

CLIFTONLARSONALLEN LLP  
8215 GREENWAY BOULEVARD, SUITE 600  
MIDDLETON, WI 53562

WORLDWIDE FOUNDATION FOR CREDIT  
UNIONS, INC.  
P.O. BOX 2982  
MADISON, WI 53701-2982



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CLIENT'S COPY



CLA (CliftonLarsonAllen LLP)  
CLAconnect.com

Worldwide Foundation for Credit  
Unions, Inc.  
P.O. Box 2982  
Madison, WI 53701-2982

Worldwide Foundation for Credit Unions, Inc.:

Enclosed is the organization's 2018 Exempt Organization return. The state Exempt Organization Annual Reports are also enclosed. These should be signed, dated, and mailed, as indicated.

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-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Please return Form 8879-EO to us as soon as possible, but no later than as soon as possible the filing deadline.

**CALIFORNIA FORM RRF-1:**

The California Form RRF-1 should be mailed as soon as possible to:

Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470

Enclose a check or money order for \$150, payable to Attorney General Registry of Charitable Trusts.

The report should be signed and dated by the authorized individual(s).

**ILLINOIS FORM AG990-IL:**

The Illinois Form AG990-IL should be mailed as soon as possible to:

Office of the Attorney General  
Charitable Trust Bureau  
100 West Randolph St., 11th Floor  
Chicago, IL 60601-3175

Enclose a check or money order for \$115, payable to Illinois Charity Bureau Fund.

The report should be signed and dated by the authorized individual(s).

**MASSACHUSETTS FORM PC:**

The Massachusetts Form PC should be mailed as soon as possible to:

Non-Profit Org/Public Charities Div

Office of the Attorney General  
One Ashburton Place  
Boston, MA 02108

You have a balance due of \$500.

Payment must be made electronically via the Commonwealth of Massachusetts website at:

[www.mass.gov/ago/epay](http://www.mass.gov/ago/epay)

The annual report must be signed and dated by the authorized individual(s). Also be sure that all the necessary attachments are included with Form PC before filing.

#### MINNESOTA ANNUAL REPORT:

The Minnesota Annual Report should be mailed as soon as possible to:

Minnesota Attorney Generals Office  
Charities Division  
445 Minnesota Street, Suite 1200  
St. Paul, MN 55101-2130

Enclose a check or money order for \$25, payable to State of Minnesota.

Include the organization's Federal Employer Identification Number and 2018 Annual Report on the remittance.

The report should be signed and dated by the authorized individual(s).

#### NEW JERSEY FORM CRI-300R:

Form CRI-300R has a balance due of \$250.

The New Jersey Form CRI-300R should be filed via the web on or before December 31, 2019 at:  
<https://njconsumeraffairs.state.nj.us/sign-in/>

#### NEW YORK FORM CHAR500:

The New York Form CHAR500 should be mailed as soon as possible to:

NYS Office of Attorney General  
Charities Bureau Registration Section  
28 Liberty Street  
New York, NY 10005

Enclose a check or money order for \$25, payable to Department of Law.

The report should be signed and dated by the authorized individual(s).

The attached copy of federal Form 990 must be properly signed and dated.

#### PENNSYLVANIA FORM BCO-10:

The Pennsylvania Form BCO-10 should be mailed as soon as possible to:

Bureau of Charitable Organizations

207 North Office Building  
Harrisburg, PA 17120

Enclose a check or money order for \$250, payable to Commonwealth of Pennsylvania.

The report should be signed and dated by the authorized individual(s).

A completed and signed copy of federal Form 990 (and all applicable attachments) must be included with Form BCO-10.

2018 Wisconsin Form 1952

Please sign and mail or email on or before December 31, 2019.

Mail to:

Department of Financial Institutions  
Division of Corporate & Consumer Services  
PO Box 7879  
Madison, WI 53707-7879

Additional State Annual Renewals Provided with separate filings instructions

Pursuant to disclosure regulations, tax-exempt organizations must make available for public inspection a copy of their application for exemption indefinitely and their annual tax returns for the preceding three years. These documents must be made available without charge at the organization's principal, regional and district offices during regular business hours. In addition, an organization generally must furnish a copy of the application and annual tax returns to anyone who requests them in person or in writing. An exempt organization can avoid providing copies by posting all the documents on its website or at another organization's website as part of a database of similar materials. Specific requirements must be met to fit within this exception. As a courtesy we have provided a Public Disclosure Copy of your annual return for the current year, including Form 990-T if applicable.

When mailing is necessary, we recommend that you use certified mail with postmarked receipts for proof of timely filing.

Be sure to review the returns prior to signing as you have final responsibility for all information included in the returns. If there is anything on the return you do not understand, we would be glad to answer your questions.

Copies of each return are provided and should be retained for your files. Based on IRS guidance, we generally recommend that you keep supporting documentation for a minimum of seven years; and that you keep copies of the tax returns, and records that support basis for items in the tax return, indefinitely.

We value our relationship with you and thank you for your trust and confidence in allowing us to serve you. If you have any questions regarding the returns or other services that we can assist you with, please do not hesitate to contact us. Some of our best clients come through referrals from existing clients. If you know of anyone who could benefit from our assistance, we would be pleased to speak to him or her.

Sincerely,

CliftonLarsonAllen LLP

IRS e-file Signature Authorization for an Exempt Organization

Form 8879-EO

For calendar year 2018, or fiscal year beginning \_\_\_\_\_, 2018, and ending \_\_\_\_\_, 20\_\_\_\_

2018

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information.

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

Name and title of officer: BRIAN BRANCH, PRESIDENT & CEO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, 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.

Table with 5 rows (1a-5a) and 3 columns: Return type, Total revenue/tax/balance due, and Amount. Row 1a is checked with amount 2,767,025.

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's 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 organization's 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. 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 organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize CLIFTONLARSONALLEN LLP to enter my PIN 70470. Enter five numbers, but do not enter all zeros.

as my signature on the organization's tax year 2018 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 of the organization, I will enter my PIN as my signature on the organization's tax year 2018 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.

Officer's signature: \*\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\* Date: 11/25/19

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.

3963125902 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization 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: \_\_\_\_\_ Date: 11/25/19

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

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2018**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A For the 2018 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization WORLDWIDE FOUNDATION FOR CREDIT UNIONS, INC. Doing business as		<b>D</b> Employer identification number 39-6093210
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 2982		<b>E</b> Telephone number 608-395-2000
	City or town, state or province, country, and ZIP or foreign postal code MADISON, WI 53701-2982		<b>G</b> Gross receipts \$ 2,767,025.
	<b>F</b> Name and address of principal officer: BRIAN BRANCH SAME AS C ABOVE		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶

**J** Website: ▶ WWW.DOGLOBALGOOD.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: 1965 **M** State of legal domicile: WI

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>SUPPORT CREDIT UNION SYSTEMS &amp; MEMBERS IN DEVELOPMENT ACTIVITIES.</u>
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) <span style="float: right;">3 9</span>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <span style="float: right;">4 9</span>
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a) <span style="float: right;">5 0</span>
	<b>6</b> Total number of volunteers (estimate if necessary) <span style="float: right;">6 20</span>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <span style="float: right;">7a 0.</span> <b>b</b> Net unrelated business taxable income from Form 990-T, line 38 <span style="float: right;">7b 0.</span>
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) <span style="float: right;">1,462,145. 2,718,577.</span>
	<b>9</b> Program service revenue (Part VIII, line 2g) <span style="float: right;">1,197,095. 48,448.</span>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <span style="float: right;">0. 0.</span>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <span style="float: right;">0. 0.</span>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <span style="float: right;">2,659,240. 2,767,025.</span>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <span style="float: right;">388,493. 194,773.</span>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <span style="float: right;">0. 0.</span>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <span style="float: right;">0. 0.</span>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <span style="float: right;">0. 0.</span>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 389,052.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <span style="float: right;">2,249,608. 2,567,438.</span>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <span style="float: right;">2,638,101. 2,762,211.</span>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 <span style="float: right;">21,139. 4,814.</span>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) <span style="float: right;">807,493. 2,443,508.</span>
	<b>21</b> Total liabilities (Part X, line 26) <span style="float: right;">214,514. 1,845,715.</span>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <span style="float: right;">592,979. 597,793.</span>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer		Date		
	BRIAN BRANCH, PRESIDENT & CEO Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	KIMBERLY ANDERSON	KIMBERLY ANDERSON	11/25/19		P00188889
Firm's name ▶ CLIFTONLARSONALLEN LLP			Firm's EIN ▶ 41-0746749		
Firm's address ▶ 8215 GREENWAY BOULEVARD, SUITE 600 MIDDLETON, WI 53562			Phone no. 608-662-8600		

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

WORLDWIDE FOUNDATION FOR CREDIT UNIONS, INC.

Form 990 (2018)

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE 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? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

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

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

4a (Code: ) (Expenses \$ 943,737. including grants of \$ 113,573. ) (Revenue \$ 0. ) FEDERAL AGENCY - SUPPORTED DEV.

