE OF THE

# Schedule F (Form 990) 2015 UNIONS, Part V | Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

#### PARTICIPANTS IN THIS PROGRAM.

REGION: SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA, FASO,

(E) SPECIFIC TYPES OF SERVICES IN REGION: GRANT GIVEN TO WORLD COUNCIL

OF CREDIT UNIONS TO ASSIST WITH ITS DEVELOPMENT ACTIVITIES IN AFRICA.

REGION: SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA, FASO,

(E) SPECIFIC TYPES OF SERVICES IN REGION: TRAVEL EXPENSES AND TUITION

PAID TO CREDIT UNION PROFESSIONALS FROM KENYA TO ATTEND EDUCATIONAL

PROGRAMS RELATED TO CREDIT UNION STRENGTHENING AND GOOD GOVERNANCE.

SUPPORT OF THE GLOBAL WOMEN'S LEADERSHIP NETWORK, WHICH CONNECTS CREDIT

UNION WOMEN WITH FELLOW LEADERS IN OTHER CREDIT UNION MOVEMENTS ALL OVER

THE WORLD AND ENGAGES THEM IN PROFESSIONAL AND PERSONAL DEVELOPMENT

THROUGH SOCIAL MEDIA AND EDUCATION FORUMS. MEMBERSHIP INCLUDES WOMEN

FROM NORTH AMERICA, EUROPE, SOUTH AMERICA, AND AFRICA.

#### (A) REGION:

SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,

(E) SPECIFIC TYPES OF SERVICES IN REGION: GRANT GIVEN TO WORLD COUNCIL

OF CREDIT UNIONS TO ASSIST WITH ITS DEVELOPMENT WORK IN SOUTH AMERICA.

#### (A) REGION:

SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,

(E) SPECIFIC TYPES OF SERVICES IN REGION: THE INTERNATIONAL PARTNERSHIP

PROGRAM, WHICH UNITES CREDIT UNION MOVEMENTS FROM AROUND THE WORLD TO

EXCHANGE IDEAS, BEST PRACTICES AND TECHNICAL EXPERTISE. SOUTH AMERICAN

PARTNERSHIPS INCLUDE BRAZIL, COLOMBIA, PARAGUAY AND PERU.

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

CUSTOMIZED INTERNATIONAL TRAINING PROGRAMS, WHICH PROVIDE TRAINING

OPPORTUNITIES FOR CREDIT UNION EXECUTIVES, BOARD MEMBERS AND EMPLOYEES TO

LEARN FROM CREDIT UNIONS IN OTHER COUNTRIES. SOUTH AMERICAN PROGRAMS

INCLUDE EXCHANGES BETWEEN CREDIT UNIONS IN THE UNITED STATES, BRAZIL AND

ECUADOR.

#### (A) REGION:

SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,

(E) SPECIFIC TYPES OF SERVICES IN REGION: SUPPORT OF THE GLOBAL WOMEN'S

LEADERSHIP NETWORK, WHICH CONNECTS CREDIT UNION WOMEN WITH FELLOW LEADERS

IN OTHER CREDIT UNION MOVEMENTS ALL OVER THE WORLD AND ENGAGES THEM IN

PROFESSIONAL AND PERSONAL DEVELOPMENT THROUGH SOCIAL MEDIA AND EDUCATION

FORUMS. MEMBERSHIP INCLUDES WOMEN FROM NORTH AMERICA, EUROPE, SOUTH

AMERICA, AND AFRICA.

#### (A) REGION:

CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,

(E) SPECIFIC TYPES OF SERVICES IN REGION: FOLLOWING TYPHOON HAIYAN THAT

STRUCK THE PHILLIPINES IN NOVEMBER 2013, WORLD COUNCIL PARTNERS UP WITH

THE CREDIT UNION FOUNDATION OF AUSTRALIA AND THE IRISH LEADUE OF CREDIT

UNIONS TO REBUILD CREDIT UNIONS.

