

WORLDWIDE FOUNDATION FOR CREDIT UNIONS, INC.

FORM 990 INCOME TAX RETURN

FOR YEAR ENDED DECEMBER 31, 2021



Worldwide Foundation for Credit Unions, Inc. P.O. Box 2982 Madison, WI 53701-2982 Attention: Ms. Elissa McCarter LaBorde

Dear Elissa:

Enclosed is the organization's 2021 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Please return Form 8879-TE to us as soon as possible, but no later than by November 15, 2022 the filing deadline.

In addition, tax-exempt organizations must make available for public inspection a copy of their annual returns for the preceding three years and exemption application, if applicable. An organization generally must furnish filings to anyone who requests them in person or in writing. An exempt organization may meet this requirement by posting all the documents on its website or at another organizations site as part of a database of similar materials. Specific requirements must be met to meet this exception.

A few final reminders relating to your tax return filings:

- There are substantial penalties for failure to properly disclose and report foreign financial
 accounts and foreign activity. Please make sure you have informed us of any foreign financial
 accounts or foreign activity so that we have the necessary information to complete any required
 disclosures or filings.
- Be sure to review the returns prior to signing as you have final responsibility for all information included in the returns. Please contact us if you have any questions or concerns.
- We recommend you keep a paper or electronic copy of your tax returns permanently. Supporting documentation should be kept for a minimum of seven years based on IRS guidance.

CLA exists to create opportunities – for our clients, our people, and our communities. We value our relationship with you and thank you for your trust and confidence in allowing us to serve you. If we can assist you in making strategic, informed decisions in areas of tax or beyond, please contact us as questions arise throughout the year.

Sincerely,

CliftonLarsonAllen LLP

Form 8879-TF

IRS e-file Signature Authorization

| ior a rax exempt entity | |
|-------------------------|--|
|-------------------------|--|

For calendar year 2021, or fiscal year beginning

, 2021, and ending ▶ Do not send to the IRS. Keep for your records.

OMB No. 1545-0047

Department of the Treasury

► Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service WORLDWIDE FOUNDATION FOR CREDIT Name of filer

EIN or SSN

39-6093210

UNIONS, INC. ELISSA MCCARTER LABORDE Name and title of officer or person subject to tax

CEO

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

| 1a | Form 990 check here > X | b | Total revenue, if any (Form 990, Part VIII, column (A), line 12) | | _{1b} 2,495,321. |
|--------------------|--|-----|--|-----------|--------------------------|
| 2a | Form 990-EZ check here > | b | Total revenue, if any (Form 990-EZ, line 9) | | 2b |
| 3a | Form 1120-POL check here | b | Total tax (Form 1120-POL, line 22) | | 3b |
| 4a | Form 990-PF check here > | b | Tax based on investment income (Form 990-PF, Part V, line 5) | | 4b |
| 5a | Form 8868 check here > | b | Balance due (Form 8868, line 3c) | | 5b |
| 6a | Form 990-T check here | | Total tax (Form 990-T, Part III, line 4) | | 6b |
| 7a | Form 4720 check here | b | Total tax (Form 4720, Part III, line 1) | | 7b |
| 8a | Form 5227 check here | b | FMV of assets at end of tax year (Form 5227, Item D) | | 8b |
| 9a | Form 5330 check here | b | Tax due (Form 5330, Part II, line 19) | | 9b |
| 10a | Form 8038-CP check here | | Amount of credit payment requested (Form 8038-CP, Part III, line | 22) | 10b |
| Part | II Declaration and Signati | ure | Authorization of Officer or Person Subject to Tax | | |
| Jnder _I | penalties of perjury, I declare that X | l a | m an officer of the above entity or I am a person subject to tax v | ith respe | ect to (name |
| of entit | y) | | , (EIN) and tha | t I have | examined a copy of the |
| 001 0 | actronic return and accompanying ach | مط | los and statements, and to the heat of my knowledge and heliof the | oro truo | correct and |

2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. Lalso authorize the financial institutions involved in the processing of the electronic later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

| PIN: cl | neck | one | box | only |
|---------|------|-----|-----|------|
|---------|------|-----|-----|------|

| X I authorize | CLIFTONLARSONALLEN | LLP |
|---------------|--------------------|-----|
| | | |

to enter my PIN

70470

ERO firm name

Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

gnature of officer or person subject to tax

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

39960655902

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ KIMBERLY ANDERSON, CPA

_____ Date ▶ <u>11/</u>10/22

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) WORLDWIDE FOUNDATION FOR CREDIT print 39-6093210 UNIONS, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your P.O. BOX 2982 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions MADISON, WI 53701-2982 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 12 Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) ELISSA MCCARTER LABORDE The books are in the care of ► 5710 MINERAL POINT RD - MADISON, WI 53705 Fax No. ▶ 608-395-2001 Telephone No. ► 608-395-2000 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this If it is for part of the group, check this box 🕨 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2022 to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2021 or tax year beginning and ending Initial return If the tax year entered in line 1 is for less than 12 months, check reason: Final return Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

instructions

EXTENDED TO NOVEMBER 15, 2022

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

| <u>A</u> | or th | e 2021 calendar year, or tax year beginning and | ending | | |
|---------------------|---------------------------|---|--------------------|---------------------------------------|-------------------------------|
| В | Check if applicab | C Name of organization WORLDWIDE FOUNDATION FOR CREDIT | | D Employer identific | cation number |
| | Addre | SS THIT CATE TAKE | | | |
| | chang Name | - | | 39-60932 | 1 0 |
| | chano □ Initial | | D = = == /= :: t = | | |
| | returr Final returr | Number and street (or P.O. box if mail is not delivered to street address) P.O. BOX 2982 | Room/suite | E Telephone number 608-395-2 | |
| | termi ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 2,495,321. |
| | Amer returr | ded MADISON, WI 53701-2982 | | H(a) Is this a group re | eturn |
| | Appli tion | F Name and address of principal officer: ELISSA MCCARTER LAR | BORDE | for subordinates | ? Yes X No |
| | pendi | SAME AS C ABOVE | | H(b) Are all subordinates in | cluded? Yes No |
| $\overline{\Gamma}$ | Гах-ех | empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) (| or 527 | If "No," attach a | list. See instructions |
| J | Websi | te: ► WWW.DOGLOBALGOOD.ORG | | H(c) Group exemption | n number |
| K | orm o | organization: X Corporation Trust Association Other | L Year | of formation: 1965 N | 1 State of legal domicile: WI |
| | art I | Summary | | | |
| | 1 | Briefly describe the organization's mission or most significant activities: SUPPO | ORT CR | EDIT UNION S | SYSTEMS & |
| Governance | | MEMBERS IN DEVELOPMENT ACTIVITIES. | | | |
| rna | 2 | Check this box if the organization discontinued its operations or dispos | sed of more | than 25% of its net ass | ets. |
| Ş. | 3 | Number of voting members of the governing body (Part VI, line 1a) | | 3 | 11 |
| Ğ | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | | 11 |
| δ. 80 | 5 | Total number of individuals employed in calendar year 2021 (Part V, line 2a) | | 5 | 0 |
|)iţi | 6 | Total number of volunteers (estimate if necessary) | | 6 | 11 |
| Activities & | 7 a | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. |
| _ | b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | <u></u> | 7b | 0. |
| | | | | Prior Year | Current Year |
| ø | 8 | Contributions and grants (Part VIII, line 1h) | | 1,991,160. | 2,480,321. |
| Revenue | 9 | Program service revenue (Part VIII, line 2g) | | 114,822. | 15,000. |
| eve | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 0. | 0. |
| <u>~</u> | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 0. | 0. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 2,105,982. | 2,495,321. |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 119,800. | 293,803. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| ý | 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. |
| Ω | . ь | Total fundraising expenses (Part IX, column (D), line 25) 388,12 | 29. | | |
| û | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 1,696,360. | 1,319,576. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 1,816,160. | 1,613,379. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | 289,822. | 881,942. |
| Net Assets or | 3 | | Ве | ginning of Current Year | End of Year |
| sets | 20 | Total assets (Part X, line 16) | | 1,220,162. | 2,638,598. |
| t As | 21 | Total liabilities (Part X, line 26) | | 41,539. | 578,033. |
| E | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 1,178,623. | 2,060,565. |
| | art II | Signature Block | | | |
| | | lties of perjury, I declare that I have examined this return, including accompanying schedules | | · · · · · · · · · · · · · · · · · · · | knowledge and belief, it is |
| true | , corre | t, and complete. Declaration of preparer (other than officer) is based on all information of wh | nich preparer | has any knowledge. | |
| | | | | | |
| Sig | n | Signature of officer | | Date | |
| Hei | ·e | ELISSA MCCARTER LABORDE, CEO | | | |
| | | Type or print name and title | I F | Data Lui E | DTIN |
| | | Print/Type preparer's name Preparer's signature | | Date Check | PTIN |
| Pai | | KIMBERLY ANDERSON, CPA KIMBERLY ANDERSO | л, С1 | 1/10/22 self-employe | |
| | parer | Firm's name CLIFTONLARSONALLEN LLP | .00 | Firm's EIN ▶ | 41-0746749 |
| Use | Only | Firm's address 8215 GREENWAY BOULEVARD, SUITE 6 | 00 | - | 0 660 0600 |
| _ | | MIDDLETON, WI 53562 | | Phone no. 6 0 | 8-662-8600 |
| Ma | the I | RS discuss this return with the preparer shown above? See instructions | | | X Yes No |

| | | Page 2 |
|-----|--|--------------|
| Pa | rt III Statement of Program Service Accomplishments | |
| | Check if Schedule O contains a response or note to any line in this Part III | X |
| _ | · | |
| 1 | Briefly describe the organization's mission: | |
| | THE WORLDWIDE FOUNDATION FOR CREDIT UNIONS, INC. (WF) MISSION IS TO | |
| | SUPPORT CREDIT UNION AND FINANCIAL COOPERATIVE SYSTEMS IN DEVELOPMENT | |
| | ACTIVITIES, ASSIST IN TIMES OF DISASTER AND TO REPORT BACK TO DONORS | |
| | ON HOW THEIR SUPPORT HELPED THE INSTITUTIONS AND THEIR MEMBERS. | |
| _ | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | |
| | prior Form 990 or 990-EZ? | Nο |
| | If "Yes," describe these new services on Schedule O. | |
| • | | 7 N. |
| 3 | 5 , , , , , , | ON |
| | 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 \$ |) |
| | DISASTER RELIEF | |
| | | |
| | DDO TECH CHOOM DDEAV UIDDICAME DICACHED DELTER, MUE DAUAMAC | |
| | PROJECT STORM BREAK- HURRICANE DISASTER RELIEF: THE BAHAMAS | |
| | PROJECT STORM BREAK PIVOTED TO RESPOND IMMEDIATELY TO PROVIDING SAFETY | |
| | SUPPLIES TO PROTECT STAFF AND MEMBER ALIKE AMID THE COVID-19 PANDEMIC. | |
| | A MIX OF GRANTS AND IN-KIND DONATIONS TO OUR GLOBAL PARTNERS HELPED | |
| | PROTECT THE MOST VULNERABLE CREDIT UNION SYSTEMS. | |
| | PROTECT THE MOST VOLINERABLE CREDIT UNION SISTEMS. | |
| | | |
| | IN THE INITIAL MONTHS OF THE PANDEMIC, PROJECT STORM BREAK PUT OUT A | |
| | CALL TO SEND PPE SUPPLY RELIEF GRANTS TO INTERNATIONAL CREDIT UNION | |
| | | |
| | SYSTEMS IN NEED. \$21,000 IN GRANTS WERE DISTRIBUTED ACROSS SIXTEEN | |
| | CARIBBEAN NATIONS. MASKS, SANITIZER, AND PLEXIGLASS BARRIERS WERE PUT | |
| 4b | (Code:) (Expenses \$ 438 , 184 • including grants of \$ 200 , 000 •) (Revenue \$ |) |
| | TECHNICAL ASSISTANCE | |
| | | |
| | GDEDTE INTOX DEVELOPMENT | |
| | CREDIT UNION DEVELOPMENT: | |
| | OUR CREDIT UNION DEVELOPMENT WORK COMPLIMENTS ONGOING CREDIT UNION | |
| | DIGITIZATION WORK OF THE WORLD COUNCIL, SUPPORTING PROJECT ACQUISITION | |
| | AND EXPANSION, RESULTING IN THE FINANCIAL INCLUSION OF MILLIONS | |
| | | |
| | WORLDWIDE. OUR PRIORITY FUND SUPPORTS COSTS ASSOCIATED WITH SUPPORTING | i |
| | CURRENT WOCCU-LED CREDIT UNION DEVELOPMENT PROJECTS: IN PERU/ECUADOR | |
| | AND SENEGAL. | |
| | | |
| | DEGMODING MILE LIVELTHOODS OF 100 000 VENEZUELAN MICRANIAS IS A VEN | |
| | RESTORING THE LIVELIHOODS OF 100,000 VENEZUELAN MIGRANTS IS A KEY | |
| | OBJECTIVE OF WORLD COUNCIL'S NEW ECONOMIC INCLUSION PROJECT (EIP), | |
| 4c | (Code:) (Expenses \$ 14,955. including grants of \$ 13,925.) (Revenue \$ 15,000) | 00. |
| | EDUCATION AND TRAINING | |
| | | |
| | | |
| | CREDIT UNIONS ENABLE HARD WORKING PEOPLE TO HELP THEMSELVES. THEY | |
| | SUPPORT THE ABILITY OF CITIZENS TO DEPEND ON THEMSELVES RATHER THAN ON | Ī |
| | THE STATE OR ON CHARITY. AN EXAMPLE OF SOME OF THE EDUCATION/TRAINING | |
| | | |
| | INIATIVEES INCLUDE THE FOLLOWING: | |
| | | |
| | GLOBAL WOMEN'S LEADERSHIP NETWORK | |
| | GLOBAL WOMEN'S LEADERSHIP NETWORK (GWLN) IS A KEY RESOURCE FOR | |
| | | 13.7 |
| | INFORMATION, NETWORKING, AND SUPPORT, COMMITTED TO NARROWING INEQUALIT | · Y |
| | GAPS BY PROVIDING WOMEN WITH OPPORTUNITIES TO MAKE MEASURABLE | |
| | DIFFERENCES IN THEIR OWN LIVES, IN THE LIVES OF CREDIT UNION MEMBERS, | |
| | | |
| 4d | Other program services (Describe on Schedule O.) | |
| | (Expenses \$ 501,868 • including grants of \$) (Revenue \$) | |
| _4e | Total program service expenses ► 1,040,792. | |
| | Form 990 | (2021) |
| | T Gilli | · |