THE CREDIT FOR AGRICULTURE PRODUCERS (CAP) PROJECT IS A FOUR YEAR PROJECT (2016-2020) FUNDED BY USAID THAT WILL BE IMPLEMENTED BY WORLDWIDE FOUNDATION FOR CREDIT UNIONS, INC. WITH OVERSIGHT AND TECHNICAL ASSISTANCE FROM VOLUNTEERS FOR ECONOMIC GROWTH ALLIANCE (VEGA). THE PURPOSE OF THE PROJECT IS TO STRENGTHEN THE CREDIT UNION SECTOR IN UKRAINE TO IMPROVE THE QUALITY OF THE FINANCIAL SERVICES AND PRODUCTS OFFERED TO FARMERS AND AGRIBUSINESSES IN RURAL AREAS IN UKRAINE. THE CAP PROJECT WILL SUPPORT BROAD-BASED RESILIENT ECONOMIC DEVELOPMENT THROUGH A MULTI-FACETED APPROACH TO FURTHER DEVELOP UKRAINE'S CREDIT UNION SECTOR. IN ORDER TO ACHIEVE ITS OBJECTIVES, THE

4b (Code: ) (Expenses \$ 1,018,719. including grants of \$ ) (Revenue \$ ) TECHNICAL ASSISTANCE

CREDIT UNION DEVELOPMENT

THE WORLDWIDE FOUNDATION PROVIDED FUNDING TO WORLD COUNCIL OF CREDIT UNIONS TO SUPPORT ITS CREDIT UNION DEVELOPMENT ACTIVITIES. EXAMPLES OF WORLD COUNCIL'S DEVELOPMENT INITIATIVES INCLUDE THE FOLLOWING:

A TWO-YEAR PARTNERSHIP WITH THE BILL AND MELINDA GATES FOUNDATION AND THE ASIAN CONFEDERATION OF CREDIT UNIONS AIMS TO ASSESS ASIAN CREDIT UNION SYSTEMS READINESS TO MOVE INTO THE DIGITAL AGE. STAFF WORKED WITH PHILIPPINE AND INDONESIAN CREDIT UNION SYSTEM REPRESENTATIVES TO BEGIN

4c (Code: ) (Expenses \$ 58,452. including grants of \$ 38,700. ) (Revenue \$ 12,298. ) 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 THE STATE OR ON CHARITY. EXAMPLES OF SOME OF THE EDUCATION/TRAINING INITIATIVEES INCLUDE THE FOLLOWING:

TURMOIL AND CONFLICT IN NEIGHBORING VENEZUELA DISRUPTED COLOMBIAN BORDER TOWNS AND COMMERCIAL AND TRADE ACTIVITIES. TENS OF THOUSANDS OF COLOMBIANS FLED FROM VENEZUELA AND REFUGEES SETTLED IN THE BORDER COMMUNITIES. WE ASSESSED FINANCIAL SUPPORT FROM BANCA DE LAS OPORTUNIDADES FOR A PROJECT TO EXPAND CREDIT UNION SERVICES TO AREAS ON

4d Other program services (Describe in Schedule O.) (Expenses \$ 64,191. including grants of \$ 42,500. ) (Revenue \$ 36,150. )

4e Total program service expenses 2,085,099.

Form 990 (2018)



WORLDWIDE FOUNDATION FOR CREDIT  
UNIONS, INC.

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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<input checked="" type="checkbox"/>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	<input checked="" type="checkbox"/>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		<input checked="" type="checkbox"/>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		<input checked="" type="checkbox"/>
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		<input checked="" type="checkbox"/>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		<input checked="" type="checkbox"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<input checked="" type="checkbox"/>
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....		<input checked="" type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		<input checked="" type="checkbox"/>
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<input checked="" type="checkbox"/>	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		<input checked="" type="checkbox"/>
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		<input checked="" type="checkbox"/>
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> .....		<input checked="" type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		<input checked="" type="checkbox"/>
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	<input checked="" type="checkbox"/>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		<input checked="" type="checkbox"/>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<input checked="" type="checkbox"/>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<input checked="" type="checkbox"/>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	<input checked="" type="checkbox"/>	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	<input checked="" type="checkbox"/>	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		<input checked="" type="checkbox"/>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		<input checked="" type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		<input checked="" type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		<input checked="" type="checkbox"/>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		<input checked="" type="checkbox"/>

WORLDWIDE FOUNDATION FOR CREDIT  
UNIONS, INC.

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	X	
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....		

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 0		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	<b>3b</b>	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	X
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	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?	<b>6a</b>	X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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>7a</b>	X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	X

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

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

**Section A. Governing Body and Management**

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

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

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

**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, GA, HI, IL, KS**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **BRIAN BRANCH - 608-395-2000**  
**5710 MINERAL POINT RD, MADISON, WI 53705**

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BILL CHENEY CHAIR	1.00	X		X				0.	0.	0.
(2) CARLA CICERO VICE CHAIR	1.00 1.00	X		X				0.	0.	0.
(3) SUSAN MITCHELL SECRETARY	1.00	X		X				0.	0.	0.
(4) DALLAS BERGL TREASURER	1.00 1.00	X		X				0.	0.	0.
(5) MANFRED ALFONSO DASENBROCK DIRECTOR	1.00 1.00	X						0.	0.	0.
(6) CRYSTAL LONG DIRECTOR	1.00	X						0.	0.	0.
(7) KIM SPONEM DIRECTOR	1.00	X						0.	0.	0.
(8) STEVEN STAPP DIRECTOR	1.00 1.00	X						0.	0.	0.
(9) JOSEPH THOMAS DIRECTOR	1.00	X						0.	0.	0.
(10) MICHAEL REUTER EXECUTIVE DIRECTOR	40.00 1.00			X				0.	95,087.	22,694.
(11) BRIAN BRANCH PRESIDENT & CEO	1.00 40.00			X				0.	330,448.	68,100.
(12) STEVEN FUNK CFO	1.00 40.00			X				0.	123,338.	30,404.

WORLDWIDE FOUNDATION FOR CREDIT  
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**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Sub-total</b> .....							0.	548,873.	121,198.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							0.	548,873.	121,198.	

**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 **0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**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**

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**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	943,737.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	1,774,840.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f .....		2,718,577.				
<b>Program Service Revenue</b>	<b>2 a</b> <u>CONFERENCE TOUR INCOME</u>	<b>Business Code</b> 900099	36,150.	36,150.			
	<b>b</b> <u>EDUCATIONAL RECEPTIONS</u>	611710	12,298.	12,298.			
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....		48,448.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....						
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....					
		<b>c</b> Gain or (loss) .....					
		<b>d</b> Net gain or (loss) .....					
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
		<b>b</b> Less: direct expenses .....	<b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events .....					
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
<b>b</b> Less: direct expenses .....		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> _____							
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....			2,767,025.	48,448.	0.	0.	

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**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	194,773.	194,773.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits .....				
<b>10</b> Payroll taxes .....				
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management .....	1,265,410.	827,507.	143,327.	294,576.
<b>b</b> Legal .....	2,355.	2,197.	158.	
<b>c</b> Accounting .....	6,616.		6,616.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	353,910.	297,713.	54,426.	1,771.
<b>12</b> Advertising and promotion .....	10,698.	1,766.		8,932.
<b>13</b> Office expenses .....	125,183.	84,435.	24,193.	16,555.
<b>14</b> Information technology .....	1,547.	699.	848.	
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	51,300.	19,273.	32,027.	
<b>17</b> Travel .....	263,895.	206,363.	6,379.	51,153.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	266,713.	266,516.	197.	
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....				
<b>23</b> Insurance .....	10,867.	500.	10,367.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>UKRAINE CAP PROJECT</b> .....	183,357.	183,357.		
<b>b</b> <b>MISCELLANEOUS EXPENSES</b> .....	25,587.		9,522.	16,065.
<b>c</b> .....				
<b>d</b> .....				
<b>e</b> All other expenses .....				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	2,762,211.	2,085,099.	288,060.	389,052.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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



**WORLDWIDE FOUNDATION FOR CREDIT  
UNIONS, INC.**

Form 990 (2018)

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	781,376.	<b>1</b>	962,213.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	1,468,549.
	<b>3</b> Pledges and grants receivable, net .....	8,864.	<b>3</b>	
	<b>4</b> Accounts receivable, net .....	17,253.	<b>4</b>	12,746.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....			<b>5</b>
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....			<b>6</b>
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	19,851.		
	<b>b</b> Less: accumulated depreciation .....	19,851.	0.	<b>10c</b>
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	807,493.	<b>16</b>	2,443,508.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	214,514.	<b>17</b>	365,559.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	1,480,156.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....			<b>22</b>
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	214,514.	<b>26</b>	1,845,715.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	381,628.	<b>27</b>	386,327.
	<b>28</b> Temporarily restricted net assets .....	211,351.	<b>28</b>	211,466.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	592,979.	<b>33</b>	597,793.	
<b>34</b> Total liabilities and net assets/fund balances .....	807,493.	<b>34</b>	2,443,508.	

Form **990** (2018)

WORLDWIDE FOUNDATION FOR CREDIT  
UNIONS, INC.

Form 990 (2018)

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**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,767,025.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,762,211.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,814.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	592,979.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	597,793.

**Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2018)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

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

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  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 university: \_\_\_\_\_
- 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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **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.**
  - 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.**
  - 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.**
  - d  **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.**
  - e  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.
  - f Enter the number of supported organizations \_\_\_\_\_
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

WORLDWIDE FOUNDATION FOR CREDIT

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1502024.	1566008.	1301547.	1462145.	2718577.	8550301.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	1502024.	1566008.	1301547.	1462145.	2718577.	8550301.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						306,632.
<b>6 Public support.</b> Subtract line 5 from line 4.						8243669.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....	1502024.	1566008.	1301547.	1462145.	2718577.	8550301.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						8550301.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	2,555,347.