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(E) SPECIFIC TYPES OF SERVICES IN REGION: FOLLOWING THE DEVASTATING 7.9

EARTHQUAKE IN NEPAL, WORLDWIDE FOUNDATION PARTNERED WITH CUNA MUTUAL

GROUP, THE IRISH LEAGUE OF CREDIT UNIONS FOUNDATION AND ASIA

CONFEDERATION OF CREDIT UNIONS TO PROVIDE GRANTS TO REBUILD 30 SACCOS,

CONTENDENTITION OF CREDIT ONIOND TO TROVIDE GRANTS TO REDUIED SO DACCOD,

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

REPAIR 17 BUILDINGS, RELOCATE 11 OFFICES, AND PROVIDE 123 SACCOS WITH NEW OPERATIONAL EQUIPMENT.

#### REGION: CENTRAL AMERICA AND THE CARIBBEAN

(E) SPECIFIC TYPES OF SERVICES IN REGION: GRANT GIVEN TO WORLD COUNCIL

OF CREDIT UNIONS TO ASSIST WITH ITS DEVELOPMENT ACTIVITIES IN CENTRAL

AMERICA.

#### REGION: SUB-SAHARAN AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: FOLLOWING THE DEVASTATING 7.9

EARTHQUAKE IN NEPAL, WORLDWIDE FOUNDATION PARTNERED WITH CUNA MUTUAL

GROUP, THE IRISH LEAGUE OF CREDIT UNIONS FOUNDATION AND ASIA

CONFEDERATION OF CREDIT UNIONS TO PROVIDE GRANTS TO REBUILD 30 SACCOS,

REPAIR 17 BUILDINGS, RELOCATE 11 OFFICES, AND PROVIDE 123 SACCOS WITH NEW

OPERATIONAL EQUIPMENT.

#### REGION: NORTH AMERICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: SUPPORT OF THE GLOBAL WOMEN'S

LEADERSHIP NETWORK, WHICH CONNECTS CREDIT UNION WOMEN WITH FELLOW LEADERS

IN OTHER CREDIT UNION MOVEMENTS ALL OVER THE WORLD AND ENGAGES THEM IN

PROFESSIONAL AND PERSONAL DEVELOPMENT THROUGH SOCIAL MEDIA AND EDUCATION

FORUMS. MEMBERSHIP INCLUDES WOMEN FROM NORTH AMERICA, EUROPE, SOUTH

AMERICA, AND AFRICA.

#### **SCHEDULE G**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

WORLDWIDE FOUNDATION FOR CREDIT UNIONS, INC.

Employer identification number 39-6093210

·										
Part I Fundraising Activities required to complete this par	• Complete if the organization answert.	red "Y	'es" or	n Form 990, Part IV,	line 17. Form 990-E2	I filers are not				
Indicate whether the organization raised funds through any of the following activities. Check all that apply.  a										
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		or control of		or control of		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No							
otal			<b>&gt;</b>							
3 List all states in which the organization or licensing.	on is registered or licensed to solicit (	contrib	utions	s or has been notified	d it is exempt from re	egistration				
				<u> </u>						

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

Schedule G (Form 990 or 990-EZ) 2015

Schedule G (Form 990 or 990-EZ) 2015 UNIONS, INC.

Part II	Fundraising Ev	<b>ents.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,0	00
	of fundraising event	contributions and gross income on Form 990-F7, lines 1 and 6b. List events with gross receipts greater than \$	5 000

		or furidialsing event contributions and gr	000 111001110 01111 01111 000	LE, IIIIOO I AIIA OD. LIOU		ots greater than 45,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events
			GOLF OUTING			(add col. (a) through
Δ.			(event type)	(event type)	(total number)	- col. <b>(c)</b> )
Revenue	1	Gross receipts	20,045.			20,045.
ш						
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	20,045.			20,045.
	4	Cash prizes				
Se	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				19,789.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		<b>&gt;</b>	19,789.
	11	Net income summary. Subtract line 10 from li	ine 3, column (d)		<b>&gt;</b>	256.
Pa	irt i		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1	(b) Pull tabs/instant		(d) Total manipus (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						
æ	1	Gross revenue				
ς	2	Cash prizes				
nse						
xbe	3	Noncash prizes				
Direct Expenses						
Dire	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	└─ No	└── No	└ No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		<b>&gt;</b>	
					_	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>_</b>	
9	Ent	ter the state(s) in which the organization condu	lote gaming activities:			
		the organization licensed to conduct gaming a		states?		Yes No
		No," explain:		otatoo:		100 110
-	'	, <del>-</del>				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended or te	rminated during the tax	year?	Yes No
b	lf "	Yes," explain:				