10461110 131839 018-070470

Form 990 (2021) UNIONS, INC.
Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|---|------------|----------|----------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | <u> </u> |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | l |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | <u> X</u> |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | l |
| | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | <u> X</u> |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | l |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | <u> X</u> |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | l |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | <u> X</u> |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | l |
| | Schedule D, Part III | 8 | | <u> </u> |
| 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? | | | l |
| | If "Yes," complete Schedule D, Part IV | 9 | | <u> </u> |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | l |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | <u> X</u> |
| 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 | | | l |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | <u> X</u> |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | l |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | <u> X</u> |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | · · · · · · · · · · · · · · · · · · · | | 7.7 | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | <u>X</u> | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | 3,7 |
| _ | Schedule D, Parts XI and XII | 12a | | <u> </u> |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | 37 | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | <u> </u> | 37 |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| | 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 | | v | |
| 4- | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | X | \vdash |
| 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- | v | |
| 40 | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | _X_ | - |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | 40 | | x |
| 47 | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | 47 | | x |
| 10 | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | <u> </u> |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | 10 | | x |
| 10 | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | <u> </u> |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | 10 | | x |
| 20- | complete Schedule G, Part III | 19 20a | | X |
| | Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> | 20a 20b | | ^ |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | ZUD | | \vdash |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 24 | Х | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | 77 | l |

WORLDWIDE FOUNDATION FOR CREDIT

Form 990 (2021)

UNIONS, INC.

| Pa | rt IV Checklist of Required Schedules (continued) | | | |
|------|---|-----|-----|--------|
| | , community | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | 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 | Х | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | x |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | Х |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | x |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | Х |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | X |
| 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 | | X |
| 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 | | X |
| 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 | X | |
| 35 a | 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 | X | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | | 1 |
| _ | Note: All Form 990 filers are required to complete Schedule O | 38 | X | |
| Pa | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | لــــا |
| | 1 1 - | | Yes | No |
| | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | - | | |
| | Enter the number of Forms W-2G included on 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 | | ı |

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39-6093210

Page 5

| 2a Interest the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, Bed for the celendary year ending with or within the year covered by this return b If all least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines It and 2a is greater than 250, you may be required to _effe. See institutions. a Did the organization have unrelated business gross income of \$1,000 or more during the year? a Note: If the sum of lines It and 2a is greater than 250, you may be required to _effe. See institutions. b If "Yes," has it filled a Form 990 T for this year? If "No" to line 30, provide an explaration on Schedula O b If "Yes," have during the calendary year, of the organization have an interest in, or a significant on of Schedula O b If "Yes," have the name of the foreign country See instructions for filing requirements for FinCKIN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). b Did any taxable party notify the organization that it was or is a party to a prohibitot tax shelter transaction? c If "Yes I old the organization have annual gross receipts that are normally greater than \$100,000, and did the organization sellot any contributions that were not tax deductibles of carbinations from 8881? b If "Yes," did the organization include with every solicitation an express statement that such contributions or grits were not tax deductibles of a carbination sellot any contributions that were not tax deductibles of a carbination and party for goods and services provided? b If "Yes," did the organization include with every solicitation an express statement that such contributions or grits were not tax deductibles and carbination and party for goods and services provided? b If the "yes," did the organization include with every solicitation and expression for the solicitation services apprential secretary and the goods or services provided? b If the "yes," did the organization include with every solicit | | | | Yes | No |
|--|----|---|-----------|-----|------|
| b If a least one is reported on line 2a, did the organization file all required to e-file. See instructions. Note: If the sum of lines 1 and 2a is greater than 250, you may be required to e-file. See instructions. 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a A at my time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country year, did the organization have interest in, or a signature or other authority over, a financial account in a foreign country year. 4a At any time the name of the foreign country year or the second of the properties account, or other financial accounts (FEAR). 5b If "Yea", bing a probabled tax shelter transaction at any time during the tax year? 5a Was the organization party to a prohibited tax shelter transaction and any time during the tax year. 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction or year orthodomore any contributions that were not tax deductible as charitable contributions? 5c Did the "Yea," did not organization for Porm 888617 6c Did were not tax deductible? 6c Organization start may receive deductible contributions under section 170(c). 8d If "Yea," indicate the number of Forms 8282 fleed during the year. 6d If "Yes," indicate the number of Forms 8282 fleed during the year. 9d If the organization receive a payment is excess of \$75 made party as a contribution of party party or year year. 9d If the organization receive an orthibution of qualified intelectual property, did the organization file a Form 1098-07 9d If the organization was payment in excess of \$75 made party as a contribution of the organization file a Form 1098-07 9d If the | 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| Note: if the sum of lines 1s and 2s is greater than 250, you may be required to _e/lip, See instructions. 3 | | filed for the calendar year ending with or within the year covered by this return | | | |
| 3a bit the organization have unrelated business gross income of \$1.000 or more during the year? 3b bit "Yea", instancial account in a foreign country (such as a bank account, so rother 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, so calendar year, or the financial account in a foreign country (such as a bank account, so calendar year, or the financial account) or the financial account in a foreign country (such as a bank account, so calendar year) 5a Was the organization in party to a prohibite dat as whether transaction at any time during the tax year? 5a Was the organization that it was for is a party to a prohibited tax shelter transaction? 5b If "Yes" (such so far ob), did the organization the form 88867? 6b Dose the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles acharitate contributions? 6c If "Yes" (did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles acharitate contributions? 6c If "Yes," indicates that may receive deductible contributions under section 170(c). 6c If "Yes," indicates the number of Forms 8826 filed during the year 6c If If "Yes," indicate the number of Forms 8826 filed during the year 6c Did the organization entity the donor of the value of the goods or services provided? 7d Did the organization received a contribution of qualified mellectual property, of the the organization file Form 8827 filed during the year. 9d If "Yes," indicate the number of Forms 8826 filed during the year 9d Did the organization received a contribution of qualified mellectual property, on a personal benefit contract? 10 Did the organization received a contribution of draw, boats, airplanes, or other vehicles, did the organization file Form 9889 as required? 11 The organization recei | b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | |
| b If "Yes," indicate the number of Forms 2922 fied 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)? 4 | | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. | | | |
| 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 accounts) 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 (FBAF). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Id any texable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If 'Yes' to line 5a or 5b, did the organization the form 88677 5c 16 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6c 2 | За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| triancial account in a foreign country (such as a bank account, securities account, or other financial account)? b if "Yes," either the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (#BAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any stable party notify the organization that it was or is a party to a prohibited stax shelter transaction? 5c If "Yes" to line Sa or 5b, did the organization file Form 888877 6c B Does the organization annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 b if "Yes," did the organization notify the donor of the value of the goods or services provided? 7 b if "Yes," did the organization notify the donor of the value of the goods or services provided? 7 b if "Yes," did the organization notify the donor of the value of the goods or services provided? 7 b if the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 c if if the organization received a contribution of care, boats, airplanes, or other vehicles, did the organization file a Form 1086.0? 8 Sponsoring organization has excess business holdings at any time during the year? 9 Sponsoring organization has excess business holdings at any time during the year? 9 Sponsoring organization has a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(12) organizations. Enter: 1 in the organization in the maintaining donor advised funds. Did a donor advised fund maintainine donor and shale form the proper services or shareholders 1 in the organization | b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | |
| 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 aparty to a prohibited tax shefter transaction at any time during the tax year? 5b Did any taxable party notify the organization file Form 88867? 5c If "Yes' to line 5a or 5b, did the organization file Form 88867? 5b Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductible? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive aductible contributions under section 170(c). 5c Did the organization include with every solicitation an express statement that such contributions or gifts were not tax eductible? 7c Organizations that may receive aductible contributions under section 170(c). 8d Did the organization notify the donor of the value of the goods or services provided? 7c Did the organization notify the donor of the value of the goods or services provided? 7d Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8828? 8d If "Yes," indicate the number of Forms 8282 filed during the year 9 Did the organization received an contribution of consistent property, did the organization flee form 899 as required? 17d Did the organization received an contribution of crass, boats, singhales, or other evidence, did the organization flee form 899 as required? 17d If the organization received an contribution of crass, boats, singhales, or other evidence, did the organization flee and contribution of crass, boats as injusted, or indirectly, no a personal benefit contract? 77d If the organization exceived an contribution of crass, boats as injusted, or of the contribution of crass, boats as injusted, or of the contribution of crass, boat | 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Cost Tives' to line Sa or Sb, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles? 6c If Yes, "did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductibles? 7c Organizations that may receive deductible contributions under section 170(c). 8d Did the organization receive apment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7a Did the organization neceive and such services of the goods or services provided? 7b Life Form 8282? 7c Did the organization neceived any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations enable and contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 9 Sponsoring organizations make any taxable distributions under section 4968? 9 Sponsoring organization make any taxable distributions under section 4968? 9 Sponsoring organization make any taxable distributions under section 4968? 9 Sponsoring organization make any taxable distributions under section 4968? 9 Sponsoring organization neceived a contribution of | | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X |
| 5a with the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c Trives to line Sa or Sb, did the organization file Form 8886-1? 5c Boes the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax educutibles 5c Boes the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax educutibles 5c Boes the organization include with every solicitation an express statement that such contributions or gifts were not tax educutibles 6c Boes Boes Boes Boes Boes Boes Boes Boes | b | | | | |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7 Did the organization nective a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7 Did the organization nective a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7 Did the organization nective aparty that do not of the value of the goods or services provided? 7 Did the organization nective aparty in the donor of the value of the goods or services provided? 7 Did the organization nective aparty that donor of the value of the goods or services provided? 7 Did the organization organization services growing organization provided to the payor? 8 Did the organization donor doubled during the year 9 Did the organization, during the year, pay premiums, directly or indirectly, or a personal benefit contract? 9 Sponsoring organization make any qualified intellectual property, did the organization file Form 8098 are required? 9 The the organization make any qualified intellectual property, did the organization file a Form 1098-C? 9 Sponsoring organization make excess business hodings at any time during the year? 9 Sponsoring organization make excess business hodings at any time during the year? 9 Sponsoring organization make excess business hodings at any time during the year with the property organization servi | | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| to it "Yes" to line 5a or 5b, did the organization file Form 8886-T7 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solict any contributions that were not tax deductible as charitable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization nective a payment in excess of \$575 made partly as a contribution and partly for goods and services provided to the payor? 7b If "Yes," idd the organization notify the donor of the value of the goods or services provided? 7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 6282? 7c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization received a contribution of qualified intellectual property, did the organization file Form 1098-C7 8 Sponsoring organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C7 8 Sponsoring organization smaintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4968? 9 Sponsoring organization make any taxable distributions under section 4968? 9 Sponsoring organization make any taxable distributions under section 4968? 9 Section 501(c)(2) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross recome from members or shareholders b Gross income from members or shareholders 1 In B Section 501(c)(2) qualified nonprofit health insurance issuers. a Is the organization incense to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedu | | , | | | X |
| 6a b if Yes,* did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? b if Yes,* did the organization include with every solicitation an express statement that such contributions or gitts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b if Yes,* did the organization notify the donor of the value of the goods or services provided? To Did the organization notify the donor of the value of the goods or services provided? To Did the organization notify the donor of the value of the goods or services provided? To Did the organization notify the donor of the value of the goods or services provided? To Did the organization notify the donor of the value of the goods or services provided? To Did the organization notify the donor of the value of the goods or services provided? To Did the organization notify the donor of the value of the goods or services provided? To Did the organization or provided? To Did the organization or service or otherwise dispose of tangile property for which it was required to the organization flow or good or the organization that organization donor and the organization organization flow a contribution of cars, boats, airplanes, or other vehicles, did the organization flow a required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization flow as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization flow as required? B Sponsoring organization make a distribution of the donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make and stribut | | | | | X |
| any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization services a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7a Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7b Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required? 7d Did the organization for every any funds, directly to present the self-good of the organization for every any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d Did the organization, during the year, pay premiums, directly, or pay premiums on a personal benefit contract? 7f Did the organization funds of a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C? 8 Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Section 501(c)(7) organizations. Enter: a intait | | | 5c | | - |
| b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? To bif "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? To bif the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? To bif the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? To bif the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? To lift the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organization have excess business holdings at any time during the year? Sponsoring organization have excess business holdings at any time during the year? Sponsoring organization make a distribution to a donor, donor advisor, or related person? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Baction 501(c)(7) organizations. Enter: a Gross income from members or shareholders Initiation fees and capital contributions included on Part VIII, line 12 Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them) Cross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them) Description of the part | 6a | | | | 1 37 |
| were not tax deductible? Porganizations that may receive deductible contributions under section 170(c), 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? To bif "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282? If color the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282? If color the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? To bid the organization received a contribution of qualified intellectual property, did the organization file Form 8990 as required? If the organization received a contribution of cars, boats, anjanes, or other vehicles, did the organization file a Form 1098 C? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization have excess business holdings at any time during the year? Sponsoring organization have excess business holdings at any time during the year? Sponsoring organization make any taxable distributions under section 4966? Ba Did the sponsoring organization make any taxable distribution sunder section 4966? Section 501(c)(T) organizations. Enter: a initiation fees and capital contributions included on Part VIII, line 12 B Gross income from members or shareholders Gross income from members or shareholders Gross income from members or shareholders B Gross income from other sources. (Do not near twint, in the part of the animal transport of the exemption of tax exempt interest received or accured during the year 11 bid 1"Yes," has it filed a form 720 to report these payments? If "No," provide an explanation on Schedule O. B Enter the amount of reserves the organization in more than one state? Note: See the instructions for additiona | | , | <u>6a</u> | | X |
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| | | If "Yes," complete Form 6069. | | | |