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

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	14	96.41 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	15	94.97 %

**16a 33 1/3% support test - 2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization .....

**b 33 1/3% support test - 2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization .....

**17a 10% -facts-and-circumstances test - 2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....

**b 10% -facts-and-circumstances test - 2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		



WORLDWIDE FOUNDATION FOR CREDIT

Schedule A (Form 990 or 990-EZ) 2018 UNIONS, INC.

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014			
<b>b</b> Excess from 2015			
<b>c</b> Excess from 2016			
<b>d</b> Excess from 2017			
<b>e</b> Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

WORLDWIDE FOUNDATION FOR CREDIT

**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.)

Multiple horizontal lines for supplemental information.

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Name of the organization

WORLDWIDE FOUNDATION FOR CREDIT  
UNIONS, INC.

Employer identification number

39-6093210

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization <b>WORLDWIDE FOUNDATION FOR CREDIT UNIONS, INC.</b>	Employer identification number <b>39-6093210</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CUNA MUTUAL GROUP  5910 MINERAL POINT ROAD  MADISON, WI 53705-4456	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	WORLD COUNCIL OF CREDIT UNIONS, INC.  P.O. BOX 2982  MADISON, WI 53701	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	BILL AND MELINDA GATES FOUNDATION  PO BOX 23350  SEATTLE , WA 98102	\$ 122,644.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT  1300 PENNSYLVANIA AVE NW  WASHINGTON, DC 20004	\$ 943,737.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>WORLDWIDE FOUNDATION FOR CREDIT UNIONS, INC.</b>	Employer identification number <b>39-6093210</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization <b>WORLDWIDE FOUNDATION FOR CREDIT UNIONS, INC.</b>	Employer identification number <b>39-6093210</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

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

2018

Open to Public Inspection

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

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

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

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No), 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No), 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

**WORLDWIDE FOUNDATION FOR CREDIT  
UNIONS, INC.**

Schedule D (Form 990) 2018

39-6093210 Page **2**

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

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

- |   |   |
|---|---|
| <p><b>a</b> <input type="checkbox"/> Public exhibition</p> <p><b>b</b> <input type="checkbox"/> Scholarly research</p> <p><b>c</b> <input type="checkbox"/> Preservation for future generations</p> | <p><b>d</b> <input type="checkbox"/> Loan or exchange programs</p> <p><b>e</b> <input type="checkbox"/> Other _____</p> |
|---|---|

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ \_\_\_\_\_%
- b** Permanent endowment ▶ \_\_\_\_\_%
- c** Temporarily restricted endowment ▶ \_\_\_\_\_%

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ▶ \_\_\_\_\_

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		19,851.	19,851.	0.
<b>e</b> Other				

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

Schedule D (Form 990) 2018



**WORLDWIDE FOUNDATION FOR CREDIT  
UNIONS, INC.**

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (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 end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

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

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

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

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

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

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 AMOUNTS TO RECORD AS ASSETS OR LIABILITIES RELATED TO UNCERTAIN TAX POSITIONS.



**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

Name of the organization <b>WORLDWIDE FOUNDATION FOR CREDIT UNIONS, INC.</b>	Employer identification number <b>39-6093210</b>
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**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	PROGRAM SERVICES	THE INTERNATIONAL PARTNERSHIP PROGRAM, WHICH UNITES CREDIT UNION MOVEMENTS FROM	11,236.
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	FUNDRAISING		41,226.
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	PROGRAM SERVICES	FUNDS USED TO PROVIDE RELIEF FOR CREDIT UNIONS EFFECTED BY THE CARRIBEAN HURRICANES	142,714.
EAST ASIA & PACIFIC	0	0	EDUCATION	SUPPORT OF THE GLOBAL WOMEN'S LEADERSHIP NETWORK, WHICH CONNECTS CREDIT UNION WOMEN WITH	602.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	THE INTERNATIONAL PARTNERSHIP PROGRAM, WHICH UNITES CREDIT UNION MOVEMENTS FROM	122,644.
EAST ASIA AND THE PACIFIC	0	0	FUNDRAISING		33,004.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	EDUCATION	SUPPORT OF THE GLOBAL WOMEN'S LEADERSHIP NETWORK, WHICH CONNECTS CREDIT UNION WOMEN WITH	149,755.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	PROGRAM SERVICES	THE INTERNATIONAL PARTNERSHIP PROGRAM, WHICH UNITES CREDIT UNION MOVEMENTS FROM	5,618.
<b>3 a</b> Subtotal .....	0	0			506,799.
<b>b</b> Total from continuation sheets to Part I .....	0	0			2,041,860.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			2,548,659.

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

Schedule F (Form 990) 2018

SEE PART V FOR COLUMN (E) DESCRIPTIONS

**WORLDWIDE FOUNDATION FOR CREDIT  
UNIONS, INC.**

Schedule F (Form 990)

39-6093210 Page 1

**Part I Continuation of Activities per Region.** (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 expenditures for region
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	FUNDRAISING		74,234.
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	TECHNICAL ASSISTANCE	GRANT GIVEN TO WORLD COUNCIL OF CREDIT UNIONS TO ASSIST WITH ITS DEVELOPMENT ACTIVITIES	52,153.
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	FUNDRAISING		13,966.
RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN, BELARUS,	0	0	FUNDRAISING		271,282.
RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN, BELARUS,	0	0	PROGRAM SERVICES	SUPPORT OF THE UKRAINE CAP PROJECT. PURPOSE OF THE UKRAINE PROJECT IS TO STRENGTHEN THE CREDIT	943,737.
RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN, BELARUS,	0	0	TECHNICAL ASSISTANCE	GRANT GIVEN TO WORLD COUNCIL OF CREDIT UNIONS TO ASSIST WITH ITS DEVELOPMENT WORK IN	52,153.
RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN, BELARUS,	0	0	EDUCATION	SUPPORT OF THE GLOBAL WOMEN'S LEADERSHIP NETWORK, WHICH CONNECTS CREDIT UNION WOMEN WITH	15,741.
RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN, BELARUS,	0	0	PROGRAM SERVICES	THE INTERNATIONAL PARTNERSHIP PROGRAM, WHICH UNITES CREDIT UNION MOVEMENTS FROM	1,404.
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	0	0	TECHNICAL ASSISTANCE	GRANT GIVEN TO WORLD COUNCIL OF CREDIT UNIONS TO ASSIST WITH ITS DEVELOPMENT WORK IN	52,153.
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	0	0	EDUCATION	SUPPORT OF THE GLOBAL WOMEN'S LEADERSHIP NETWORK, WHICH CONNECTS CREDIT UNION WOMEN WITH	109,359.
<b>Totals</b> .....					

WORLDWIDE FOUNDATION FOR CREDIT  
UNIONS, INC.

Schedule F (Form 990)

39-6093210

Page 1

**Part I** Continuation of Activities per Region. (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 expenditures for region
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	0	0	FUNDRAISING		44,380.
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	0	0	PROGRAM SERVICES	THE INTERNATIONAL PARTNERSHIP PROGRAM, WHICH UNITES CREDIT UNION MOVEMENTS FROM	4,213.
SOUTH ASIA	0	0	FUNDRAISING		26,503.
SOUTH ASIA	0	0	TECHNICAL ASSISTANCE	GRANT GIVEN TO WORLD COUNCIL OF CREDIT UNIONS TO ASSIST WITH ITS DEVELOPMENT IN SOUTH	52,153.
SOUTH ASIA	0	0	EDUCATION	SUPPORT OF THE GLOBAL WOMEN'S LEADERSHIP NETWORK, WHICH CONNECTS CREDIT UNION WOMEN WITH	46,818.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA, FASO,	0	0	FUNDRAISING		59,484.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA, FASO,	0	0	TECHNICAL ASSISTANCE	GRANT GIVEN TO WORLD COUNCIL OF CREDIT UNIONS TO ASSIST WITH ITS DEVELOPMENT ACTIVITIES	52,153.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA, FASO,	0	0	EDUCATION	TRAVEL EXPENSES AND TUITION PAID TO CREDIT UNION PROFESSIONALS FROM KENYA TO ATTEND	169,974.
<b>Totals</b> .....					2,041,860.

**WORLDWIDE FOUNDATION FOR CREDIT  
UNIONS, INC.**

**Part II** **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, BURKINA, FASO,	SUPPORT FOR ORPHANAGE EDUCATION FUNDING	38,700.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	CARIBBEAN HURRICANE RELIEF	42,500.	WIRE TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	SUPPORT OF THE UKRAINE CAP PROJECT	113,573.	WIRE TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... 0

3 Enter total number of other organizations or entities ..... 3

WORLDWIDE FOUNDATION FOR CREDIT  
 UNIONS, INC.

Schedule F (Form 990) 2018

39-6093210

Page 3

**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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)



**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  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  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  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  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  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

**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:**

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

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

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

EXCHANGE IDEAS, BEST PRACTICES AND TECHNICAL EXPERTISE. THE PROGRAM

BUILDS STRONGER INSTITUTIONAL CAPACITY THAT ULTIMATELY BENEFITS CREDIT

UNION MEMBERS WHILE DEMONSTRATING THE COOPERATIVE IDEALS THAT

CHARACTERIZE CREDIT UNIONS AND DISTINGUISH THEM AS FINANCIAL

INSTITUTIONS. CENTRAL AMERICAN/CARIBBEAN PARTNERSHIPS INCLUDE BAHAMAS,

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

TRINIDAD-TOBAGO.

CUSTOMIZED INTERNATIONAL TRAINING PROGRAMS WHICH PROVIDE TRAINING

OPPORTUNITIES FOR CREDIT UNION EXECUTIVES, BOARD MEMBERS AND EMPLOYEES TO

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

**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.

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

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

(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 EFFECTED BY THE CARRIBEAN HURRICANES THAT HIT DURING 2017.