532082 09-14-15

Schedule G (Form 990 or 990-EZ) 2015

## WORLDWIDE FOUNDATION FOR CREDIT

Schedule G (Form 990 or 990-EZ) 2015 UNIONS, INC.	39-6093210 Page 3
11 Does the organization conduct gaming activities with nonmembers?	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other en	
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	<b>13a</b>   %
<b>b</b> An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events bo	
Name ▶	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming	revenue? Yes No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶\$	and the amount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
Name ▶	
Address ▶	
16 Gaming manager information:	
Name	
Gaming manager compensation ▶ \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceed	s to
retain the state gaming license?	
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizat	
organization's own exempt activities during the tax year ▶ \$	·
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii)	and (v); and Part III, lines 9, 9b, 10b, 15b,
15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	

## WORLDWIDE FOUNDATION FOR CREDIT

Schedule 0	G (Form 990 or 990-EZ)	UNIONS, INC.		39-6093210 Page 4
Part IV	G (Form 990 or 990-EZ)  Supplemental Info	rmation (continued)		<del>-</del>
		<u> </u>	 	

#### SCHEDULE I (Form 990)

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

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

Attach to Form 990.

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

WORLDWIDE FOUNDATION FOR CREDIT

**ZUID**Open to Public

OMB No. 1545-0047

Inspection
Employer identification number

rianne er inte ergann <u>a</u> anen	UNIONS, INC.									
Part I General Information on Grants	and Assistance									
<ol> <li>Does the organization maintain records criteria used to award the grants or as:</li> <li>Describe in Part IV the organization's p</li> </ol>	sistance?									
Part II Grants and Other Assistance t					anization answered "\	es" on Form 990, Parl	: IV, line 21, for any			
recipient that received more than	1 \$5,000. Part II ca	n be duplicated if addi	tional space is need	ded.						
Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
WORLD COUNCIL OF CREDIT UNIONS INC 5710 MINERAL POINT ROAD -										
MADISON, WI 53705	39-1143339	501(C)(6)	337,500.	0.			DEVELOPMENT ASSISTANCE			
2 Enter total number of section 501(c)(3)	and government a	rappirationalisted in the	ha lina 1 tahla				<b>▶</b> 0.			
<ul><li>2 Enter total number of section 501(c)(3)</li><li>3 Enter total number of other organization</li></ul>							1.			

Schedule I (Form 990) (2015) UNIONS, INC.	edule I (Form 990) (2015) UNIONS, INC.									
Part III Grants and Other Assistance to Domestic Individua Part III can be duplicated if additional space is needed		e organization answ	ered "Yes" on Form 9	990, Part IV, line 22.						
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash	assistance				
Part IV Supplemental Information. Provide the information re	quired in Part I, lir	ne 2, Part III, columi	n (b), and any other a	dditional information.						
SCHEDULE I, PART I, LINE 2:										
WORLDWIDE FOUNDATION FOR CREDIT U	NIONS, IN	C. (WF) MA	AKES ONLY A	FEW						
GRANTS EACH YEAR. THESE ARE PAID	TO ORGAN	IZATIONS T	THAT THE							
ORGANIZATION HAS HAD A PRIOR RELA	TIONSHIP	WITH AND V	VHO ARE PAR	T OF A						
GLOBAL NETWORK OF CREDIT UNIONS A	ND SIMILA	R COOPERAT	TIVE ORGANI	ZATIONS.						
MONITORING OF THE FUNDS IS DEPEND	ENT ON TH	E SIZE OF	THE GRANT,	THE						
PURPOSE AND THE STRENGTH OF THE R	ELATIONSH	IP WF HAS	WITH THE							
RECIPIENTS. SMALLER GRANTS, PART	ICULARLY	THOSE PAII	O TO OTHER							
FOUNDATIONS, DO NOT REQUIRE ADDIT	IONAL MON	ITORING.	HOWEVER, F	OR LARGER						
		4 🗆								