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

| Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year 1a | 11 | | Yes | No |
|--|-----------|--------|---------|----------|
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. b Enter the number of voting members included on line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees have a family relationship or a business relationship with any other officer, director, trustees, or key employees to a management company or other person? 3 Did the organization become aware during the year of a significant diversion of the organization have members or stockholders? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 7a Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or Key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Did the organization have united nother than a provided a complete copy of this Form 990 to all members of its governing body before filling the for be Describe on Schedule O the process, if any, used by the organization's exempt purposes? 10a Did the organizat | | | Yes | No |
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| Section C. Disclosure | . ~- | | | |
| 17 List the states with which a copy of this Form 990 is required to be filed ▶AL, AK, AR, CA, CO, CT, DC, FL | | | | |
| Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501) | 01(c)(3)s | only) | availal | 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 on Schedule O) | | | | |
| 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest police | licy, and | finand | 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 | - | | | |
| | | | | |
| ELISSA MCCARTER LABORDE - 608-395-2000 5710 MINERAL POINT RD, MADISON, WI 53705 | | | | |

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

| | Average hours per week | box | not c , unle: cer ar | Pos heck i ss per | more | than o s both or/trus | n an | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other |
|---|--|--------------------------------|----------------------------|-------------------------|--------------|------------------------------|--------|---|---|--|
| | (list any hours for related organizations below line) | Individual trustee or director | In stitutional tru stee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC/ 1099-NEC) | organizations (W-2/1099-MISC/ 1099-NEC) | compensation from the organization and related organizations |
| (1) BRIAN BRANCH PRESIDENT & CEO | 1.00 | | | Х | | | | 0. | 367,807. | 46,891 |
| (2) MICHAEL REUTER EXECUTIVE DIRECTOR | 40.00 | | | х | | | | 0. | 124,570. | 10,621 |
| (3) BILL CHENEY | 1.00 | | | | | | | | 221/3/01 | |
| CHAIR | | Х | | Х | | | | 0. | 0. | 0 |
| (4) CARLA CICERO VICE CHAIR | $\begin{array}{r} 1.00 \\ 1.00 \end{array}$ | x | | х | | | | 0. | 0. | 0 |
| (5) SUSAN MITCHELL SECRETARY | 1.00 | Х | | х | | | | 0. | 0. | 0 |
| (6) DALLAS BERGL | 1.00 | Λ | | Λ | | | | 0. | 0. | 0 |
| TREASURER | | Х | | Х | | | | 0. | 0. | 0 |
| (7) MANFRED ALFONSO DASENBROCK DIRECTOR | 1.00 | Х | | | | | | 0. | 0. | 0 |
| (8) BRIAN CALDARELLI DIRECTOR | 1.00 | х | | | | | | 0. | 0. | 0 |
| (9) CRYSTAL LONG DIRECTOR | 1.00 | x | | | | | | 0. | 0. | |
| (10) STEVEN STAPP | 1.00 | | | | | | | | | 0 |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0 |
| (11) DWAYNE NAYLOR DIRECTOR | 1.00 | x | | | | | | 0. | 0. | 0 |
| (12) RENEE SATTIEWHITE DIRECTOR | 1.00 | х | | | | | | 0. | 0. | 0 |
| (13) JOSEPH THOMAS | 1.00 | ^ | | | | | | 0. | 0. | U |
| DIRECTOR | 1.00 | х | | | | | | 0. | 0. | 0 |
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| | | - | | | | | | | | |

Form 990 (2021)

| Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No. | Pai | Section A. Officers, Directors, Trus | tees, Key Emp | oloy | ees, | anc | <u>iHiç</u> | ghes | st C | ompensated Employee | s (continued) | — | | | |
|---|-----|--|-------------------|--------|--------|--------------|-------------|--------------|-------------|--------------------------|-------------------|---------------|--------|---------------|-------|
| Dours part Work Compensation | | (A) | (B) | | | | | | | (D) | (E) | | | (F) | |
| to Subtotal Double Subtotal Double Subtota | | Name and title | Average | (do | | | | | one | Reportable | Reportable | | Es | timate | ed |
| Subtotal | | | hours per | box | , unle | ss per | rson i | is both | n an | compensation | compensation | ı | an | nount | of |
| Dours for related organizations Dours for related organization Dours for related Dours | | | | | cer an | id a di | irecto | or/trus | tee) | from | from related | | | other | |
| 1b Subtotal C Total from continuation sheets to Part VII, Section A D . 492,377. 57,512 Total from continuation sheets to Part VII, Section A D . 492,377. 57,512 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Types Name and business Name N | | | 1 ' | ector | | | | | | the | • | | | | |
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| 1b Subtotal C Total from continuation sheets to Part VII, Section A D . 492,377. 57,512 Total from continuation sheets to Part VII, Section A D . 492,377. 57,512 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Types Name and business Name N | | | " | al tr | onal | | ploye | e co | | 1099-NEC) | | | | | |
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| c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No. | | | | | | | | | | | | | | | |
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| c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No. | | | | | | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No. | | | | | _ | | | ┡ | | | | \rightarrow | | | |
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| c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No. | | | | | | | | | | | | | | | |
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| d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes N | | | | | | | | | | | | | | | 0. |
| Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes Ni | | | | | | | | | | | | | 5 | 7.5 | |
| Compensation from the organization Yes Name and business address NoNE | | | | | | | | | o re | | | | | . , . | |
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE (B) CC) Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization. ▶ 0 | _ | , , , , , , , , , , , , , , , , , , , | or inflited to th | 036 | 11316 | u al | JOVE | <i>y</i> wii | 10 16 | ceived more than \$100, | ooo or reportable | | | | 0 |
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation for the organization independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation for the organization independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation form the organization independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization independent contractors (including but not limited to those listed above) who received more than \$100,00 | | Compensation from the organization | | | | | | | | | | | | Vas | No |
| line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) NONE Bescription of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization from | 2 | Did the examination list any former officer | director truct | ا ۵۰ | | امسا | | | . bia | boot componented own | lavaa an | | | 100 | 110 |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | 3 | , | • | | • | • | • | | • | | • | | | | v |
| and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | | | | | | | | | | | | - | 3 | | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0 | 4 | • | • | | | | | | | - | • | | _ | v | |
| rendered to the organization? If "Yes." complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0 | _ | | | | | | | | | | | ···· | 4 | | |
| Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C | 5 | , , | • | | | | , | | | · · | | | | | 37 |
| 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1 Compensation from the organization 1 Compensation from the organization from the organizati | _ | | plete Schedule | e J f | or su | ıch <u>ı</u> | oers | on | | | | | 5 | | X |
| the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization (B) (C) Compensation | | | | | | | | | | | | | | | |
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| 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0 | | | - deluce - | | | _ | | | | | | 0 - | | | |
| \$100,000 of compensation from the organization 0 | | Name and business | address | N | ЭИЕ | <u> </u> | | | _ | Description of s | ervices | | mpei | nsatio | n |
| \$100,000 of compensation from the organization 0 | | | | | | | | | | | | | | | |
| \$100,000 of compensation from the organization 0 | | | | | | | | | | | | | | | |
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| \$100,000 of compensation from the organization 0 | | | | | | | | | | | | | | | |
| \$100,000 of compensation from the organization 0 | 2 | Total number of independent contractors (in | ncluding but no | ot lir | nited | d to | thos | se lis | ted | above) who received mo | ore than | | | | |
| | • | | | | | - | _ | | | , | | | | | |
| Form 990 (202 | | ,, significant | | | | | | | | | | F | orm | 9 90 (| 2021) |