REGION: EAST ASIA & PACIFIC

(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, ASIA, AND AFRICA.

REGION: EAST ASIA AND THE PACIFIC

(E) SPECIFIC TYPES OF SERVICES IN REGION: THE INTERNATIONAL PARTNERSHIP PROGRAM, WHICH UNITES CREDIT UNION MOVEMENTS FROM AROUND THE WORLD TO EXCHANGE IDEAS AND TECHNICAL EXPERTISE WITH THE GOAL OF BUILDING STRONGER INSTITUTIONS FOR THE BENEFIT OF THEIR MEMBERS. EAST ASIAN COUNTRIES PARTICIPATE IN THIS PROGRAM.

(A) REGION:

**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.

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:

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

(E) SPECIFIC TYPES OF SERVICES IN REGION: THE INTERNATIONAL PARTNERSHIP PROGRAM, WHICH UNITES CREDIT UNION MOVEMENTS FROM AROUND THE WORLD TO EXCHANGE IDEAS, BEST PRACTICES AND TECHNICAL EXPERTISE. EUROPEAN PARTNERSHIPS INCLUDE ESTONIA, POLAND AND ROMANIA.

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

(E) SPECIFIC TYPES OF SERVICES IN REGION: GRANT GIVEN TO WORLD COUNCIL OF CREDIT UNIONS TO ASSIST WITH ITS DEVELOPMENT ACTIVITIES IN MEXICO.

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

(E) SPECIFIC TYPES OF SERVICES IN REGION: SUPPORT OF THE UKRAINE CAP PROJECT. PURPOSE OF THE UKRAINE PROJECT IS TO STRENGTHEN THE CREDIT UNION SECTOR IN UKRAINE TO IMPROVE THE QUALITY OF THE FINANCIAL SERVICES AND PRODUCTS OFFERED TO FARMERS AND AGRIBUSINESS IN RURAL AREAS IN UKRAINE.

**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.

REGION: RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN, BELARUS,  
(E) SPECIFIC TYPES OF SERVICES IN REGION: GRANT GIVEN TO WORLD COUNCIL  
OF CREDIT UNIONS TO ASSIST WITH ITS DEVELOPMENT WORK IN RUSSIA AND  
NEIGHBORING STATES.

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

REGION: RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN, BELARUS,  
(E) SPECIFIC TYPES OF SERVICES IN REGION: THE INTERNATIONAL PARTNERSHIP  
PROGRAM, WHICH UNITES CREDIT UNION MOVEMENTS FROM AROUND THE WORLD TO  
EXCHANGE IDEAS AND TECHNICAL EXPERTISE WITH THE GOAL OF BUILDING STRONGER  
INSTITUTIONS FOR THE BENEFIT OF THEIR MEMBERS. RUSSIA IS ONE OF THE  
PARTICIPANTS IN THIS PROGRAM.

(A) REGION:  
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,  
(E) SPECIFIC TYPES OF SERVICES IN REGION: GRANT GIVEN TO WORLD COUNCIL  
OF CREDIT UNIONS TO ASSIST WITH ITS DEVELOPMENT WORK IN SOUTH AMERICA.

(A) REGION:

**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.

SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,  
(E) SPECIFIC TYPES OF SERVICES IN REGION: SUPPORT OF THE GLOBAL WOMEN'S LEADERSHIP NETWORK, WHICH CONNECTS CREDIT UNION WOMEN WITH FELLOW LEADERS IN OTHER CREDIT UNION MOVEMENTS ALL OVER THE WORLD AND ENGAGES THEM IN PROFESSIONAL AND PERSONAL DEVELOPMENT THROUGH SOCIAL MEDIA AND EDUCATION FORUMS. MEMBERSHIP INCLUDES WOMEN FROM NORTH AMERICA, EUROPE, SOUTH AMERICA, AND AFRICA.

(A) REGION:  
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,  
(E) SPECIFIC TYPES OF SERVICES IN REGION: THE INTERNATIONAL PARTNERSHIP PROGRAM, WHICH UNITES CREDIT UNION MOVEMENTS FROM AROUND THE WORLD TO EXCHANGE IDEAS, BEST PRACTICES AND TECHNICAL EXPERTISE. SOUTH AMERICAN PARTNERSHIPS INCLUDE BRAZIL, COLOMBIA, PARAGUAY AND PERU.  
CUSTOMIZED INTERNATIONAL TRAINING PROGRAMS, WHICH PROVIDE TRAINING OPPORTUNITIES FOR CREDIT UNION EXECUTIVES, BOARD MEMBERS AND EMPLOYEES TO LEARN FROM CREDIT UNIONS IN OTHER COUNTRIES. SOUTH AMERICAN PROGRAMS INCLUDE EXCHANGES BETWEEN CREDIT UNIONS IN THE UNITED STATES, BRAZIL AND ECUADOR.

REGION: SOUTH ASIA  
(E) SPECIFIC TYPES OF SERVICES IN REGION: GRANT GIVEN TO WORLD COUNCIL OF CREDIT UNIONS TO ASSIST WITH ITS DEVELOPMENT IN SOUTH ASIA.

REGION: SOUTH ASIA  
(E) SPECIFIC TYPES OF SERVICES IN REGION: SUPPORT OF THE GLOBAL WOMEN'S LEADERSHIP NETWORK, WHICH CONNECTS CREDIT UNION WOMEN WITH FELLOW LEADERS

**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.

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, ASIA, AND AFRICA.

REGION: SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA, FASO, (E) SPECIFIC TYPES OF SERVICES IN REGION: GRANT GIVEN TO WORLD COUNCIL OF CREDIT UNIONS TO ASSIST WITH ITS DEVELOPMENT ACTIVITIES IN AFRICA.

REGION: SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA, FASO, (E) SPECIFIC TYPES OF SERVICES IN REGION: TRAVEL EXPENSES AND TUITION PAID TO CREDIT UNION PROFESSIONALS FROM KENYA TO ATTEND EDUCATIONAL PROGRAMS RELATED TO CREDIT UNION STRENGTHENING AND GOOD GOVERNANCE.

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

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2018**

Open to Public Inspection

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

Department of the Treasury  
Internal Revenue Service

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

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? ..... **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? ..... **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? ..... **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? ..... **5a**
- b** Any related organization? ..... **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? ..... **6a**
- b** Any related organization? ..... **6b**
- 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 .....

**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 .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2018



**WORLDWIDE FOUNDATION FOR CREDIT  
UNIONS, INC.**

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BRIAN BRANCH PRESIDENT & CEO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	317,133.	0.	13,315.	34,792.	33,308.	398,548.	0.
(2) STEVEN FUNK CFO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	122,308.	0.	1,030.	19,569.	10,835.	153,742.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

WORLDWIDE FOUNDATION FOR CREDIT  
UNIONS, INC.

**Part III Supplemental Information**

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

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

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 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

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

CAP PROJECT, WITH SUPPORT OF INTERNATIONAL, CREDIT UNION EXPERTS AND  
VOLUNTEERS, WILL WORK CLOSELY WITH THE NATIONAL COMMISSION ON  
REGULATION OF FINANCIAL SERVICES MARKETS AND THE TWO CREDIT UNION  
ASSOCIATIONS: THE ALL-UKRAINIAN CREDIT UNION ASSOCIATION (AUCUA) AND  
UKRAINIAN NATIONAL ASSOCIATION OF SAVINGS AND CREDIT UNIONS (UNASCU).

IN PARTNERSHIP WITH NATIONAL ASSOCIATION OF SAVINGS AND CREDIT UNIONS  
OF POLAND (NACSCU), THE IRISH LEAGUE OF CREDIT UNIONS FOUNDATION  
(ILCUF), UKRAINIAN NATIONAL ASSOCIATION OF SAVINGS AND CREDIT UNIONS  
(UNASCU), ALL-UKRAINIAN CREDIT UNION ASSOCIATION (AUCUA), GLOBAL  
WOMEN'S LEADERSHIP NETWORK (GWLN) AND OTHER INTERNATIONAL CREDIT UNION  
EXPERTS AND VOLUNTEERS, WOCU/WF ARE WORKING TO STRENGTHEN THE CREDIT  
UNION SECTOR IN UKRAINE TO IMPROVE THE QUALITY OF THE FINANCIAL  
SERVICES AND PRODUCTS OFFERED TO FARMERS AND AGRIBUSINESSES IN RURAL  
AREAS.

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

MAPPING OUT A MOBILE STRATEGY FOR THE CREDIT UNIONS TO PROVIDE THEIR

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization	WORLDWIDE FOUNDATION FOR CREDIT UNIONS, INC.	Employer identification number	39-6093210
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SERVICES, WHILE SIMULTANEOUSLY CONNECTING THEIR INSTITUTIONS TO THE LOCAL COUNTRY PAYMENTS AND DIGITAL ECOSYSTEM. BASED ON THIS INITIAL STUDY, THE PROJECT HAS BEEN EXTENDED TO PLAN, CREATE, TEST AND LAUNCH INTEROPERABLE PAYMENT PLATFORMS ENABLED BY A DIGITAL FINANCIAL TOOLKIT FOR CREDIT UNIONS IN THE PHILIPPINES AND INDONESIA, EVENTUALLY EXTENDING ACROSS ASIA.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: THE BORDER. OUR GOAL IS TO STABILIZE LOCAL COMMUNITIES THROUGH CREDIT UNIONS BY PROVIDING FINANCING AND EDUCATION SERVICES FOR REFUGEES. VOLUNTEERS HAVE TRAVELED TO COLOMBIA AT THEIR OWN EXPENSE TO DEVELOP AND DELIVER A FINANCIAL LITERACY TRAINING MODEL AS A KEY OUTCOME OF THIS PROJECT.