Part IV Supplemental Information									
GRANTS	OR THOSE P	AID TO	CERTAIN T	YPES OF	ORGANIZAT	IONS, WF	WILL REQ	UEST	
THAT A	FORMAL REP	ORT BE	SUBMITTED	BY THE	RECIPIENT	DOCUMENT	ING THE	USE	
OF THE	FUNDS.								

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. WORLDWIDE FOUNDATION FOR CREDIT INC. UNIONS,

**Employer identification number** 39-6093210

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: IS THE OFFICIAL FUNDRAISING AND GRANTMAKING ARM OF THE WORLD COUNCIL OF CREDIT UNIONS.

FUNDS RAISED IN 2015 SUPPORTED WORLD COUNCIL'S DEVELOPMENT EFFORTS AND ADVANCED THE ORGANIZATION'S PARTNERSHIP PROGRAM, GLOBAL WOMEN'S LEADERSHIP PROGRAM, NEPALESE CREDIT UNION REBUILDING, AND WORLD COUNCIL YOUNG CREDIT UNION PEOPLE PROGRAM.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: TO PROVIDE A VARIETY OF OPERATIONAL AND TECHNICAL ASSISTANCE TO MOLDOVAN CREDIT UNION ORGANIZATIONS.

TECHNICAL TRAINING AND KNOWLEDGE SHARING ON TOPICS SUCH AS LIQUIDITY RISK, ADVOCACY CAMPAIGNS, BOARD ENGAGEMENT, MOBILE BANKING, REGULATORY COMPLIANCE TOOK PLACE AROUND THE GLOBE AND BROUGHT TOGETHER PARTNERSHIPS BETWEEN: BELIZE CREDIT UNION LEAGUE AND CATALYST CORPORATE FEDERAL CREDIT UNION; SICREDI BRAZIL AND CORNERSTONE CREDIT UNION LEAGUE; COSTA RICA FEDAC AND LEAGUE OF SOUTHEASTERN CREDIT UNIONS; DOMINICAN REPUBLIC AND WISCONSIN CREDIT UNION LEAGUE; ESTONIA CREDIT UNION OF CREDIT COOPERATIVES AND VIRGINIA CREDIT UNION LEAGUE; JAMAICA AND CORNERSTONE CREDIT UNION LEAGUE; POLAND NASCU AND GEORGIA CREDIT UNION AFFILIATES; PUERTO RICAN CREDIT UNION LEAGUE AND NEW YORK CREDIT UNION ASSOCIATION; AND COOPERATIVE CREDIT UNION LEAGUE OF TRINIDAD AND TOBAGO AND CREDIT UNION LEAGUE OF CONNECTICUT.

Name of the organization WORLDWIDE FOUNDATION FOR CREDIT UNIONS, INC.

Employer identification number 39-6093210

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

FARMERS STRIVED TO REBUILD THEIR LIVELIHOODS.