Form 990 (2021) UNIONS ,
Part VIII Statement of Revenue

| | | | Check if Schedule O con | tains a respor | nse o | r note to anv lir | e in this Part VIII | | | |
|--|----|---|---|-----------------|----------|-------------------|---------------------|-------------------|------------------|------------------------------------|
| | | | | | | | (A) | (B) | (C) | (D) |
| | | | | | | | Total revenue | Related or exempt | Unrelated | Revenue excluded from tax under |
| | | | | | | | | function revenue | business revenue | sections 512 - 514 |
| SS | 1 | _ | Federated campaigns | 1a | | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | • | | Membership dues | | | | - | | | |
| ij g | | | | | | | | | | |
| fts, Ar | | | Fundraising events | | | | | | | |
| ig ig | | | Related organizations | | | | - | | | |
| ns, Sim | | | Government grants (contribut | | | | - | | | |
| utio er (| | Ť | All other contributions, gifts, grai | | 2 | 100 201 | | | | |
| 현된 | | | similar amounts not included abo | | | 180,321. | | | | |
| ont od (| | _ | Noncash contributions included in lines | | | | 0 400 201 | | | |
| <u>0 g</u> | | h | Total. Add lines 1a-1f | | | | 2,480,321. | | | |
| | | | | | - | Business Code | 15 000 | 15 000 | | |
| e S | 2 | а | EDUCATIONAL REC | CEPTION | <u>s</u> | 611710 | 15,000. | 15,000. | | |
| e <u>v</u> i | | b | | | _ | | | | | |
| S | | С | | | _ | | | | | |
| am | | d | | | _ | | | | | |
| Program Service Revenue | | е | | | _ | | | | | |
| P | | f | All other program service reve | enue | | | | | | |
| | | g | Total. Add lines 2a-2f | | | | 15,000. | | | |
| | 3 | | Investment income (including | | | | | | | |
| | | | other similar amounts) | | | | | | | |
| | 4 | | Income from investment of ta | | | | | | | |
| | 5 | | Royalties | | | | | | | |
| | | | | (i) Real | | (ii) Personal | | | | |
| | 6 | а | Gross rents 6a | • | | ., | | | | |
| | _ | | Less: rental expenses 6k | | | | | | | |
| | | | Rental income or (loss) 60 | | | | | | | |
| | | | Net rental income or (loss) | | | | | | | |
| | 7 | | Gross amount from sales of | (i) Securiti | | (ii) Other | | | | |
| | • | а | assets other than inventory 7 8 | | | (, 5 | | | | |
| | | h | Less: cost or other basis | 4 | | | | | | |
| Φ | | D | | | | | | | | |
| Ď. | | _ | and sales expenses 7t | | | | | | | |
| eve | | C | Gain or (loss) 70 | <i>></i> 1 | | | | | | |
| her Revenue | _ | | Net gain or (loss) | | ······ | ····· | | | | |
| | 8 | а | Gross income from fundraising e | • | | | | | | |
| Ò | | | including \$ | | | | | | | |
| | | | contributions reported on line | • | | | | | | |
| | | | Part IV, line 18 | | 8a | | - | | | |
| | | | Less: direct expenses | | 8b | | | | | |
| | | | Net income or (loss) from fun- | | |) | | | | |
| | 9 | а | Gross income from gaming a | | | | | | | |
| | | | Part IV, line 19 | | 9a | | | | | |
| | | | Less: direct expenses | | 9b | | | | | |
| | | С | Net income or (loss) from gan | ning activities | · | | | | | |
| | 10 | а | Gross sales of inventory, less | | | | | | | |
| | | | and allowances | | 10a | | | | | |
| | | b | Less: cost of goods sold | | 10b | | | | | |
| | | С | Net income or (loss) from sale | es of inventor | y | | | | | |
| _ω | | | | | | Business Code | | | | |
| no e | 11 | а | | | [| | | | | |
| Miscellaneous Revenue | | b | | | | | | | | |
| eve | | С | | | | | | | | |
| lisc B | | d | All other revenue | | | | | | | |
| | | | Total. Add lines 11a-11d | | | > | | | | |
| | 12 | | Total revenue. See instructions | | | . | 2,495,321. | 15,000. | 0. | 0. |

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 200,000. 200,000. 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 individuals. See Part IV, lines 15 and 16 93,803. 93,803. 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 10 Payroll taxes Fees for services (nonemployees): 504,870. 174,610. 106,199. 224,061. Management 571. 571. Legal 5,501. 5,501. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 518,181. 5,443. 569,824. 46,200. column (A), amount, list line 11g expenses on Sch O.) 2,837. 70,473. 67,636. Advertising and promotion 12 53,295. 8,300. 19,406. Office expenses 13 444. 444. Information technology 14 15 Royalties 29,034. 29,034 16 Occupancy 7,810. 811. 6,613. 386. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 41,452. 38,579. 568. 2,305. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 12,696. 12,696. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 23,606. 3,671. 4,210. 15,725. MISCELLANEOUS EXPENSES All other expenses 1,613,379. 1,040,792. 184,458. 388,129. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization

Form **990** (2021)

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

Form 990 (2021)
Part X Balance Sheet

| Pa | rt X | Balance Sneet | | | | | |
|-----------------------------|------|--|-------------|-----------------------|---------------------------------|-----|---------------------------|
| | | Check if Schedule O contains a response or r | note to an | y line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 1,157,466. | 1 | 2,637,431 |
| | 2 | Savings and temporary cash investments | | | 31,430. | 2 | 1,132 |
| | 3 | Pledges and grants receivable, net | | | | 3 | |
| | 4 | Accounts receivable, net | | | 31,266. | 4 | 35 |
| | 5 | Loans and other receivables from any current | | | | | |
| | | trustee, key employee, creator or founder, sul | ostantial o | contributor, or 35% | | | |
| | | controlled entity or family member of any of the | | | | 5 | |
| | 6 | Loans and other receivables from other disqu | alified pe | | | | |
| | | under section 4958(f)(1)), and persons describ | - | | | 6 | |
| s | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| As | 9 | B | | | | 9 | |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | | 19,851. | | | |
| | b | | | 19,851. | 0. | 10c | 0 |
| | 11 | Investments - publicly traded securities | | 11 | | | |
| | 12 | Investments - other securities. See Part IV, lin | | 12 | | | |
| | 13 | Investments - program-related. See Part IV, lir | | | 13 | | |
| | 14 | Intangible assets | | | 14 | | |
| | 15 | Other assets. See Part IV, line 11 | | | 15 | | |
| | 16 | Total assets. Add lines 1 through 15 (must e | | | 1,220,162. | 16 | 2,638,598 |
| | 17 | Accounts payable and accrued expenses | | | 18,512. | 17 | 564,736 |
| | 18 | Grants payable | | 18 | - | | |
| | 19 | Deferred revenue Tax-exempt bond liabilities | | | 23,027. | 19 | 13,297 |
| | 20 | | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complet | | 21 | | | |
| S | 22 | Loans and other payables to any current or fo | | | | | |
| ij | | trustee, key employee, creator or founder, sul | | | | | |
| Liabilities | | controlled entity or family member of any of the | | 22 | | | |
| Ë | 23 | Secured mortgages and notes payable to unr | | 23 | | | |
| | 24 | Unsecured notes and loans payable to unrela | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, | | | | | |
| | | parties, and other liabilities not included on lir | | | | | |
| | | of Schedule D | | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 41,539. | 26 | 578,033 |
| | | Organizations that follow FASB ASC 958, c | heck her | e ▶ X | | | |
| es | | and complete lines 27, 28, 32, and 33. | | | | | |
| anc | 27 | Net assets without donor restrictions | | | 777,271. | 27 | 1,552,251 |
| Bal | 28 | Net assets with donor restrictions | | | 401,352. | 28 | 508,314 |
| D D | | Organizations that do not follow FASB ASC | | | | | |
| Ī | | and complete lines 29 through 33. | | | | | |
| ğ | 29 | Capital stock or trust principal, or current fund | ds | Г | | 29 | |
| šets | 30 | Paid-in or capital surplus, or land, building, or | | | | 30 | |
| Ass | 31 | Retained earnings, endowment, accumulated | | | | 31 | |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances | | | 1,178,623. | 32 | 2,060,565 |
| 2 | 33 | Total liabilities and net assets/fund balances | | | 1,220,162. | 33 | 2,638,598 |

Form **990** (2021)

| Pa | rt XI Reconciliation of Net Assets | | | | | |
|----|---|----------|------------|------------|------|------------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | |
| | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 2,4 | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,6 | <u> 13</u> | , 3' | 79. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 8 | 81 | , 9 | 42. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 1,1 | .78 | , 62 | 23. |
| 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 on Schedule O) | 9 | | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | | |
| | column (B)) | 10 | 2,0 | 60 | , 5 | <u>65.</u> |
| Pa | rt XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | |
| | | | _ | , | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | Ο. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | <u>L</u> | 2a | | Х |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | | |
| | separate basis, consolidated basis, or both: | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | | 2b | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | | |
| | consolidated basis, or both: | | | | | |
| | 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 | audit, | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | <u></u> | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sche | 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 Sin | gle Audi | t | | | |
| | Act and OMB Circular A-133? | | <u>L</u> : | Ba | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed audi | t | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | ; | b | | |

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047

Open to Public

WORLDWIDE FOUNDATION FOR CREDIT **Employer identification number** Name of the organization UNIONS INC 39-6093210 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

39-6093210 Page 2

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) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total | |
| | Gifts, grants, contributions, and | . , | | | , , | • • | | |
| | membership fees received. (Do not | | | | | | | |
| | include any "unusual grants.") | 1462145. | 2718577. | 4149278. | 1991160. | 2480321. | 12801481. | |
| 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 | 4.4504.45 | 0540555 | 44 40000 | 1001150 | 0.100001 | 10001101 | |
| 4 | Total. Add lines 1 through 3 | 1462145. | 2718577. | 4149278. | 1991160. | 2480321. | 12801481. | |
| 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, | | | | | | 260 440 | |
| | column (f) | | | | | | 360,440. | |
| | Public support. Subtract line 5 from line 4. | | | | | | 12441041. | |
| | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2017 1462145. | (b) 2018 2718577. | (c) 2019 4149278. | (d) 2020 1991160. | (e) 2021 | (f) Total 12801481. | |
| | Amounts from line 4 | 1402145. | 2/103//. | 41492/0. | 1991100. | 2400321. | 12001401. | |
| 8 | Gross income from interest, | | | | | | | |
| | dividends, payments received on | | | | | | | |
| | securities loans, rents, royalties, | | | | | | | |
| _ | and income from similar sources | | | | | | | |
| 9 | Net income from unrelated business | | | | | | | |
| | activities, whether or not the | | | | | | | |
| 10 | business is regularly carried on Other income. Do not include gain | | | | | | | |
| 10 | or loss from the sale of capital | | | | | | | |
| | assets (Explain in Part VI.) | | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 12801481. | |
| | Gross receipts from related activities, | etc. (see instructio | ns) | | | | ,420,599. | |
| | First 5 years. If the Form 990 is for th | | | | | | , -, | |
| | organization, check this box and stop | - | | · · · · · · · · · · · · · · · · · · · | | | | |
| Sed | tion C. Computation of Public | | centage | | | | | |
| 14 | Public support percentage for 2021 (li | ne 6, column (f), di | vided by line 11, o | column (f)) | | 14 | 97.18 % | |
| | Public support percentage from 2020 | | | | | 15 | 97.75 % | |
| | 33 1/3% support test - 2021. If the o | | | | | ore, check this bo | x and | |
| | stop here. The organization qualifies a | as a publicly suppo | orted organization | | | | ▶ X | |
| b | 33 1/3% support test - 2020. If the o | rganization did no | t check a box on li | ne 13 or 16a, and | line 15 is 33 1/3% | or more, check th | is box | |
| | and stop here. The organization qualifies as a publicly supported organization | | | | | | | |
| 17a | 10% -facts-and-circumstances test | - 2021. If the org | anization did not c | heck a box on line | e 13, 16a, or 16b, a | nd line 14 is 10% | or more, | |
| | and if the organization meets the facts | s-and-circumstance | es test, check this | box and stop her | r e. Explain in Part ' | VI how the organiz | zation | |
| | meets the facts-and-circumstances tes | st. The organizatio | n qualifies as a pu | blicly supported or | rganization | | ▶□ | |
| b | 10% -facts-and-circumstances test | - 2020. If the org | anization did not c | heck a box on line | e 13, 16a, 16b, or 1 | 7a, and line 15 is | 10% or | |
| | more, and if the organization meets th | | | | - | | | |
| | organization meets the facts-and-circu | | - | | | | ▶∐ | |
| 18 | Private foundation. If the organization | n did not check a l | oox on line 13, 16a | a, 16b, 17a, or 17b | , check this box ar | nd see instructions | <u> </u> | |

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

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

| Sec | tion A. Public Support | now, please comp | Diete Fart II.) | | | | |
|----------|--|---------------------------|----------------------|----------------------|-------------------|-----------------------|---------------|
| | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| | Gifts, grants, contributions, and | | (2) = 2 : 2 | (=,==== | (, | (-/ | (-) |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, | | | | | | |
| _ | merchandise sold or services per- | | | | | | |
| | formed, or facilities furnished in | | | | | | |
| | any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that | | | | | | |
| Ü | are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 1 | Tax revenues levied for the organ- | | | | | | |
| 7 | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| _ | | | | | | | |
| | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| | Total. Add lines 1 through 5 | | | | | | |
| /a | Amounts included on lines 1, 2, and | | | | | | |
| L | 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that | | | | | | |
| | exceed the greater of \$5,000 or 1% of the | | | | | | |
| | amount on line 13 for the year | | | | | | |
| | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | tion B. Total Support | | | T | Т | T | ı |
| | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | | | | | | |
| b | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included on line 10b, whether or not the business is | | | | | | |
| | regularly carried on | | | | | | |
| 12 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First 5 years. If the Form 990 is for the | e organization's fi | irst, second, third, | fourth, or fifth tax | year as a section | 501(c)(3) organizatio | on, |
| | check this box and stop here | | | | | | > |
| Sec | tion C. Computation of Public | Support Per | rcentage | | | | |
| 15 | Public support percentage for 2021 (lin | ne 8, column (f), c | divided by line 13, | column (f)) | | 15 | % |
| | Public support percentage from 2020 | | | | | 16 | % |
| Sec | tion D. Computation of Inves | tment Income | e Percentage | | | | |
| 17 | Investment income percentage for 20 | 21 (line 10c, colu | mn (f), divided by I | ne 13, column (f)) | | 17 | % |
| | Investment income percentage from 2 | | | | | 18 | % |
| | 33 1/3% support tests - 2021. If the | | | | | 33 1/3%, and line 1 | |
| | more than 33 1/3%, check this box an | | | | | | > □ |
| b | 33 1/3% support tests - 2020. If the | | - | | | | ind |
| | line 18 is not more than 33 1/3%, chec | | | | | | |
| | Private foundation. If the organization | | | | | | |