A GROUP OF VOLUNTEERS FROM INDIANA'S CREDIT UNIONS TRAVELED TO DOMINICA AT THEIR OWN EXPENSE TO ASSESS THE ISLAND'S CREDIT UNIONS AND ENGAGE IN STRATEGIC PLANNING. THE VOLUNTEERS ADVISED THE DOMINICA CREDIT UNIONS ON HOW TO MONITOR AND MANAGE RISK AND ENGAGE IN AGRICULTURAL LENDING. INDIANA AND DOMINICAN CREDIT UNIONS WILL CONTINUE THE VITAL WORK OF REBUILDING DOMINICA'S CREDIT UNION SYSTEM STRENGTHENING ITS RISK MANAGEMENT SYSTEMS, REGULATORY COMPLIANCE SYSTEMS AND AGRICULTURAL LENDING.

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

HURRICANE MARIA CAUSED SERIOUS DAMAGE TO THE ISLAND IN 2017, YET CREDIT UNIONS RESPONDED FAST TO PROVIDE SERVICE TO MEMBERS WITHIN A WEEK AFTER

Name of the organization	WORLDWIDE FOUNDATION FOR CREDIT UNIONS, INC.	Employer identification number	39-6093210
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THE DISASTER. COMMUNITIES RESPONDED WITH SIGNIFICANT MEMBERSHIP AND LIQUIDITY GROWTH IN THE CREDIT UNIONS AFTER THE HURRICANE. IN 2018, THE FOUNDATION TOOK VOLUNTEERS FROM MASSACHUSETTS, AT THEIR OWN EXPENSE, TO ASSESS AND ASSIST THEIR PUERTO RICAN PEERS AND PURCHASED LOAN PARTICIPATIONS, OFFERING AN IN-SYSTEM OPPORTUNITY TO GENERATE INCOME, REBUILDING RESERVES AND DIVERSIFYING RISK FOR THEIR PUERTO RICAN PEERS. THE COOPERATIVE CREDIT UNION ASSOCIATION HOSTED PUERTO RICAN AND MASSACHUSETTS' COLLEAGUES TO TRAIN ON METHODOLOGIES, REQUIREMENTS, OPPORTUNITIES AND SIMULATIONS FOR ENGAGING IN LOAN PARTICIPATIONS. WHILE PROGRESS TAKES PLACE IN SMALL STEPS, IT HAS STRONG, LONG-TERM LOCAL IMPACT. PUERTO RICAN CREDIT UNIONS HAVE BEGUN TO POOL THEIR LIQUIDITY AND PURCHASE MAINLAND CREDIT UNION LOAN PARTICIPATIONS, GENERATING INCOME FROM BOTH PARTIES AND COOPERATIVELY COLLABORATING TO FIND A BUSINESS SOLUTION. IN 2018, THE FOUNDATION GRANTED \$42,500 TO THE REGION.

EXPENSES \$ 64,191. INCLUDING GRANTS OF \$ 42,500. REVENUE \$ 0.

CONFERENCE TOUR

PRE-TOUR AND POST-TOUR OF THE ANNUAL CONFERENCE.

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 36,150.

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

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

Name of the organization WORLDWIDE FOUNDATION FOR CREDIT UNIONS, INC.	Employer identification number 39-6093210
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THE FULL AUDITED FINANCIALS. THE FULL BY-LAWS OF THE ORGANIZATION ARE NOT POSTED ON THE WEBSITE, BUT WILL BE SENT IF REQUESTED.

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

CONSULTANTS:

PROGRAM SERVICE EXPENSES	297,713.
MANAGEMENT AND GENERAL EXPENSES	54,426.
FUNDRAISING EXPENSES	1,771.
TOTAL EXPENSES	353,910.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	353,910.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(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))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
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		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule R (Form 990) 2018

SEE PART VII FOR CONTINUATIONS



**WORLDWIDE FOUNDATION FOR CREDIT  
UNIONS, INC.**

**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	(c) 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	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**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	(c) 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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
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		X
WOCCU MEXICO, S DE R.L DE C.V. CALLE PLATEROS 102 COLONIA CARRETAS, MEXICO	CREDIT UNION SERVICES	MEXICO	N/A	C CORP	N/A	N/A	N/A		X

**WORLDWIDE FOUNDATION FOR CREDIT  
UNIONS, INC.**

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

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**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?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** 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.	O	1,265,410.	FAIR MARKET VALUE
(2) WORLD COUNCIL OF CREDIT UNIONS, INC.	P	1,496,801.	FAIR MARKET VALUE
(3) WORLD COUNCIL OF CREDIT UNIONS, INC.	C	60,000.	CASH GRANT
(4)			
(5)			
(6)			

**WORLDWIDE FOUNDATION FOR CREDIT  
UNIONS, INC.**

Schedule R (Form 990) 2018

39-6093210 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)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**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.

WOCCU MEXICO WAS ESTABLISHED ON SEPTEMBER 15, 2011, AND BEGAN OPERATIONS IN 2012. IT IS A JOINT VENTURE BETWEEN WSG AND TWO WORLD COUNCIL EMPLOYEES. THE PURPOSE OF THE JOINT VENTURE IS TO PROVIDE TECHNICAL ASSISTANCE TO CREDIT UNIONS IN MEXICO. WSG OWNED 25% OF THE ENTERPRISE AS OF DECEMBER 31, 2018 AND 2017.

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**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](http://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.

	Enter filer's identifying number	
<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>WORLDWIDE FOUNDATION FOR CREDIT UNIONS, INC.</b>	Employer identification number (EIN) or  <b>39-6093210</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>P.O. BOX 2982</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>MADISON, WI 53701-2982</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	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
Form 990-T (trust other than above)	06	Form 8870	12

**BRIAN BRANCH**

- The books are in the care of ▶ **5710 MINERAL POINT RD - MADISON, WI 53705**  
Telephone No. ▶ **608-395-2000** Fax No. ▶ **608-395-2001**
- 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 box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2018** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> 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.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**MAIL TO:**  
 Registry of Charitable Trusts  
 P.O. Box 903447  
 Sacramento, CA 94203-4470  
 (916) 210-6400

**WEB SITE ADDRESS:**  
[www.ag.ca.gov/charities/](http://www.ag.ca.gov/charities/)

**ANNUAL  
 REGISTRATION RENEWAL FEE REPORT  
 TO ATTORNEY GENERAL OF CALIFORNIA**

Section 12586 and 12587, California Government Code  
 11 Cal. Code Regs. section 301-307, 311 and 312

Failure to submit this report annually no later than the 15th day of the 5th month after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: <u>CT 0136254</u>  <b>WORLDWIDE FOUNDATION FOR CREDIT UNIONS, INC.</b> <small>Name of Organization</small>  <u>P.O. BOX 2982</u> <small>Address (Number and Street)</small>  <u>MADISON, WI 53701-2982</u> <small>City or Town, State and ZIP Code</small>	Check if: <input type="checkbox"/> Change of address  <input type="checkbox"/> Amended report  Corporate or Organization No. _____  Federal Employer I.D. No. <u>39-6093210</u>
--	--

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)**  
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Receipts	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 01/01/2018 ending 12/31/2018 ) list:  
 Gross annual revenue \$ 2,767,025 Total assets \$ 2,443,508

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note:** If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		<b>X</b>
2. During this reporting period, were there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		<b>X</b>
3. During this reporting period, did non-program expenditures exceed 50% of gross revenue?		<b>X</b>
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		<b>X</b>
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		<b>X</b>
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		<b>X</b>
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		<b>X</b>
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		<b>X</b>
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	<b>X</b>	

Organization's area code and telephone number 608-395-2000

Organization's e-mail address MAIL@WOCCU.ORG

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete.

**BRIAN BRANCH**

**PRESIDENT & CEO**

Signature of authorized officer

Printed Name

Title

Date

**ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT**

PMT #	_____
AMT	_____
INIT	_____

**Attorney General LISA MADIGAN State of Illinois**  
**Charitable Trust Bureau, 100 West Randolph**  
**11th Floor, Chicago, Illinois 60601**

**CO # 01-052485**

**Report for the Fiscal Period:**

**Beginning** 01/01/2018

**& Ending** 12/31/2018  
 MO DAY YR

**Make Checks Payable to the Illinois Charity Bureau Fund**

- Check all items attached:**
- Copy of IRS Return
  - Audited Financial Statements
  - Copy of Form IFC
  - \$15.00 Annual Report Filing Fee
  - \$100.00 Late Report Filing Fee