OVER 140 YOUNG CREDIT UNION LEADERS FROM 30 COUNTRIES PARTICIPATED IN

THE YOUNG CREDIT UNION PEOPLE PROGRAM AT THE WORLD CREDIT UNION

CONFERENCE. ATTENDEES RECEIVED TRAINING ON STORYTELLING TO IMPROVE

COMMUNICATION AND SPENT THE WEEK EXCHANGING IDEAS AND EXPERIENCES,

LEARNING NEW CONCEPTS AND IMPROVING LEADERSHIP SKILLS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

IN 2015, THE NETWORK CONTINUED TO DEVELOP ITS "SISTER SOCIETY" PROGRAM

THAT CONVENES MEMBERS ON A LOCAL BASIS. THE NETWORK OPENED 13 NEW

SISTER SOCIETIES, EXPANDING NETWORK REPRESENTATION TO 28 CITIES IN 11

COUNTRIES. COLLECTIVELY, THE SISTER SOCIETIES HAVE DONATED THOUSANDS OF

ARTICLES OF CLOTHING, FOOD AND SUPPLIES TO SUPPORT LOCAL HOMELESS AND

DOMESTIC VIOLENCE SHELTERS, HOSPITALS, AND OTHER CHARITIES DEDICATED TO

IMPROVING THE LIVES OF WOMEN AND FAMILIES. FOUR SCHOLARSHIPS WERE

PROVIDED TO WOMEN FROM MACEDONIA, MALAWI, PHILIPPINES AND THAILAND SO

THEY COULD EXPERIENCE THE NETWORK'S PROFESSIONAL DEVELOPMENT AND

TRAINING OPPORTUNITIES DURING THE WORLD CREDIT UNION CONFERENCE IN

DENVER, COLORADO, USA.

160 WOMEN FROM 24 COUNTRIES CONVENED DURING THE WORLD CREDIT UNION

CONFERENCE TO IMPROVE PROFESSIONAL DEVELOPMENT SKILLS, GROW BUSINESS

RELATIONSHIPS, AND EXPAND LEADERSHIP KNOWLEDGE DURING THE GLOBAL

WOMEN'S LEADERSHIP NETWORK ANNUAL FORUM EVENT. ATTENDEES HAD THE UNIQUE

OPPORTUNITY TO EVALUATE THEIR PROFESSIONAL GOALS AND CREATE A PERSONAL

ACTION PLAN. PARTICIPANT FEEDBACK WAS EXEMPLARY, GIVING THE EVENT ITS

Name of the organization WORLDWIDE FOUNDATION FOR CREDIT
UNIONS, INC.

Employer identification number
39-6093210

HIGHEST SURVEY SCORE IN THE EVENT'S SEVEN-YEAR HISTORY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

DISASTER RELIEF

FOLLOWING THE DEVASTATING 7.9 EARTHQUAKE IN NEPAL, THE WORLDWIDE

FOUNDATION PARTNERED WITH CUNA MUTUAL GROUP, THE IRISH LEAGUE OF CREDIT

UNIONS FOUNDATION AND ASIA CONFEDERATION OF CREDIT UNIONS TO PROVIDE

THE NEPAL FEDERATION OF SAVINGS AND CREDIT COOPERATIVE UNIONS WITH A

GRANT OF US\$175,000. FUNDS ARE BEING USED TO REBUILD 30 SACCOS; REPAIR

17 BUILDINGS; RELOCATE 11 OFFICES AND PROVIDE 123 SACCOS WITH NEW

OPERATIONAL EQUIPMENT SUCH AS FURNITURE, COMPUTERS, PRINTERS AND

SOFTWARE.

EXPENSES \$ 182,695. INCLUDING GRANTS OF \$ 115,000. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 7A:

THE GOVERNING DOCUMENT OF WORLDWIDE FOUNDATION FOR CREDIT UNIONS, INC. (WF)

STATES THAT THE BOARD IS THE SAME AS THE WORLD COUNCIL OF CREDIT UNIONS,

INC. (WOCCU) (EIN #39-1143339) BOARD. WOCCU'S BOARD IS CHOSEN BY ITS

MEMBERS. THEREFORE, BY DEFAULT, WOCCU'S MEMBERS DETERMINE WF'S BOARD.

FORM 990, PART VI, SECTION A, LINE 7B:

THE BYLAWS ARE DETERMINED BY THE WOCCU MEMBERS AND CARRIED OUT BY THE WOCCU/WF BOARD MEMBERS. DECISIONS ARE MADE DIRECTLY BY THE BOARD MEMBERS.

FORM 990, PART VI, SECTION A, LINE 8B:

THE ORGANIZATION DOES NOT HAVE COMMITTEES.