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| | Yes | No |
|----------------|--------|------|
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| ule A (Forn | n 990) | 2021 |

| | | 7721 | U Pa | age 5 |
|-----|---|-----------|--------------|--------------|
| Pa | t IV Supporting Organizations (continued) | | | |
| 4.4 | Here the experimentian expented a gift or contribution from any of the faller in a second of | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? | 11a | | |
| h | A family member of a person described on line 11a above? | 11b | | |
| | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | 110 | | |
| · | detail in Part VI. | 11c | | |
| Sec | tion B. Type I Supporting Organizations | 1 110 | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or | | | |
| | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, | | | |
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | | | |
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| 800 | the supported organization(s). tion D. All Type III Supporting Organizations | 1 | | |
| 360 | tion b. All Type III Supporting Organizations | | | г |
| | Did the constitution would be each of the constitution and the first beautiful fitting. | | 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 | 4 | | |
| 2 | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a | | | |
| Ū | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| Sec | tion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions |). | | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in | struction | ı <u>s).</u> | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, | | | |
| | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | | | |
| | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in | | | |
| _ | these activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | 0- | | |
| L | trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in Part VI. | 3a | | |
| a | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

| | A (Form 990) 2021 | UNIONS, | | | | 39-6093210 | Pag |
|--------|----------------------------|----------------------|--------------|---------------------------------|-------------------------------------|----------------------|---------|
| Part V | Type III Non-Fund | tionally Integr | ated 509(| a)(3) Supporting Orga | nizations | | |
| 1 | Check here if the organi | zation satisfied the | Integral Par | t Test as a qualifying trust or | n Nov. 20, 1970 (<i>explain in</i> | Part VI). See instru | uctions |
| | All other Type III non-fur | ctionally integrated | d supporting | organizations must complet | e Sections A through E. | | |
| | | | | | | | |

| Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3. Depreciation and depletion 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) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) on B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities Average monthly cash balances | 1 2 3 4 5 6 7 8 | (A) Prior Year | |
|---|--------------------------------------|----------------|--------------------------------|
| Other gross income (see instructions) Add lines 1 through 3. Depreciation and depletion 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) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) on B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities | 3 4 5 6 7 | (A) Prior Year | |
| Add lines 1 through 3. Depreciation and depletion 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) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) on B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities | 6 7 | (A) Prior Year | |
| Depreciation and depletion 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) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) on B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities | 6 7 | (A) Prior Year | |
| 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) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) on B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities | 6 7 | (A) Prior Year | |
| collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) on B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities | 7 | (A) Prior Year | |
| Maintenance of property held for production of income (see instructions) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) on B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities | 7 | (A) Prior Year | |
| Maintenance of property held for production of income (see instructions) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) on B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities | 7 | (A) Prior Year | |
| Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) on B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities | | (A) Prior Year | |
| Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) on B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities | 8 | (A) Prior Year | |
| Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities | | (A) Prior Year | |
| instructions for short tax year or assets held for part of year): Average monthly value of securities | | | (B) Current Year (optional) |
| Average monthly value of securities | | | |
| · · · · · | | | |
| Average monthly cash balances | 1a | | |
| | 1b | | |
| Fair market value of other non-exempt-use assets | 1c | | |
| Total (add lines 1a, 1b, and 1c) | 1d | | |
| Discount claimed for blockage or other factors | | | |
| (explain in detail in Part VI): | | | |
| Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| Subtract line 2 from line 1d. | 3 | | |
| Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| see instructions). | 4 | | |
| Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| Multiply line 5 by 0.035. | 6 | | |
| Recoveries of prior-year distributions | 7 | | |
| Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| on C - Distributable Amount | | | Current Year |
| Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| Enter 0.85 of line 1. | 2 | | |
| Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| Enter greater of line 2 or line 3. | 4 | | |
| Income tax imposed in prior year | 5 | | |
| Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| emergency temporary reduction (see instructions). | 6 | | |
| Check here if the current year is the organization's first as a non-functionally in | integrated | | |

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

| | Type in item i anederiany integrated ecotal/of capper and enganizations (continu | <i>ieu)</i> | |
|-----|--|-------------|--------------|
| Sec | ion D - Distributions | | Current Year |
| _1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported | | |
| | organizations, in excess of income from activity | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | 6 | |
| _ 7 | Total annual distributions. Add lines 1 through 6. | 7 | |
| 8 | Distributions to attentive supported organizations to which the organization is responsive | | |
| | (provide details in Part VI). See instructions. | 8 | |
| 9 | Distributable amount for 2021 from Section C, line 6 | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | |
| | | | |

| Sect | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2021 | (iii) Distributable Amount for 2021 |
|----------|---|-----------------------------|--|---|
| 1 | Distributable amount for 2021 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2021 (reason- | | | |
| | able cause required - explain in Part VI). See instructions. | | | |
| _3_ | Excess distributions carryover, if any, to 2021 | | | |
| a | From 2016 | | | |
| b | From 2017 | | | |
| c | From 2018 | | | |
| d | From 2019 | | | |
| <u>e</u> | From 2020 | | | |
| f | Total of lines 3a through 3e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2021 distributable amount | | | |
| i_ | Carryover from 2016 not applied (see instructions) | | | |
| j_ | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 | Distributions for 2021 from Section D, | | | |
| | line 7: \$ | | | |
| a | Applied to underdistributions of prior years | | | |
| b | Applied to 2021 distributable amount | | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 | Remaining underdistributions for years prior to 2021, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| | than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2021. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2022. Add lines 3j | | | |
| | and 4c. | | | |
| _8_ | Breakdown of line 7: | | | |
| a | Excess from 2017 | | | |
| b | Excess from 2018 | | | |
| c | Excess from 2019 | | | |
| d | Excess from 2020 | | | |
| e | Excess from 2021 | | | |

| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; |
|---------|---|
| | Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, 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.) |
| | (See instructions.) |
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Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2021

** Do Not File **

*** Not Open to Public Inspection ***

| Contributor's Name | Total Contributions | Excess Contributions |
|---|------------------------|-------------------------|
| CUNA MUTUAL GROUP | 437,500. | 181,470. |
| SCHOOLSFIRST FEDERAL CREDIT UNION | 316,030. | 60,000. |
| STATE EMPLOYEES CREDIT UNION - NC | 375,000. | 118,970. |
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| | | |
| Total Excess Contributions to Schedule A, Part II, Line 5 | | 360,440. |

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Organization type (check one):

Schedule of Contributors

➤ Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization
WORLDWIDE FOUNDATION FOR CREDIT
UNIONS, INC.
Employer identification number
39-6093210

| Filers of: | | Section: | | | | | | |
|---|--|---|--|--|--|--|--|--|
| Form 990 or 9 | 990-EZ | X 501(c)(3) (enter number) organization | | | | | | |
| | | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | | |
| | | 527 political organization | | | | | | |
| Form 990-PF | | 501(c)(3) exempt private foundation | | | | | | |
| | | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | | |
| | | 501(c)(3) taxable private foundation | | | | | | |
| | | | | | | | | |
| - | - | covered by the General Rule or a Special Rule.), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. | | | | | | |
| General Rule | ı | | | | | | | |
| | • | filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. | | | | | | |
| Special Rules | s | | | | | | | |
| sect cont | For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. | | | | | | | |
| cont litera | ributor, during t ary, or education | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one he year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III. | | | | | | |
| For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year | | | | | | | | |
| answer "No" (| on Part IV, line 2 | t isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 requirements of Schedule B (Form 990). | | | | | | |

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization
WORLDWIDE FOUNDATION FOR CREDIT
UNIONS, INC.

Employer identification number

39-6093210

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | al space is needed. | |
|-------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | CO-OP SOLUTIONS 9692 HAVEN AVE. RANCHO CUCAMONGA, CA 91730 | \$\$ | 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 53705-4456 | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | LOCAL GOVERNMENT FEDERAL CREDIT UNION 3600 WAKE FOREST RD RALEIGH, NC 27609 | \$50,000. | 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 (FL) 560 CARILLON PARKWAY ST PETERSBURG, FL 33716 | \$55,206. | 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 |
| 5 | SCHOOLSFIRST FEDERAL CREDIT UNION 15332 NEWPORT AVE TUSTIN, CA 92780 | \$\$ | 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 |
| 123452 11-1 | STATE EMPLOYEES CREDIT UNION-NC PO BOX 26807 RALEIGH, NC 27611 | \$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

Schedule B (Form 990) (2021)

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 addition | iai space is needed. | |
|------------|--|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 7 | SUMMIT CREDIT UNION P.O. BOX 8046 MADISON, WI 53708 | \$\$\$ | 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 |
| 8 | VYSTAR CREDIT UNION PO BOX 45085 JACKSONVILLE, FL 32232 | \$\$0,000. | 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 |
| 9 | PEACH STATE FEDERAL CREDIT UNION 1505 LAKES PKWY STE 100 LAWRENCEVILLE, GA 30043 | \$61,000. | 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 |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | . \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization

WORLDWIDE FOUNDATION FOR CREDIT

UNIONS, INC.

Employer identification number

39-6093210

| Noncash Property (see instructions). Use duplicate copies of Pa | rt II if additional space is needed. | |
|---|--|---|
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | \$ | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | \$ | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | \$ | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | \$ | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | \$ | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
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| | (b) Description of noncash property given (b) Description of noncash property given | Description of noncash property given (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) FMV (or estimate) (See instructions.) (e) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) FMV (or estimate) (See instructions.) (e) FMV (or estimate) (See instructions.) (f) FMV (or estimate) (See instructions.) (g) FMV (or estimate) (See instructions.) |

Name of organization **Employer identification number** WORLDWIDE FOUNDATION FOR CREDIT 39-6093210 UNIONS, Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (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 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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