Federal ID # 39-6093210

Are contributions to the organization tax deductible?  Yes  No

Date Organization was created: 11/12/1965  
 MO DAY YR

LEGAL NAME <b>WORLDWIDE FOUNDATION FOR CREDIT UNIONS, INC.</b>	Year-end amounts	
MAIL ADDRESS <b>P.O. BOX 2982</b>	A) ASSETS	A) \$ <b>2,443,508.</b>
CITY, STATE <b>MADISON, WI</b>	B) LIABILITIES	B) \$ <b>1,845,715.</b>
ZIP CODE <b>53701-2982</b>	C) NET ASSETS	C) \$ <b>597,793.</b>
<b>I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:</b>	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	<b>65.893 %</b>	D) \$ <b>1,823,288.</b>
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	<b>34.107 %</b>	E) \$ <b>943,737.</b>
F) OTHER REVENUES	%	F) \$
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$ <b>2,767,025.</b>
<b>II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:</b>		
H) OPERATING CHARITABLE PROGRAM EXPENSE	<b>68.435 %</b>	H) \$ <b>1,890,326.</b>
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	<b>68.435 %</b>	J) \$ <b>1,890,326.</b>
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):		\$
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	<b>7.051 %</b>	K) \$ <b>194,773.</b>
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	<b>75.487 %</b>	L) \$ <b>2,085,099.</b>
M) MANAGEMENT AND GENERAL EXPENSE	<b>10.429 %</b>	M) \$ <b>288,060.</b>
N) FUNDRAISING EXPENSE	<b>14.085 %</b>	N) \$ <b>389,052.</b>
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	O) \$ <b>2,762,211.</b>
<b>III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:</b> (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)		
<b>PROFESSIONAL FUNDRAISERS:</b>		
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$ <b>0.</b>
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$
<b>PROFESSIONAL FUNDRAISING CONSULTANTS:</b>		
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$ <b>0.</b>
<b>IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:</b>		
T) NAME, TITLE:		T) \$
U) NAME, TITLE:		U) \$
V) NAME, TITLE:		V) \$
<b>V. CHARITABLE PROGRAM DESCRIPTION:</b> CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES		List on back side of instructions CODE
W) DESCRIPTION: <b>PARTNERSHIP PROGRAM</b>		W) # <b>300</b>
X) DESCRIPTION: <b>EDUCATION</b>		X) # <b>300</b>
Y) DESCRIPTION: <b>DISASTER RELIEF</b>		Y) # <b>300</b>

**IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:**

	YES	NO
1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT? .....		<input checked="" type="checkbox"/>
2. HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY? .....		<input checked="" type="checkbox"/>
3. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION? .....		<input checked="" type="checkbox"/>
4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES? .....		<input checked="" type="checkbox"/>
5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION? .....		<input checked="" type="checkbox"/>
6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC) .....		<input checked="" type="checkbox"/>
7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? .....		<input checked="" type="checkbox"/>
7b. IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ _____ ; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ _____ ; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ _____ ; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$ _____		
8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES? .....		<input checked="" type="checkbox"/>
9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY? .....		<input checked="" type="checkbox"/>
10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS? .....		<input checked="" type="checkbox"/>
11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:  <u>US BANK, PO BOX 524, ST. LOUIS, MO 63166-0524</u>  <u>SUMMIT CREDIT UNION, 401 S. YELLOWSTONE DRIVE, MADISON, WI 53705</u>		
12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <u>BRIAN BRANCH - 608-395-2000</u>		

**ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS**

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

**BE SURE TO INCLUDE ALL FEES DUE:**

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

**BRIAN BRANCH**

PRESIDENT or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

**STEVEN FUNK**

TREASURER or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

**KIMBERLY ANDERSON**

PREPARER (PRINT NAME)

SIGNATURE

DATE



Office Use Only: Fiscal Year

THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE ATTORNEY GENERAL
NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION
ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

(617) 727-2200, ext. 2101
www.mass.gov/ago/charities

Form PC

Report for the Fiscal Period: 01/01/18 to 12/31/18

Attorney General's Account #: \_\_\_\_\_

Federal ID #: 39-6093210

Electronic Payment Confirmation #: \_\_\_\_\_

When did the organization first engage in charitable work in Massachusetts? 01/01/2017

Has the organization applied for or been granted IRS tax exempt status? [X] Yes [ ] No

If yes, date of application OR date of determination letter: 07/02/1966

IRS Exemption under 501(c): 3

If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions? [X] Yes [ ] No

Check all items attached (if applicable)
[X] Filing Fee or Printout of Electronic Payment Confirmation
[X] Copy of IRS Return
[ ] Audited Financial Statements/Review
[ ] Amended Articles/By-Laws
[X] Schedule A-1
[X] Schedule A-2
[X] Schedule RO
[ ] Schedule VCO
[ ] Probate Account

Organization Data

Name: WORLDWIDE FOUNDATION FOR CREDIT UNIONS, INC.

Mailing Address: P.O. BOX 2982

City: MADISON State: WI ZIP: 53701-2982

Phone Number: 608-395-2000 Fax Number: 608-395-2001

Email: MAIL@WOCCU.ORG Website: WWW.DOGLOBALGOOD.ORG

In the table below, please enter the appropriate codes from the corresponding tables found in the instructions. Enter up to 2 codes from Table 3 for your organization's main purpose(s)

Table with 4 columns: Category, Code, Category, Code. Rows include County (Table 1) with code 15, and Type of Organization (Table 2) with code 26. Organization Purpose Code 1 has code 61.

Please check box if final return prior to dissolution: [ ]

Office Use Only: Payment Received

**WORLDWIDE FOUNDATION FOR CREDIT  
UNIONS, INC.**

39-6093210

All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form. See instructions and definition section for guidance.

1. On what date was the organization created? 02/03/1966
2. Where was the organization created? WISCONSIN
3. What is the form of organization? (check one)

Corporation <input checked="" type="checkbox"/>	Testamentary Trust <input type="checkbox"/>
Unincorporated Association <input type="checkbox"/>	Inter Vivos Trust <input type="checkbox"/>

Other (please describe): \_\_\_\_\_

4. Was your organization related to any other organization(s) during the reporting year (see definition of "Related Organization")? If yes, please complete the Schedule RO on pages 13 and 14.  Yes  No
5. Enter your summary of financial data:

Financial Data		Amounts
A.	Contributions, gifts, grants, and similar amounts received	2,718,577.
B.	Gross support and revenue	2,767,025.
C.	Program services and similar amounts paid out	2,085,099.
D.	Fundraising expenses	389,052.
E.	Management and general expenses	288,060.
F.	Payments to affiliates	0.
G.	Total expenses	2,762,211.
H.	Net assets or fund balances at the end of the year	597,793.

6. List the total compensation you provided to your five highest paid employees:

	Name/Title	Hrs/ Week	Salary and Other Income	Benefit Plans	Other Compensation
1.	NONE				
2.					
3.					
4.					
5.					

7. Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your response to 6? If yes, please provide explanation (attach separate sheet).  Yes  No

8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

	Name/Title	Amount of Compensation	Type(s) of Service
1.	NONE		
2.			
3.			
4.			
5.			

9. Bank(s) in which the organization's funds are deposited (include bank addresses and phone number) :

Bank	Address	Phone Number
US BANK	PO BOX 524, ST LOUIS, MO 63166	1-800-872-2657
SUMMIT CREDIT UNION	401 S YELLOWSTONE DRIVE, MADISON, WI 53705	1-800-236-5560

10. What is the organization's accounting method?  Cash  Accrual  
 Other (specify): \_\_\_\_\_

11. If organization's mailing address is a P.O. Box, list the organization's full street address:

Address: 5710 MINERAL POINT ROAD  
City: MADISON State: WI ZIP Code: 53705

12. Contact Person Name: BRIAN BRANCH

Street Address: 5710 MINERAL POINT ROAD  
City: MADISON State: WI ZIP Code: 53705

Phone Number: 1-608-395-2000

13. During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf?  Yes  No

14. At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions?  Yes  No

*If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from the solicitation certificate requirement.*

15. If you are claiming an exemption from the solicitation certificate requirement, please indicate by checking the box to the right to identify which exemption applies to your organization.

a religious organization	<input type="checkbox"/>
an organization which: (a) does not raise more than \$5,000 during a calendar year Or does not receive contributions from more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid volunteers. <i>(The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.)</i>	<input type="checkbox"/>

16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates.

17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives of organization.

**STATEMENT 1**

18. Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records.

**STATEMENT 2**

19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state?  Yes  No

**STATEMENT 3**

*If you attach list of states where solicitation was conducted, including registered agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.*

FORM PC

OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES

STATEMENT 1

<u>NAME AND ADDRESS</u>	<u>TITLE</u>
BRIAN BRANCH P.O. BOX 2982 MADISON, WI 53701-2982	PRESIDENT & CEO
STEVEN FUNK P.O. BOX 2982 MADISON, WI 53701-2982	CFO
MICHAEL REUTER P.O. BOX 2982 MADISON, WI 53701-2982	EXECUTIVE DIRECTOR
BILL CHENEY P.O. BOX 2982 MADISON, WI 53701-2982	CHAIR
CARLA CICERO P.O. BOX 2982 MADISON, WI 53701-2982	VICE CHAIR
SUSAN MITCHELL P.O. BOX 2982 MADISON, WI 53701-2982	SECRETARY
DALLAS BERGL P.O. BOX 2982 MADISON, WI 53701-2982	TREASURER
MANFRED ALFONSO DASENBROCK P.O. BOX 2982 MADISON, WI 53701-2982	DIRECTOR
CRYSTAL LONG P.O. BOX 2982 MADISON, WI 53701-2982	DIRECTOR
KIM SPONEM P.O. BOX 2982 MADISON, WI 53701-2982	DIRECTOR
STEVEN STAPP P.O. BOX 2982 MADISON, WI 53701-2982	DIRECTOR