Name of the organization WORLDWIDE FOUNDATION FOR CREDIT UNIONS, INC.

Employer identification number 39-6093210

FORM 990, PART VI, SECTION B, LINE 11:

THE TAX RETURN IS POSTED ON THE BOARD WEBSITE AND REQUIRED TO BE REVIEWED AND ACCEPTED BY THE BOARD OF DIRECTORS PRIOR TO SUBMISSION TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

EMPLOYEES - WE HAVE A WRITTEN CONFLICT OF INTEREST POLICY AS PART OF OUR

EMPLOYEE POLICIES, WHICH ARE POSTED ON THE EMPLOYEE INTRANET WEBSITE. ALL

EMPLOYEES ARE INFORMED OF THE POLICIES AND REQUIRED TO STATE IN WRITING

THAT THEY HAVE READ AND UNDERSTAND THE POLICIES. SENIOR MANAGERS ARE

REQUIRED TO REPORT ANY CONFLICTS THAT THEY BECOME AWARE OF, EITHER THEIR

OWN CONFLICTS OR OF THEIR STAFF.

BOARD - AT ALL COMMITTEE AND FULL BOARD MEETINGS, THE CHAIR OF THE MEETING
IS REQUIRED TO STATE THE CONFLICT OF INTEREST POLICY AND ASK IF ANY BOARD
MEMBERS HAVE A CONFLICT OF INTEREST FOR ANY ITEMS ON THE AGENDA. ANNUALLY,
KEY EMPLOYEES AND BOARD MEMBERS ARE REQUIRED TO SIGN A STATEMENT THAT THEY
HAVE DISCLOSED ALL CONFLICTS OF INTEREST. ANY INDIVIDUAL WITH A PERCEIVED
OR ACTUAL CONFLICT OF INTEREST WILL BE RECUSED FROM ANY DISCUSSION OR
VOTING ON THE MATTER TO WHICH THE CONFLICT RELATES.

FORM 990, PART VI, SECTION C, LINE 19:

THE QUALIFICATIONS & DUTIES OF BOARD MEMBERS AND THE CONFLICT OF INTEREST POLICY ARE POSTED ON THE BOARD WEBSITE. THE ANNUAL REPORT, WHICH INCLUDES A SUMMARY OF THE FINANCIALS, IS ALSO POSTED. IN ADDITION, CONTACT INFORMATION IS PROVIDED IN THE ANNUAL REPORT FOR ANYONE WHO WANTS TO REQUEST A COPY OF THE FULL AUDITED FINANCIALS. THE FULL BY-LAWS OF THE ORGANIZATION ARE NOT POSTED ON THE WEBSITE, BUT WILL BE SENT IF REQUESTED.

FORM 990, PART IX, LINE 11G, OTHER FEES:

## FORM 990, PART XII, LINE 2C:

CHANGED FROM THE PRIOR YEAR.

THE OVERSIGHT PROCESS FOR THE FINANCIAL STATEMENT REVIEW HAS NOT

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A

211,710.

#### **SCHEDULE R** (Form 990)

Part I

**Related Organizations and Unrelated Partnerships** 

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

Attach to Form 990.

(c)

Legal domicile (state or

(d)

Total income

(e)

End-of-year assets

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

(b)

Primary activity

Open to Public Inspection

(f)

Direct controlling

OMB No. 1545-0047

Name of the organization

(a)

Name, address, and EIN (if applicable)

Department of the Treasury Internal Revenue Service

WORLDWIDE FOUNDATION FOR CREDIT UNIONS, INC.