WORLDWIDE FOUNDATION FOR CREDIT UNIONS,

Employer identification number 39-6093210

| Pa | organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin | | ri Siiiiiiai Fuiius (| JI ACCOUNT | .>. Complete if the | ne |
|----|---|-------------------------|---------------------------------------|------------------|-----------------------|-------------|
| | organization answered 165 off offi offi 350, Falliv, III | | dvised funds | (b) Fund | ls and other accou | ınts |
| 1 | Total number at end of year | | | | | |
| 2 | Aggregate value of contributions to (during year) | | | | | |
| 3 | Aggregate value of grants from (during year) | | | | | |
| 4 | Aggregate value at end of year | | | | | |
| 5 | Did the organization inform all donors and donor advisors in v | writing that the asset | ts held in donor advise | d funds | | |
| | are the organization's property, subject to the organization's | exclusive legal contr | ol? | | Yes | No |
| 6 | Did the organization inform all grantees, donors, and donor a | dvisors in writing the | at grant funds can be u | ised only | | |
| | for charitable purposes and not for the benefit of the donor of | r donor advisor, or fo | or any other purpose c | onferring | | |
| | impermissible private benefit? | | | | Yes | No |
| Pa | rt II Conservation Easements. Complete if the org | ganization answered | "Yes" on Form 990, P | art IV, line 7. | | |
| 1 | Purpose(s) of conservation easements held by the organization | on (check all that app | ol <u>y).</u> | | | |
| | Preservation of land for public use (for example, recreated | tion or education) | Preservation of | a historically i | mportant land area | a |
| | Protection of natural habitat | | Preservation of | a certified hist | oric structure | |
| | Preservation of open space | | | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualif | fied conservation cor | ntribution in the form o | f a conservati | on easement on the | ne last |
| | day of the tax year. | | | | Held at the End of th | ne Tax Year |
| а | Total number of conservation easements | | | 2a | | |
| b | Total acreage restricted by conservation easements | | | 2b | | |
| С | Number of conservation easements on a certified historic stru | ucture included in (a) |) | 2c | | |
| d | Number of conservation easements included in (c) acquired a | after 7/25/06, and no | t on a historic structur | e | | |
| | listed in the National Register | | | 2d | | |
| 3 | Number of conservation easements modified, transferred, rele | | | | uring the tax | |
| | year ▶ | | | | | |
| 4 | Number of states where property subject to conservation eas | sement is located | | | | |
| 5 | Does the organization have a written policy regarding the per | riodic monitoring, ins | pection, handling of | | | |
| | violations, and enforcement of the conservation easements it | holds? | | | Yes | No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | handling of violation | s, and enforcing conse | ervation easen | nents during the y | ear |
| | > | | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | lling of violations, an | d enforcing conservati | on easements | during the year | |
| | ▶ \$ | | | | | |
| 8 | Does each conservation easement reported on line 2(d) above | e satisfy the requirer | nents 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 | on easements in its r | evenue and expense s | statement and | | |
| | balance sheet, and include, if applicable, the text of the footn | note to the organizati | on's financial statemer | nts that descr | ibes the | |
| | organization's accounting for conservation easements. | | | | | |
| Pa | rt III Organizations Maintaining Collections of | | Treasures, or Oth | ner Similar | Assets. | |
| | Complete if the organization answered "Yes" on Form | 990, Part IV, line 8. | | | | |
| 1a | If the organization elected, as permitted under FASB ASC 95 | 8, not to report in its | revenue statement an | nd balance she | eet works | |
| | of art, historical treasures, or other similar assets held for pub | olic exhibition, educa | ition, or research in fur | therance of p | ublic | |
| | service, provide in Part XIII the text of the footnote to its finar | ncial statements that | describes these items | 5. | | |
| b | If the organization elected, as permitted under FASB ASC 95 | 8, to report in its rev | enue statement and ba | alance sheet v | vorks of | |
| | art, historical treasures, or other similar assets held for public | exhibition, educatio | n, or research in furthe | erance of publ | ic service, | |
| | provide the following amounts relating to these items: | | | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | > \$ | | |
| | (ii) Assets included in Form 990, Part X | | | | | |
| 2 | If the organization received or held works of art, historical trea | | | | | |
| | the following amounts required to be reported under FASB A | SC 958 relating to th | nese items: | | | |
| а | Revenue included on Form 990, Part VIII, line 1 | | | > \$ | | |
| | Assets included in Form 990, Part X | | | | | |
| | For Paperwork Reduction Act Notice, see the Instructions | | · · · · · · · · · · · · · · · · · · · | | Schedule D (Form | 990) 2021 |

| | t III Organizations Maintaining Co | ollections of Ar | t. Histo | orical Tre | easures. or | Other | Simila | |) (contin | | age Z |
|---------|---|---|-------------|----------------|-------------------------|------------|-------------|-----------------|-----------------|--------------|----------|
| 3 | • | | | | | | | | COITE | <u>iucu)</u> | |
| Ū | 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): | | | | | | | | | | |
| а | | | | | | | | | | | |
| b | Scholarly research | е | | | mange progra | | | | | | |
| c | Preservation for future generations | | | Oti 101 | | | | | | | |
| 4 | Provide a description of the organization's co | llections and explain | how th | av furthar ti | ne organizatio | n's evem | nt nurno | ce in Dart | YIII | | |
| 5 | During the year, did the organization solicit or | | | | | | | se iiii ait | AIII. | | |
| 3 | to be sold to raise funds rather than to be ma | | | | | | | | Yes | | No |
| Pai | t IV Escrow and Custodial Arrang | | | | | | | | | | |
| | reported an amount on Form 990, Par | | ste ii tile | organizatio | ni answered | 163 011 | 1 01111 330 | o, raitiv, | iii le 3, 0i | | |
| 12 | Is the organization an agent, trustee, custodia | | iany for o | contribution | e or other acc | ets not in | ncluded | | | | |
| Ia | | | | | | | | | Yes | | No |
| h | on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a | | | | | | | | _ 1es | | NO |
| D | ii res, explain the arrangement in Part Alli a | and complete the for | lowing to | able. | | | | | Amoun | + | |
| _ | Paginning balance | | | | | | 10 | | 7 1110011 | | |
| | Beginning balance | | | | | | | | | | |
| | Additions during the year | | | | | | | | | | |
| _ | Distributions during the year | | | | | | | | | | |
| f O- | Ending balance | | | | | | | | 7 v | | |
| | Did the organization include an amount on Fo | | | | | | • | | Yes | H | _ No |
| | If "Yes," explain the arrangement in Part XIII. TO Endowment Funds. Complete it | | | | | | | | | | |
| ı aı | Endownient i dilds: Complete ii | (a) Current year | | | (c) Two year | | | ears back | (e) Four | . voor | - hack |
| | . | , , | (D) F | rior year | (C) Two year | S Dack | (u) Tillee | years Dack | (e) Four | years | 5 Dack |
| 1a | Beginning of year balance | | | | | | | | | | |
| b | Contributions | | | | | | | | | | |
| С | Net investment earnings, gains, and losses | | | | | | | | | | |
| d | d Grants or scholarships | | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | | |
| | and programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | |
| 2 | Provide the estimated percentage of the curre | ent year end balance | e (line 1g | g, column (a |)) held as: | | | | | | |
| а | Board designated or quasi-endowment | | _% | | | | | | | | |
| b | Permanent endowment | % | | | | | | | | | |
| С | Term endowment | <u></u> | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c shou | ıld equal 100%. | | | | | | | | | |
| За | Are there endowment funds not in the posses | ssion of the organiza | tion tha | t are held a | nd administer | ed for the | e organiz | ation | | | |
| | by: | Ü | | | | | Ü | | | Yes | No |
| | (i) Unrelated organizations | | | | | | | | 3a(i) | | |
| | (ii) Related organizations | | | | | | | | 3a(ii) | | |
| h | If "Yes" on line 3a(ii), are the related organization | tions listed as requir | ed on So | chedule R? | | | | | | | |
| 4 | Describe in Part XIII the intended uses of the | | | | | | | | _ 00 | | |
| Pai | t VI Land, Buildings, and Equipme | | WITICITE | urius. | | | | | | | |
| | Complete if the organization answered | |). Part IV | /. line 11a. 9 | See Form 990. | Part X. I | line 10. | | | | |
| | Description of property | (a) Cost or o | | | t or other | • | ccumulate | -d | (d) Boo | k valı | |
| | Description of property | basis (investr | | | (other) | | preciation | | (u) 600 | n vaii | JE |
| 10 | Land | - · · · · · · · · · · · · · · · · · · | , | 24010 | (- 3.13.) | 450 | | | | | |
| | Land | | | | | | | | | | |
| | Buildings | | | | | | | - - | | | |
| | Leasehold improvements | I | | 1 | 9,851. | | 19,8 | 51 | | | 0. |
| | Equipment | | | | <u>۱۰ ـ د د د ر ر .</u> | | 19,0 | | | | <u> </u> |
| | Other | | | (D) :: | | | | | | | 0. |
| iota | l. Add lines 1a through 1e. (Column (d) must ed | quai Form 990, Part | x, colun | nn (B), line 1 | <u>UC.)</u> | | | Schodule | D /F | - 000 | |

| | OUNDATION FOR | | |
|--|----------------------------|--|---------------------------|
| Schedule D (Form 990) 2021 UNIONS, INC | • | 3: | 9-6093210 _{Page} |
| Part VII Investments - Other Securities. | | | |
| Complete if the organization answered "Yes" | | | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or er | nd-of-year market value |
| (1) Financial derivatives | | | |
| (2) Closely held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11c. See Form 990, Part X, line 13. | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or er | nd-of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| | | | |
| | | | |
| | | | |
| (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. | | | |
| Complete if the organization answered "Yes" | on Form 000 Bort IV line | 11d Coo Form 000 Dort V line 15 | |
| | | Tid. See Form 990, Fart A, line 15. | /h) Dook volue |
| | Description | | (b) Book value |
| | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| <u>(7)</u> | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | e 15.) | | <u> </u> |
| Part X Other Liabilities. | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 2 | 5. |
| 1. (a) Description of liability | | | (b) Book value |
| (1) Federal income taxes | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | 1 |
| (5) | | | |
| | | | |

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

Schedule D (Form 990) 2021

(6) (7) (8)

| nedule D (Form 990) 2021 UNIONS, INC. | | | | _ | | | _ | - |
|---------------------------------------|-----------|-----------|------|---------|------|------|---|---|
| | edule D (| Form 990) | 2021 | UNIONS, | INC. | | | |

| | | Pomi 990) 2021 ON TOND, TNC: | · · · · · · · · · · · · · · · · · · · | JJ 00JJZIU Page |
|-----|---------|--|---------------------------------------|--|
| Pa | rt XI | Reconciliation of Revenue per Audited Financial Stat | | ue per Return. |
| | | Complete if the organization answered "Yes" on Form 990, Part IV, line | e 12a. | |
| 1 | Total r | evenue, gains, and other support per audited financial statements | | 1 |
| 2 | Amou | nts included on line 1 but not on Form 990, Part VIII, line 12: | 1 1 | |
| а | | realized gains (losses) on investments | | |
| b | Donate | ed services and use of facilities | 2b | |
| С | Recov | eries of prior year grants | 2c | |
| d | Other | (Describe in Part XIII.) | 2d | |
| е | Add lir | nes 2a through 2d | | 2e |
| 3 | Subtra | ct line 2e from line 1 | | 3 |
| 4 | | nts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| а | Invest | ment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other | (Describe in Part XIII.) | 4b | |
| С | Add lir | nes 4a and 4b | | 4c |
| 5 | Total r | evenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) | | 5 |
| Pa | rt XII | Reconciliation of Expenses per Audited Financial Sta | tements With Exper | nses per Return. |
| | | Complete if the organization answered "Yes" on Form 990, Part IV, line | e 12a. | |
| 1 | Total e | expenses and losses per audited financial statements | | 1 |
| 2 | Amou | nts included on line 1 but not on Form 990, Part IX, line 25: | | |
| а | Donate | ed services and use of facilities | 2a | |
| b | Prior y | ear adjustments | 2b | |
| С | | losses | | |
| d | | (Describe in Part XIII.) | | |
| е | Add lir | nes 2a through 2d | | 2e |
| 3 | | ct line 2e from line 1 | | |
| 4 | | nts included on Form 990, Part IX, line 25, but not on line 1: | | |
| а | Invest | ment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other | (Describe in Part XIII.) | 4b | |
| | | nes 4a and 4b | | 4c |
| 5 | Total e | expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 | .) | 5 |
| Pa | rt XIII | Supplemental Information. | · | |
| rov | ide the | descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 | ; Part IV, lines 1b and 2b; | Part V, line 4; Part X, line 2; Part XI, |
| | | 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an | | |
| | | | | |
| | | | | |
| PAI | RT X | , LINE 2: | | |
| | | | | |

THE FOUNDATION IS EXEMPT FROM INCOME TAX UNDER 501(C)(3) OF THE INTERNAL REVENUE CODE, AND A SIMILAR SECTION OF THE WISCONSIN INCOME TAX LAW, WHICH PROVIDES TAX EXEMPTION FOR CORPORATIONS ORGANIZED AND OPERATED EXCLUSIVELY FOR RELIGIOUS, CHARITABLE OR EDUCATIONAL PURPOSES.