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

SEE PART VII FOR CONTINUATIONS

Employer identification number 39-6093210

of disregarded entity		foreign country)			$\epsilon$	entity	
Part II Identification of Related Tax-Exempt Organizations during the tax year.	nizations Complete if the organization	answered "Yes" on Form 990	), Part IV, line 34 b	ecause it had one	or more related tax-exe	empt	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	lling (g Section 5 control entit	
•		isisign ssamiy,		501(c)(3))	,	Yes	No
WORLD COUNCIL OF CREDIT UNIONS, INC	PROMOTE, SUPPORT,						
39-1143339, 5710 MINERAL POINT ROAD,	REPRESENT, AND SERVE THE						
MADISON, WI 53705	WORLDWIDE CREDIT UNION	WISCONSIN	501(C)(6)		N/A		Х

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)			
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign							Share of end-of-year assets	Disprop alloca	artianata		General	Percentage
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0			

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

(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(l contr	tion b)(13) rolled tity?
		country)		or truety		455515		Yes	No
WOCCU SERVICES GROUP, INC 39-1984681	<u></u>								
PO BOX 2982									
MADISON, WI 53701	CREDIT UNION SERVICES	WI	N/A	C CORP	N/A	N/A	N/A		X
IRNET COOPERATIVE KENYA, LTD									
3RD NGONG ROAD									
NAIROBI, KENYA	CREDIT UNION SERVICES	KENYA	N/A	C CORP	N/A	N/A	N/A		Х
SERVIRED, S.A.									
AV G VILLARROEEL NRO 1132									
COCHABAMBA, BOLIVIA	CREDIT UNION SERVICES	BOLIVIA	N/A	C CORP	N/A	N/A	N/A		X
WOCCU MEXICO, S DE R.L DE C.V.									
CALLE PLATEROS 102									
COLONIA CARRETAS, MEXICO	CREDIT UNION SERVICES	MEXICO	N/A	C CORP	N/A	N/A	N/A		X
WOCCU SERVICIOS DEL ECUADOR S.A.									
AV REPUBLICA E7-23 Y LA PRADERA, OFFICE 601									
QUITO, ECUADOR	CREDIT UNION SERVICES	ECUADOR	N/A	C CORP	N/A	N/A	N/A		X

Schedule R (Form 990) 2015 UNIONS, INC.

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

	te. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			•		Yes	No			
	During the tax year, did the organization engage in any of the following transactions with o		•							
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X			
b	Gift, grant, or capital contribution to related organization(s)				1b	Х				
С	Gift, grant, or capital contribution from related organization(s)				1c		X			
	Loans or loan guarantees to or for related organization(s)				1d		X			
	Loans or loan guarantees by related organization(s)				1e		X			
f	Dividends from related organization(s)				1f		X			
g Sale of assets to related organization(s)										
h Purchase of assets from related organization(s)										
i Exchange of assets with related organization(s)										
j Lease of facilities, equipment, or other assets to related organization(s)										
-										
k Lease of facilities, equipment, or other assets from related organization(s)										
ı	Performance of services or membership or fundraising solicitations for related organization				11		X			
n	Performance of services or membership or fundraising solicitations by related organization				1m		X			
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х				
	Sharing of paid employees with related organization(s)				10	Х				
Ū	onaling of paid on professor with rotated organization (c)									
n	Reimbursement paid to related organization(s) for expenses				1p	х				
	Reimbursement paid by related organization(s) for expenses				1a		X			
ч	Treilinbursement paid by related organization(s) for expenses				19					
	Other transfer of each or property to related organization(s)				1r		Х			
	Other transfer of cash or property to related organization(s)  Other transfer of cash or property from related organization(s)				1s		X			
	If the answer to any of the above is "Yes," see the instructions for information on who must				15					
		·	,	•						
(a) (b) (c) (d) Name of related organization Transaction Amount involved Method of determining amount involved										
	-	type (a-s)	Amount involved	Method of determining amount invo	Jiveu					
		, ,								

(a) Name of related organization

(b) Transaction type (a-s)

(1) WORLD COUNCIL OF CREDIT UNIONS, INC.

(2) WORLD COUNCIL OF CREDIT UNIONS, INC.

(3) WORLD COUNCIL OF CREDIT UNIONS, INC.