THE ORGANIZATION IS REQUIRED TO ASSESS WHETHER IT IS MORE LIKELY THAN NOT THAT A TAX POSITION WILL BE SUSTAINED UPON EXAMINATION ON THE TECHNICAL MERITS OF THE POSITION ASSUMING THE TAXING AUTHORITY HAS FULL KNOWLEDGE OF ALL INFORMATION. IF THE TAX POSITION DOES NOT MEET THE MORE LIKELY THAN NOT RECOGNITION THRESHOLD, THE BENEFIT OF THAT POSITION IS NOT RECOGNIZED IN THE FINANCIAL STATEMENTS. THE ORGANIZATION HAS DETERMINED THERE ARE NO Schedule D (Form 990) 2021

| Part XIII S | uppl | emental In | form | ation (conti | nued) | | | | | V |
|-------------|------|------------|------|--------------|-------|-------------|---------|----|-----------|-----|
| AMOUNTS | то | RECORD | AS | ASSETS | OR | LIABILITIES | RELATED | то | UNCERTAIN | TAX |
| POSITIO | NS. | | | | | | | | | |
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SCHEDULE F (Form 990)

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.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

WORLDWIDE FOUNDATION FOR CREDIT

Employer identification number

| UNIONS, INC. | | | | 39-609321 | . 0 |
|--|--------------------|----------------------------|---|-------------------------------------|----------------------|
| Part I General Infor | mation on A | ctivities Out | side 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 fo | or the grants or a | ssistance, and t | he selection criteria used to award the | grants or assistance? X | Yes No |
| 2 For grantmakers. Desc | ribe in Part V the | organization's p | procedures for monitoring the use of its | s grants and other assistance outs | ide the |
| United States. | | | · · | | |
| 3 Activities per Region. (Th | ne following Part | I, line 3 table ca | ın be duplicated if additional space is n | eeded.) | |
| (a) Region | (b) Number of | | (d) Activities conducted in the region | (e) If activity listed in (d) | (f) Total |
| | offices | employees, agents, and | (by type) (such as, fundraising, pro- | is a program service, | expenditures for and |
| | in the region | independent contractors | gram services, investments, grants to | ' '' | investments |
| | | in the region | recipients located in the region) | of service(s) in the region | in the region |
| 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 | 53,645. |
| SOUTH AMERICA - | | | | SUPPORT OF THE GLOBAL | |
| ARGENTINA, BOLIVIA, | | | | WOMEN'S LEADERSHIP | |
| BRAZIL, CHILE, | | | | NETWORK, WHICH CONNECTS | |
| COLUMBIA, ECUADOR, | 0 | 0 | EDUCATION | CREDIT UNION WOMEN WITH | 54,048. |
| SUB-SAHARAN AFRICA - | | | | SUPPORT OF THE GLOBAL | |
| ANGOLA, BENIN, | | | | WOMEN'S LEADERSHIP | |
| BOTSWANA, BURKINA, | | | | NETWORK, WHICH CONNECTS | |
| FASO, | 0 | 0 | EDUCATION | CREDIT UNION WOMEN WITH | 73,206. |
| CENTRAL AMERICA AND | | | | | |
| THE CARIBBEAN - | | | | | |
| ANTIGUA & BARBUDA, | | | | | |
| ARUBA, BAHAMAS, | 0 | 0 | FUNDRAISING | | 44,952. |
| EAST ASIA AND THE | | | | | |
| PACIFIC - AUSTRALIA, | | | | | |
| BRUNEI, BURMA, | | | | | |
| CAMBODIA, | 0 | 0 | FUNDRAISING | | 3,379. |
| EUROPE (INCLUDING | | | | | |
| ICELAND & GREENLAND) | | | | | |
| - ALBANIA, ANDORRA, | | | | | |
| AUSTRIA, BELGIUM | 0 | 0 | FUNDRAISING | | 23,050. |
| RUSSIA AND | | | | | |
| NEIGHBORING STATES - | | | | | |
| ARMENIA, AZERBIJAN, | | | | | |
| BELARUS, | 0 | 0 | FUNDRAISING | | 239,109. |
| SOUTH AMERICA - | | | | | |
| ARGENTINA, BOLIVIA, | | | | | |
| BRAZIL, CHILE, | | | | | |
| COLUMBIA, ECUADOR, | 0 | | FUNDRAISING | | 23,224. |
| 3 a Subtotal | 0 | 0 | | | 514,613. |
| b Total from continuation | | | | | |
| sheets to Part I | 0 | 0 | | | 700,419. |
| c Totals (add lines 3a | | | | | |
| and 3h) | 0 | l 0 | | | I 1 215 032. |

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

Schedule F (Form 990) 2021

132071 12-20-21

SEE PART V FOR COLUMN (E) DESCRIPTIONS

39-6093210 Page 1

| Schedule F (Form 990) | | INC. | | 39-609321 | U Page |
|-----------------------|-------------------------------------|---|---|--|--|
| Part I Continuation | n of Activitie | s per Regior | Schedule F (Form 990), Part I, line | 3) | |
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditure for region |
| SUB-SAHARAN AFRICA - | | | | | |
| ANGOLA, BENIN, | | | | | |
| BOTSWANA, BURKINA, | | | | | |
| | 0 | 0 | FUNDRAISING | | 31 /51 |
| FASO, | 0 | - | FUNDRAISING | EINDS HEED TO PROVIDE | 31,45 |
| CENTRAL AMERICA AND | | | | FUNDS USED TO PROVIDE | |
| THE CARIBBEAN - | | | | RELIEF FOR CREDIT UNIONS | |
| ANTIGUA & BARBUDA, | | | | AFFECTED BY THE | |
| ARUBA, BAHAMAS, | 0 | 0 | PROGRAM SERVICES | CARRIBEAN NATURAL | 104,618 |
| EAST ASIA AND THE | | | | GATES PROJECT - GLOBAL | |
| PACIFIC - AUSTRALIA, | | | | DIGITAL FINANCIAL | |
| BRUNEI, BURMA, | | | | SERVICES | |
| CAMBODIA, | 0 | 0 | TECHNICAL ASSISTANCE | INTEROPERABILITY TOOL | 7,864 |
| RUSSIA AND | | | | FUNDS USED FOR CREDIT | |
| NEIGHBORING STATES - | | | | UNION DEVELOPMENT | |
| ARMENIA, AZERBIJAN, | | | | PROJECTS REGARDING | |
| BELARUS, | 0 | 0 | TECHNICAL ASSISTANCE | UKRAINE | 501,868 |
| RUSSIA AND | | | | GRANT GIVEN TO WORLD | |
| NEIGHBORING STATES - | | | | COUNCIL OF CREDIT UNIONS | |
| ARMENIA, AZERBIJAN, | | | | TO ASSIST WITH ITS | |
| BELARUS, | 0 | 0 | TECHNICAL ASSISTANCE | DEVELOPMENT WORK IN | 54,614 |
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| | | | | | |
| Totals | | | | | 700,41 |

Schedule F (Form 990) 2021

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) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV appraisal, other) |
|----------------------------|---|-------------------|-----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|--|
| | | SUB-SAHARAN | | | | | | |
| | | AFRICA - ANGOLA, | | | | | | |
| | | BENIN, BOTSWANA, | SUPPORT FOR ORPHANAGE | | | | | |
| | | BURKINA, FASO, | EDUCATION FUNDING | 13,925. | WIRE TRANSFER | 0. | | |
| | | CENTRAL AMERICA | | , | | | | |
| | | AND THE CARIBBEAN | | | | | | |
| | | - ANTIGUA & | CARIBBEAN HURRICANE | | | | | |
| | | BARBUDA, ARUBA, | RELIEF | 12,378. | WIRE TRANSFER | 0. | | |
| | | EAST ASIA AND THE | | , | | | | |
| | | PACIFIC - | | | | | | |
| | | AUSTRALIA, | SUPPORT FOR DISASTER | | | | | |
| | | BRUNEI, BURMA, | RELIEF | 22,500. | WIRE TRANSFER | 0. | | |
| | | CENTRAL AMERICA | | , | | | | |
| | | AND THE CARIBBEAN | | | | | | |
| | | - ANTIGUA & | SUPPORT FOR DISASTER | | | | | |
| | | BARBUDA, ARUBA, | RELIEF | 45,000. | WIRE TRANSFER | 0. | | |
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| 2 | Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a total | ax |
|---|---|----|
| | exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter | |

| \blacktriangleright | 0 |
|-----------------------|-------|
| \blacktriangleright | 4 |

Schedule F (Form 990) 2021

3 Enter total number of other organizations or entities

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 noncash assistance noncash assistance

| Part IV | Foreign | Forms |
|---------|---------|-------|

| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "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; don't 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) | Yes | X No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990) | Yes | X No |

Schedule F (Form 990) 2021

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. See instructions.

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:

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

(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.

ACTIVITIES RELATED TO THE WORLD CREDIT UNION CONFERENCE INCLUDE THE

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

EDUCATIONAL SESSIONS.

(A) REGION:

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

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. See instructions.

(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 MEMBERSHIP INCLUDES WOMEN FROM NORTH AMERICA, EUROPE, SOUTH AMERICA, AND AFRICA.

REGION: SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA, FASO, (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 MEMBERSHIP INCLUDES WOMEN FROM NORTH AMERICA, EUROPE, SOUTH FORUMS. AMERICA, AND AFRICA.

(A) REGION:

CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS, (E) SPECIFIC TYPES OF SERVICES IN REGION: FUNDS USED TO PROVIDE RELIEF FOR CREDIT UNIONS AFFECTED BY THE CARRIBEAN NATURAL DISASTERS SUCH AS HURRICANES AND VOLCANIC ACTIVITY THAT OCCURRED DURING THE YEAR.

REGION: EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA, (E) SPECIFIC TYPES OF SERVICES IN REGION: GATES PROJECT - GLOBAL DIGITAL FINANCIAL SERVICES INTEROPERABILITY TOOL KIT FOR CREDIT UNIONS TO ESTABLISH THE PLAN TO CREATE, TEST AND LAUNCH INTEROPERABLE PAYMENTS PLATFORMS ENABLED BY A DIGITAL FINANCIAL SERVICES (DFS) TOOLKIT FOR CREDIT UNIONS.

Schedule F (Form 990) 2021

| | Provid | | ormation | requir | ed by Pai | | | | | | | | | | d; amount | |
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Schedule F (Form 990) 2021 132075 12-20-21

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

➤ Attach to Form 990.

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

Open to Public

OMB No. 1545-0047

Inspection WORLDWIDE FOUNDATION FOR CREDIT Name of the organization **Employer identification number** 39-6093210 UNIONS, INC. Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV. line 21, for any Part II recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) WORLD COUNCIL OF CREDIT UNIONS PO BOX 2982 TO SUPPORT THE PROGRAM 39-1143339 501(C)(6) DEVELOPMENT OPERATIONS MADISON, WI 53701 0 200,000. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

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

Schedule I (Form 990) 2021

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|--|---------------------------|--------------------------|---------------------------------------|--|---------------------------------------|
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| art IV Supplemental Information. Provide the information | n required in Part I, lin | e 2; Part III, columi | | Iditional information. | |
| RT I, LINE 2: | | | | | |
| GANIZATION DOES NOT TYPICALLY | MAKE GRANTS | TO ENTIT | IES IN THE | UNITED | |
| 'ATES. MADE AN EXCEPTION THIS Y | EAR TO ASSI | ST A RELA | TED ORGANIZ | ATION. AS | |
| HESE ORGANIZATIONS ARE RELATED, | THEY CAN C | LOSELY MO | NITOR THE U | SE OF THE | |
| RANTS. | | | | | |
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SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

2021

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

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

WORLDWIDE FOUNDATION FOR CREDIT

UNIONS, INC.

Employer identification number 39-6093210

| | | | Yes | No |
|----|--|----|-----|----------|
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, | | | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | First-class or charter travel | | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (such as maid, chauffeur, chef) | | | |
| | | | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | | |
| | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | |
| | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | | |
| | | | | |
| 3 | Indicate which, if any, of the following the organization used to establish the compensation of the organization's | | | |
| | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to | | | |
| | establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | Compensation committee Written employment contract | | | |
| | ☐ Independent compensation consultant ☐ Compensation survey or study | | | |
| | Form 990 of other organizations Approval by the board or compensation committee | | | |
| | | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | |
| | organization or a related organization: | | | |
| а | Receive a severance payment or change-of-control payment? | 4a | | Х |
| | Participate in or receive payment from a supplemental nonqualified retirement plan? | 4b | | X |
| | Participate in or receive payment from an equity-based compensation arrangement? | 4c | | Х |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | | | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the revenues of: | | | |
| а | The organization? | 5a | | Х |
| | Any related organization? | 5b | | <u>X</u> |
| | If "Yes" on line 5a or 5b, describe in Part III. | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the net earnings of: | | | |
| а | The organization? | 6a | | Х |
| | Any related organization? | 6b | | X |
| | If "Yes" on line 6a or 6b, describe in Part III. | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | | |
| | not described on lines 5 and 6? If "Yes," describe in Part III | 7 | | Х |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | |
| | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | Х |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| - | Regulations section 53 /458-6/c/2 | a | | |

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

Schedule J (Form 990) 2021

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

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

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

| (A) Name and Title | | (B) Breakdown of W | /-2 and/or 1099-MISo compensation | C and/or 1099-NEC | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | in column (B) |
|--------------------|-------------|--------------------------|--------------------------------------|-------------------------------------|-----------------------------------|-------------------------|------------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 |
| (1) BRIAN BRANCH | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| PRESIDENT & CEO | (ii) | 296,948. | 62,500. | 8,359. | 23,200. | 23,691. | 414,698. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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SCHEDULE 0 (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ.

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

Inspection

OMB No. 1545-0047

Name of the organization

WORLDWIDE FOUNDATION FOR CREDIT UNIONS, INC.

Employer identification number 39-6093210

| FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: |
|---|
| |
| PRIMARY ACTIVITIES SUPPORTED BY WORLDWIDE FOUNDATION INCLUDE THE WORLD |
| COUNCIL OF CREDIT UNIONS' CREDIT UNION DEVELOPMENT PROGRAMS, |
| INTERNATIONAL PARTNERSHIPS PROGRAM, DISASTER RELIEF, AND EDUCATIONAL |
| OPPORTUNITIES FOR CREDIT UNION STAFF AND VOLUNTEERS. |
| |
| FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: |
| IN PLACE TO ALLOW CREDIT UNIONS TO OPERATE IN THE FACE OF THREATS |
| COVID-19 PRESENTED. |
| |
| FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: |
| FINANCED BY USAID. A KEY STRATEGY OF THE PROJECT IS THE ONGOING |
| TRAINING, PLACEMENT, AND REACTIVATION OF ENTREPRENEURS. |
| |
| NEARLY 51% OF ALL CREDIT UNION MEMBERS IN SENEGAL ARE WOMEN, AND YET |
| THE EXISTING CREDIT UNION LOAN PRODUCTS AND CREDIT ACCESS SENEGAL'S |
| CREDIT UNION SYSTEM DOES NOT MEET THE CURRENT AND FUTURE NEEDS OF WOMEN |
| IN SENEGALESE SOCIETY. |
| |
| A NEW GENDER LENS INVESTMENT (GLI) METHODOLOGY, DEVELOPED BY WORLD |
| COUNCIL AND FUNDED BY USAID, WILL DEVELOP, DEPLOY, AND SCALE A GLI KIT, |
| DESIGNED TO INCREASE ACCESS TO CREDIT ACROSS THE ENTIRE SENEGAL CREDIT |
| UNION SYSTEM. |
| |

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

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2

Name of the organization WORLDWIDE FOUNDATION FOR CREDIT Employer identification number UNIONS, INC. Suppose 39-6093210

AND IN THEIR COMMUNITIES.

GWLN ENGAGED VIRTUALLY WITH HUNDREDS OF WOMEN AND MEN AROUND THE WORLD:

AUSTRALIA, ASIA, AFRICA, EUROPE, SOUTH AMERICA, AND IN ALMOST ALL

REGIONS OF NORTH AMERICA.

WHAT WAS ONCE A LOCALIZED, IN-PERSON NETWORK, EXPLODED INTO SUCCESSFUL

PIVOT OF ALL PROGRAMMING, INTERNATIONAL VIRTUAL WORKSHOPS, MENTAL

HEALTH CONVERSATIONS, NEW WORK/LIFE BALANCES AND WORKING FROM HOME

RESOURCE SHARING WITH WOMEN PARTICIPATING FROM SIX CONTINENTS. THE

AUGMENTED, GLOBAL CONNECTIVITY AND ACCESS TO EACH OTHER ACROSS BORDERS

FORTIFIED THE NETWORK AS WE LISTENED TO STORIES OF HOPE, INSPIRATION,

AND ENCOURAGEMENT.

WORLD COUNCIL YOUNG CREDIT UNION PROFESSIONALS PROGRAM

OUR WORLD COUNCIL YOUNG CREDIT UNION PROCESSIONALS PROGRAM (WYCUP)

THRIVED IN THE VIRTUAL ENVIRONMENT DURING 2021. VIRTUAL WAS LEVERAGED

TO FOSTER DIALOGUE AMONG AN EXPONENTIALLY LARGER YOUNG PROFESSIONAL

AUDIENCE THAT IN-PERSON COULD OFFER. A LARGER AND MORE ENGAGED WYCUP

COMMUNITY RESULTED.

WYCUP CONNECTED WITH NEARLY 1,000 YOUNG PROFESSIONALS FROM 35 COUNTRIES

DURING THE VIRTUAL FORUM AND CELEBRATION LAST YEAR. FINDING OPPORTUNITY

IN DISRUPTION, WYCUP CREATED A VIRTUAL SPACE FOR YOUNG PROFESSIONALS

WITH A DESIRE FOR GLOBAL PERSPECTIVES ON THEIR PROFESSIONAL JOURNEYS.

THE POTENTIAL FOR GREATER INCLUSION IS CLEAR.

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

FEDERAL AGENCY - SUPPORTED DEV.

<u>Schedule O (Form 990) 2021</u> Page **2**

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

Employer identification number 39-6093210

UKRAINE CREDIT UNION LIQUIDITY ACTIVITY - THIS AWARD IS AN OTA BY USAID WHERE THE ACTIVITY IS TO ADDRESS LIQUIDITY CONSTRAINTS FACED BY CREDIT UNIONS IN UKRAINE. THIS ADDITIONAL LIQUIDITY IS CRITICAL FOR THE DEVELOPMENT OF SMALL AND MEDIUM AGRICULTURAL PRODUCERS IN RURAL AREAS. THIS IS IMPLEMENTED IN COORDINATION WITH THE EXTENSION OF THE WOCCU UKRAINE CAP PROGRAM WHICH WORKS TO STRENGTHEN UKRAINIAN CREDIT UNIONS AS PROVIDERS FOR FINANCIAL SERVICES AND INCREASE CREDIT UNIONS' ABILITY TO EXPEND LENDING TO SMALL AND MEDIUM AGRICULTURAL BUSINESS, ESPECIALLY DURING PERIODS WHEN DEMAND EXCEEDS THEIR CAPABILITIES TO EXTEND CREDIT. IN 2021, WF DISBURSED TWO TRANCHES OF FUNDS TO TWO UNITED CREDIT UNIONS (UCU) IN UKRAINE. \$400,000 WAS DISTRIBUTED TO UUCU AUCUA AND \$100,000 TO UCU UNASCU. IN 2021, THE FOLLOWING MILESTONES WERE COMPLETED AND APPROVED BY USAID: IN 2021, THE FOLLOWING MILESTONE WAS COMPLETED AND APPROVED BY USAID: PIPELINE REPORT 1 PROJECTING DEMAND BY TARGET CREDIT UNIONS FOR MICRO, SMALL, OR MEDIUM SIZED FARMERS TO BORROW UP TO \$500,000 IN THE AGGREGATE FOR AGRICULTURAL LENDING BY MEMBER CREDIT UNIONS OVER THE FORTHCOMING 12 MONTHS. SUPPORT DOCUMENTATION INCLUDED: VOLUME OF EXPECTED DEMAND FOR ADDITIONAL LIQUIDITY BY CREDIT UNION; AND ESTIMATED NUMBER AND VOLUME OF LOANS PROVIDED TO AGRICULTURAL MSMES. EXPENSES \$ 501,868. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

WOCCU APPOINTS A CERTAIN NUMBER OF WF BOARD MEMBERS

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

WOCCU BOARD APPOINTS A CERTAIN NUMBER OF WF BOARD MEMBERS

Schedule O (Form 990) 2021 Page **2**

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

Employer identification number 39-6093210

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

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, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL,AK,AR,CA,CO,CT,DC,FL,GA,HI,IL,KS,KY,ME,MA,MI,MN,MS,NV,NH,NJ,NY,NC,OH,OK

OR,PA,RI,SC,TN,UT,VA,WA,WV,WI,MD

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

132212 11-11-21

Schedule O (Form 990) 2021

| Schedule O (Form 990) 2021 | Page 2 |
|---|---|
| Name of the organization WORLDWIDE FOUNDATION FOR CREDIT UNIONS, INC. | Employer identification number 39-6093210 |
| THE FULL AUDITED FINANCIALS. THE FULL BY-LAWS OF THE ORGAN | IZATION ARE NOT |
| POSTED ON THE WEBSITE, BUT WILL BE SENT IF REQUESTED. | |
| FORM 990, PART IX, LINE 11G, OTHER FEES: | |
| CONSULTANTS: | |
| PROGRAM SERVICE EXPENSES | 18,181. |
| MANAGEMENT AND GENERAL EXPENSES | 5,443. |
| FUNDRAISING EXPENSES | 46,200. |
| TOTAL EXPENSES | 69,824. |
| SUBCONTRACTORS: | |
| PROGRAM SERVICE EXPENSES | 500,000. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 500,000. |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 569,824. |
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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.

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

(c)

(d)

(e)

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

(a)

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.

(b)

Employer identification number 39-6093210

(f)

| Name, address, and EIN (if applicable) of disregarded entity | Primary activity | Legal domicile (state of foreign country) | or Total inco | me End-of-yea | r assets | Direct controlling entity | | 9 |
|--|---|---|-------------------------------|--|------------|---------------------------------|-----|------------------------------------|
| | | | | | | | | |
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| | | | | | | | | |
| Part II Identification of Related Tax-Exempt Organizations during the tax year. | ations. Complete if the organization | answered "Yes" on Form 990 |), Part IV, line 34, t | ecause it had one | or more re | elated tax-exer | npt | |
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | 1 | ct controlling con entity er | | g) 512(b)(13) rolled ity? |
| WORLD COUNCIL OF CREDIT UNIONS, INC 39-1143339, 5710 MINERAL POINT ROAD, MADISON, WI 53705 | PROMOTE, SUPPORT, REPRESENT, AND SERVE THE WORLDWIDE CREDIT UNION | WISCONSIN | 501(C)(6) | | N/A | | Yes | X |
| | - CALBITON CALBITON | ni bookbii. | | | | | | 21 |

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

Schedule R (Form 990) 2021

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | Disprop | ortionate tions? | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General emanaging partner | (k) Percentage ownership |
|--|--------------------------------|---|-------------------------------|---|---------------------------------|--|---------|------------------|---|-------------------------------|--------------------------|
| | | | | | | | | | | | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | ent | tion b)(13) rolled tity? |
|--|--------------------------------|--|-------------------------------------|---|---------------------------------|--|--------------------------------|-----|-----------------------------------|
| WOCCU SERVICES GROUP, INC 39-1984681 PO BOX 2982 MADISON, WI 53701 | CREDIT UNION SERVICES | WI | N/A | C CORP | N/A | N/A | N/A | | х |
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

| Not | e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | Yes | No | | | | | |
|---|--|------------|-----|----|--|--|--|--|--|
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | | | | | | |
| а | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | | | | | | | |
| b | Gift, grant, or capital contribution to related organization(s) | | | | | | | | |
| С | c Gift, grant, or capital contribution from related organization(s) | | | | | | | | |
| | d Loans or loan guarantees to or for related organization(s) | | | | | | | | |
| | e Loans or loan guarantees by related organization(s) | | | | | | | | |
| | | | | | | | | | |
| f | Dividends from related organization(s) | 1f | | X | | | | | |
| g | g Sale of assets to related organization(s) | | | | | | | | |
| h | h Purchase of assets from related organization(s) | | | | | | | | |
| i | i Exchange of assets with related organization(s) | | | | | | | | |
| j | j Lease of facilities, equipment, or other assets to related organization(s) | | | | | | | | |
| | | | | | | | | | |
| k | k Lease of facilities, equipment, or other assets from related organization(s) | | | | | | | | |
| 1 | I Performance of services or membership or fundraising solicitations for related organization(s) | | | | | | | | |
| m | m Performance of services or membership or fundraising solicitations by related organization(s) | | | | | | | | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | | | | | | |
| | o Sharing of paid employees with related organization(s) | | | | | | | | |
| | | | | | | | | | |
| р | Reimbursement paid to related organization(s) for expenses | 1 p | Х | | | | | | |
| q | Reimbursement paid by related organization(s) for expenses | 1q | | Х | | | | | |
| _ | | | | | | | | | |
| r | r Other transfer of cash or property to related organization(s) | | | | | | | | |
| | Other transfer of cash or property from related organization(s) | 1s | | Х | | | | | |
| | If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. | • | | | | | | | |
| | | | | | | | | | |

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|--|----------------------------------|------------------------|---|
| (1) WORLD COUNCIL OF CREDIT UNIONS, INC. | 0 | 504,870. | FAIR MARKET VALUE |
| (2) WORLD COUNCIL OF CREDIT UNIONS, INC. | P | 908,508. | FAIR MARKET VALUE |
| (3) WORLD COUNCIL OF CREDIT UNIONS, INC. | В | 200,000. | CASH GRANT PAID |
| (4) | | | |
| <u>(5)</u> | | | |
| (6) | | | |

Page 4

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) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | Are all partners sec 501(c)(3) orgs.? | (g) Share of end-of-year assets | Disprotion allocat | por- ate ions? | | General manage partner | (k) Percentage ing ownership |
|--|-------------------------|---|---|---------------------------------------|--|--------------------|----------------------|----------|------------------------|------------------------------|
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| Part VII Supplemental Information 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. |
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