(4) 1,101,069.FAIR MARKET VALUE

(5) (6) (d) Method of determining amount involved Method of determining amoun

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

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

(a)	(b)	(c)	(d)	Are a partners 501(c orgs	)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners	ali s sec.	Share of	Share of	Dispr	ropor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	l or Percenta
of entity		(state or foreign	(related, unrelated, leveluded from tax under	501(c	)(3)	total	end-of-year	alloca	nate itions?	amount in box 20	partn	r? ownersh
		country)	sections 512-514)	Yes	Nο	income	assets	Vac	No	(Form 1065)	Yes	<u>.</u>
			,	163	140			163	110	,	103	
				$\vdash$					-		$\vdash$	_
												<u> </u>
								L	L			
										1		

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

WORLD COUNCIL OF CREDIT UNIONS, INC.

PRIMARY ACTIVITY: PROMOTE, SUPPORT, REPRESENT, AND SERVE THE WORLDWIDE

CREDIT UNION MOVEMENT

RELATED ORGANIZATIONS TAXABLE AS A CORPORATION OR TRUST

THE WOCCU SERVICES GROUP, INC. (WSG), A WHOLLY OWNED SUBSIDIARY OF

WORLD COUNCIL, IS A WISCONSIN FOR-PROFIT CORPORATION THAT WAS

INCORPORATED IN 1999. WSG CARRIES ON THE FOR-PROFIT ACTIVITIES OF

WORLD COUNCIL, INCLUDING PAYMENT SYSTEMS AND TECHNICAL ASSISTANCE TO

CREDIT UNION ORGANIZATIONS.

IRNET COOP KENYA LTD. IS A JOINT VENTURE BETWEEN WSG, KUSCCO (KENYA

UNION OF SAVINGS AND CREDIT CO-OPERATIVES) AND TWO KENYAN SAVINGS

INSTITUTIONS (SACCOS) ESTABLISHED ON JULY 1, 2005. THE PURPOSE OF THE

JOINT VENTURE IS TO CENTRALIZE MONEY TRANSFER REMITTANCES AND TO

PROVIDE TECHNOLOGY SOLUTIONS TO SACCOS VIA PAYMENT SYSTEMS IN KENYA.

WSG HAD A 61% INTEREST IN THE ENTERPRISE AS OF DECEMBER 31, 2015.

SERVIRED S.A. IS A JOINT VENTURE BETWEEN WSG AND THREE BOLIVIAN CREDIT

UNIONS. IT WAS ESTABLISHED ON AUGUST 16, 2008, AND PROVIDES PAYMENT

SYSTEMS TO THE BOLIVIAN CREDIT UNION NETWORK. WSG HAS A 98% INTEREST

IN THE ENTERPRISE AS OF DECEMBER 31, 2015 AND 2014.

WOCCU MEXICO WAS ESTABLISHED ON SEPTEMBER 15, 2011, AND BEGAN

OPERATIONS IN 2012. IT IS A JOINT VENTURE BETWEEN WSG AND TWO WORLD

Provide additional information for responses to questions on Schedule R (see instructions).
COUNCIL EMPLOYEES. THE PURPOSE OF THE JOINT VENTURE IS TO PROVIDE
TECHNICAL ASSISTANCE TO CREDIT UNIONS IN MEXICO. WSG OWNED 60% OF THE
ENTERPRISE AS OF DECEMBER 31, 2015 AND 2014. AS PART OF THE EMPLOYMENT
POLICIES OF WORLD COUNCIL, THE TWO INDIVIDUAL INVESTORS, EACH WITH 20%
OWNERSHIP, HAVE SIGNED AN AGREEMENT TO TRANSFER ANY INCOME EARNED FROM
THE JOINT VENTURE TO WSG.
WOCCU ECUADOR WAS ESTABLISHED ON JANUARY 17, 2013, AND BEGAN OPERATIONS
IN 2014. IT IS A JOINT VENTURE BETWEEN WSG AND TWO WORLD COUNCIL
EMPLOYEES. THE PURPOSE OF THE JOINT VENTURE IS TO PROVIDE TECHNICAL
ASSISTANCE TO CREDIT UNIONS IN ECUADOR. WSG OWNED 98% OF THE
ENTERPRISE AS OF DECEMBER 31, 2015.