JOSEPH THOMAS  
P.O. BOX 2982  
MADISON, WI 53701-2982

DIRECTOR

FORM PC

PAGE 4, LINE 18

STATEMENT 2

NAME AND ADDRESS

AREA OF RESPONSIBILITY

STEVEN FUNK  
5710 MINERAL POINT ROAD  
MADISON, WI 53705

RESPONSIBLE FOR CUSTODY OF FUNDS

STEVEN FUNK  
5710 MINERAL POINT ROAD  
MADISON, WI 53705

RESPONSIBLE FOR DISTRIBUTION OF FUNDS

STEVEN FUNK  
5710 MINERAL POINT ROAD  
MADISON, WI 53705

RESPONSIBLE FOR FUNDRAISING

BRIAN BRANCH  
5710 MINERAL POINT ROAD  
MADISON, WI 53705

CUSTODY OF FINANCIAL RECORDS

BRIAN BRANCH  
5710 MINERAL POINT ROAD  
MADISON, WI 53705

AUTHORIZED TO SIGN CHECKS

STEVEN FUNK  
5710 MINERAL POINT ROAD  
MADISON, WI 53705

AUTHORIZED TO SIGN CHECKS

FORM PC

PAGE 4, LINE 19

STATEMENT 3

<u>STATE</u>		<u>REG AGENCY</u>
ALABAMA		
<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
03/31/19	AL19-178	N/A
<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>	
	INTERNET	

<u>STATE</u>		<u>REG AGENCY</u>
ALASKA		PENDING
<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	PENDING	N/A
<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>	
	INTERNET	

<u>STATE</u>		<u>REG AGENCY</u>
ARKANSAS		PENDING
<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	PENDING	N/A
<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>	
	INTERNET	

<u>STATE</u>		<u>REG AGENCY</u>
CALIFORNIA		
<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
10/31/07	CT0136254	N/A
<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>	
	INTERNET	

STATE REG AGENCY  
 COLORADO

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
03/29/19	2019300900	N/A

SOLICIT DATE TYPE OF SOLICITATION  
 INTERNET

STATE REG AGENCY  
 CONNECTICUT

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
04/08/19	CHR0062673	N/A

SOLICIT DATE TYPE OF SOLICITATION  
 INTERNET

STATE REG AGENCY  
 DISTRICT OF COLUMBIA PENDING

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	PENDING	N/A

SOLICIT DATE TYPE OF SOLICITATION  
 INTERNET

STATE REG AGENCY  
 FLORIDA

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
05/28/19	CH58946	N/A

SOLICIT DATE TYPE OF SOLICITATION  
 INTERNET



<u>STATE</u>	<u>REG AGENCY</u>
GEORGIA	PENDING

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	PENDING	N/A

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
	INTERNET

<u>STATE</u>	<u>REG AGENCY</u>
HAWAII	PENDING

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	PENDING	N/A

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
	INTERNET

<u>STATE</u>	<u>REG AGENCY</u>
ILLINOIS	

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	01-052485	N/A

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
	INTERNET

<u>STATE</u>	<u>REG AGENCY</u>
KANSAS	

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
04/11/19	527-746-2	N/A

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
	INTERNET

<u>STATE</u>	<u>REG AGENCY</u>	
KENTUCKY		
<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	13449	N/A
<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>	
	INTERNET	

<u>STATE</u>	<u>REG AGENCY</u>	
MAINE		
<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	CO13330	N/A
<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>	
	INTERNET	

<u>STATE</u>	<u>REG AGENCY</u>	
MARYLAND	PENDING	
<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	PENDING	N/A
<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>	
	INTERNET	

<u>STATE</u>	<u>REG AGENCY</u>	
MICHIGAN	PENDING	
<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	PENDING	N/A
<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>	
	INTERNET	

<u>STATE</u>	<u>REG AGENCY</u>
MINNESOTA	PENDING

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	PENDING	N/A

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
	INTERNET

<u>STATE</u>	<u>REG AGENCY</u>
MISSISSIPPI	PENDING

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	PENDING	N/A

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
	INTERNET

<u>STATE</u>	<u>REG AGENCY</u>
NEVADA	PENDING

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	PENDING	N/A

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
	INTERNET

<u>STATE</u>	<u>REG AGENCY</u>
NEW HAMPSHIRE	

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
05/29/19	31901	N/A

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
	INTERNET

<u>STATE</u>	<u>REG AGENCY</u>
NEW JERSEY	PENDING

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	PENDING	N/A

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
	INTERNET

<u>STATE</u>	<u>REG AGENCY</u>
NEW YORK	

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
10/18/07	40-53-18	N/A

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
	INTERNET

<u>STATE</u>	<u>REG AGENCY</u>
NORTH CAROLINA	

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
04/08/19	L201909800	N/A

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
	INTERNET

<u>STATE</u>	<u>REG AGENCY</u>
OHIO	PENDING

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	PENDING	N/A

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
	INTERNET

<u>STATE</u>	<u>REG AGENCY</u>
OKLAHOMA	PENDING

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	PENDING	N/A

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
	INTERNET

<u>STATE</u>	<u>REG AGENCY</u>
OREGON	PENDING

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	PENDING	N/A

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
	INTERNET

<u>STATE</u>	<u>REG AGENCY</u>
PENNSYLVANIA	

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
	35097	N/A

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
	INTERNET

<u>STATE</u>	<u>REG AGENCY</u>
RHODE ISLAND	

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
04/08/19	CO9902473	N/A

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
	INTERNET

STATE \_\_\_\_\_ REG AGENCY \_\_\_\_\_  
 SOUTH CAROLINA

DATE OF REG	REG NUMBER	OTHER NAMES USED
04/11/19	P48200	N/A
SOLICIT DATE	TYPE OF SOLICITATION	
	INTERNET	

STATE \_\_\_\_\_ REG AGENCY \_\_\_\_\_  
 TENNESSEE

DATE OF REG	REG NUMBER	OTHER NAMES USED
06/11/19	CO33730	N/A
SOLICIT DATE	TYPE OF SOLICITATION	
	INTERNET	

STATE \_\_\_\_\_ REG AGENCY \_\_\_\_\_  
 UTAH

DATE OF REG	REG NUMBER	OTHER NAMES USED
05/08/19	11282201	N/A
SOLICIT DATE	TYPE OF SOLICITATION	
	INTERNET	

STATE \_\_\_\_\_ REG AGENCY \_\_\_\_\_  
 VIRGINIA PENDING

DATE OF REG	REG NUMBER	OTHER NAMES USED
	PENDING	N/A
SOLICIT DATE	TYPE OF SOLICITATION	
	INTERNET	

STATE REG AGENCY

WASHINGTON

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
04/16/19	2002232	N/A

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
	INTERNET

STATE REG AGENCY

WEST VIRGINIA

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
04/08/19		N/A

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
	INTERNET

STATE REG AGENCY

WISCONSIN

<u>DATE OF REG</u>	<u>REG NUMBER</u>	<u>OTHER NAMES USED</u>
07/01/66	2054-800	N/A

<u>SOLICIT DATE</u>	<u>TYPE OF SOLICITATION</u>
	INTERNET

20. Has this organization or any of its officers, directors, or employees:

*If yes, please attach an explanation.*

- (a) Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions?  Yes  No
- (b) Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency?  Yes  No
- (c) Been the subject of a proceeding regarding any solicitation or registration?  Yes  No
- (d) Entered into a voluntary agreement of compliance or consent judgment with any government agency or in a case before a court or administrative agency?  Yes  No

21. Have any restrictions been removed during the year from donor-restricted funds?

*If yes, please attach an explanation.*

Yes  No

22. Have donor-restricted funds been loaned to unrestricted funds?

*If yes, please attach an explanation.*

Yes  No

23. This question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Related Parties" (see *instructions and definition sections*). Report only if payments made or promised to any individual are in excess of four months salary or \$100,000, whichever dollar amount is less.

- (a) Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above?  Yes  No
- (b) Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement?  Yes  No

*If you answered **yes** for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of each agreement.*



24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver of interest not otherwise reported).

*If the answer to any part of Question 24 is yes, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.*

During the year:		
A.	Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B.	Has your organization leased assets to or leased assets from a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
C.	Has your organization been indebted to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D.	Has your organization allowed a related party to be indebted to it?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
E.	Has your organization made or held an investment in a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F.	Has your organization furnished goods, services, or facilities to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H.	Has your organization paid or become obligated to pay wages, salary, or other compensation to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I.	Has your organization transferred income or assets to or for use by a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J.	Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material financial interest, or did any officer, director or trustee receive anything of value not reported as compensation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
K.	Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
L.	Is any property of the organization held in the name of or commingled with the property of any other person or organization?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M.	Did your organization make a grant award or contribution to any other organization in which any of this organization's officers, directors or trustees has a relationship?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**STATEMENT 4**

NAME AND ADDRESS

WORLD COUNCIL OF CREDIT UNIONS, INC.  
5710 MINERAL POINT ROAD  
MADISON, WI 53705

NATURE OF TRANSACTION

SHARING EMPLOYEES

AMOUNT INVOLVED

1,265,410.

PROCEDURE FOLLOWED

NAME AND ADDRESS

WORLD COUNCIL OF CREDIT UNIONS, INC.  
5710 MINERAL POINT ROAD  
MADISON, WI 53705

NATURE OF TRANSACTION

EXPENSE REIMBURSEMENT

AMOUNT INVOLVED

1,496,801.

PROCEDURE FOLLOWED

**Signature Required**

**Under penalty of perjury, I declare that the information furnished in this report, including all attachments, is true and correct to the best of my knowledge.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: BRIAN BRANCH

Title: PRESIDENT & CEO

Name of Preparer: CLIFTONLARSONALLEN LLP

Address 8215 GREENWAY BOULEVARD, SUITE 600

City MIDDLETON State WI ZIP Code 53562

Phone Number 608-662-8600

**Schedule A-1  
Solicitation Activities During Fiscal Year Covered By This Report**

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

WORLDWIDE FOUNDATION FOR CREDIT UNIONS, INC.

Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	<input type="checkbox"/>	Via the Internet	<input checked="" type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input checked="" type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input type="checkbox"/>

Other (specify): \_\_\_\_\_

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

\* Provide applicable names and addresses:

Professional Solicitor Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Professional Fundraising Counsel Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Commercial Co-Venturer Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Schedule A-1 ctd.**  
**Solicitation Activities During Fiscal Year Covered By This Report**

Identify the individuals who will have final responsibility for the charity's custody of contributions:

**STEVEN FUNK**

Name and Title: CFO

Address 5710 MINERAL POINT ROAD

City MADISON State WI ZIP Code 53705

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

**STEVEN FUNK**

Name and Title: CFO

Address 5710 MINERAL POINT ROAD

City MADISON State WI ZIP Code 53705

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Schedule A-2  
Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year**

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

WORLDWIDE FOUNDATION FOR CREDIT UNIONS, INC.

Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	<input type="checkbox"/>	Via the Internet	<input checked="" type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>

Other (specify): \_\_\_\_\_

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

\* Provide applicable names and addresses:

Professional Solicitor Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Professional Fundraising Counsel Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Commercial Co-Venturer Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Schedule A-2 ctd.**  
**Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year**

Identify the individuals who will have final responsibility for the charity's custody of contributions:

**STEVEN FUNK**

Name and Title: CFO

Address 5710 MINERAL POINT ROAD

City MADISON

State WI

ZIP Code 53705

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

**STEVEN FUNK**

Name and Title: CFO

Address 5710 MINERAL POINT ROAD

City MADISON

State WI

ZIP Code 53705

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

**Certification by Organization**

*Two different signatures required.* Signers must be organization president or other authorized officer or trustee.

**Under penalty of perjury, we declare that the information furnished in this report, including all attachments, is true and correct to the best of our knowledge.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: BRIAN BRANCH

Title: PRESIDENT & CEO

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: STEVEN FUNK

Title: CFO



**Schedule RO**

1. Please read the instructions and definition of "Related Organization" carefully before completing this section. ( If you have more than five Related Organizations, please attach a list.)

<b>WORLD COUNCIL OF CREDIT</b>		<b>PROMOTE, SUPPORT, REPRESENT</b>		
Name: <b>UNIONS</b>		Primary purpose or activity: <b>AND SERVE THE WORLDWID</b>		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
12/31/18	0.	0.	627,785.	627,785.

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

**Schedule RO ctd.**

2. List the total compensation paid by your organization and/or any other related organization to your chief executive (e.g., executive director) and to the four other current or former directors, trustees, officers, or employees within the system of related organizations identified at question 1, on page 13, receiving the highest aggregate compensation ( *see instructions*). Use additional lines below to itemize by compensation source.

Name: <b>BRIAN BRANCH</b>		Title: <b>PRESIDENT &amp; CEO</b>	
Income Source: <b>WORLD COUNCIL OF CREDIT UNIONS</b>	Salary and Other Income: <b>317,133.</b>	Benefits Plan: <b>68,100.</b>	Other Compensation: <b>13,315.</b>

Name: <b>STEVEN FUNK</b>		Title: <b>CFO</b>	
Income Source: <b>WORLD COUNCIL OF CREDIT UNIONS</b>	Salary and Other Income: <b>122,308.</b>	Benefits Plan: <b>30,404.</b>	Other Compensation: <b>1,030.</b>

Name: <b>MICHAEL REUTER</b>		Title: <b>EXECUTIVE DIRECTOR</b>	
Income Source: <b>WORLD COUNCIL OF CREDIT UNIONS</b>	Salary and Other Income: <b>94,904.</b>	Benefits Plan: <b>22,694.</b>	Other Compensation: <b>183.</b>

Name: <b>NONE</b>		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

Name: <b>NONE</b>		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

3. Is asset and/or compensation information for religious organizations and/or certain non-charitable entities related to foundations excluded pursuant to instructions?  Yes  No

**Mail To:**

Minnesota Attorney General's Office  
Charities Division  
445 Minnesota Street, Suite 1200  
St. Paul, MN 55101-2130

**STATE OF MINNESOTA  
CHARITABLE ORGANIZATION  
ANNUAL REPORT FORM**

C2

(Pursuant to Minn. Stat. ch. 309)

**Website Address:**

www.ag.state.mn.us/charity

**SECTION A: Organization Information**

Legal Name of Organization WORLDWIDE FOUNDATION FOR CREDIT

Federal EIN: 39-6093210

Fiscal Year-End: 12312018

mm/dd/yyyy

Did the organization's fiscal year-end change?  Yes  No

<b>Mailing Address:</b> <u>BRIAN BRANCH</u> Contact Person <u>P.O. BOX 2982</u> Street Address <u>MADISON, WI 53701-2982</u> City, State, and ZIP Code <u>608-395-2000</u> Phone Number <u>MAIL@WOCCU.ORG</u> Email Address	<b>Physical Address:</b> <u>BRIAN BRANCH</u> Contact Person <u>5710 MINERAL POINT ROAD</u> Street Address <u>MADISON, WI 53705</u> City, State, and ZIP Code <u>608-395-2000</u> Phone Number <u>MAIL@WOCCU.ORG</u> Email Address
---	---

1. Organization's website: WWW.DOGLOBALGOOD.ORG

2. List all of the organization's alternate and former names (attach list if more space is needed).  
\_\_\_\_\_  
\_\_\_\_\_  Alternate  Former  
\_\_\_\_\_  Alternate  Former

3. List all names under which the organization solicits contributions (attach list if more space is needed).  
\_\_\_\_\_  
\_\_\_\_\_

4. Is the organization incorporated pursuant to Minn. Stat. ch. 317A?  Yes  No

5. Total amount of contributions the organization received from Minnesota donors: \$ 19,600.

6. Has the organization's tax-exempt status with the IRS changed?  
 Yes  No If yes, attach explanation.

7. Has the organization significantly changed its purpose(s) or program(s)?  
 Yes  No If yes, attach explanation.

CHARITABLE ORGANIZATION ANNUAL REPORT FORM  
(Continued)

8. Has the organization been denied the right to solicit contributions by any court or government agency?  
 Yes  No If yes, attach explanation.

9. Does the organization use the services of a professional fundraiser (outside solicitor or consultant) to solicit contributions in Minnesota?  Yes  No  
If yes, provide the following information for each (attach list if more space is needed):

Name of Professional Fundraiser Compensation

Street Address City, State, and ZIP Code

10. Is the organization a food shelf?  Yes  No  
If yes, is the organization required to file an audit?  Yes, audit attached  No

**Note:** An organization that has total revenue of more than \$750,000 is required to file an audit prepared in accordance with generally accepted accounting principles by an independent CPA or LPA. The value of donated food to a nonprofit food shelf may be excluded from the total revenue if the food is donated for subsequent distribution at no charge and is not resold.

11. Do any directors, officers, or employees of the organization or its related organization(s) receive total compensation\* of more than \$100,000?  Yes  No  
If yes, provide the following information for the five highest paid individuals:

Name and title	Compensation*	Other compensation
BRIAN BRANCH PRESIDENT & CEO	330,448.	68,100.
STEVEN FUNK CFO	123,338.	30,404.

\*Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7) issued by the organization and its related organizations to the individual. See Minn. Stat. § 309.53, subd. 3(i) and Minn. Stat. § 317A.011 for definitions.

**CHARITABLE ORGANIZATION ANNUAL REPORT FORM  
(Continued)**

**SECTION B: Financial Information**

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N.  
Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

**INCOME**

1. Contributions Received	\$	<u>1,774,840.</u>	1
2. Government Grants	\$	<u>943,737.</u>	2
3. Program Service Revenue	\$	<u>48,448.</u>	3
4. Other Revenue	\$		4
<b>5. TOTAL INCOME</b>	\$	<u>2,767,025.</u>	<b>5</b>

**EXPENSES**

6. Program Expenses	\$	<u>2,085,099.</u>	6
7. Management & General Expenses	\$	<u>288,060.</u>	7
8. Fund-raising Expenses	\$	<u>389,052.</u>	8
<b>9. TOTAL EXPENSES</b>	\$	<u>2,762,211.</u>	<b>9</b>
<b>10. EXCESS or DEFICIT</b>	\$	<u>4,814.</u>	<b>10</b>

(Line 5 minus Line 9)

**ASSETS**

11. Cash	\$	<u>2,430,762.</u>	11
12. Land, Buildings & Equipment	\$		12
13. Other Assets	\$	<u>12,746.</u>	13
<b>14. TOTAL ASSETS</b>	\$	<u>2,443,508.</u>	<b>14</b>

**LIABILITIES**

15. Accounts Payable	\$	<u>365,559.</u>	15
16. Grants Payable	\$		16
17. Other Liabilities	\$	<u>1,480,156.</u>	17
<b>18. TOTAL LIABILITIES</b>	\$	<u>1,845,715.</u>	<b>18</b>

**FUND BALANCE/NET WORTH**

	\$	<u>597,793.</u>	
--	----	-----------------	--

(Line 14 minus Line 18)

**CHARITABLE ORGANIZATION ANNUAL REPORT FORM  
(Continued)**

**Section B (continued): Statement of Functional Expenses**

This expense statement must be prepared in accordance with generally accepted accounting principles. Each column must be completed, and Columns B, C, and D must equal Column A. The amount on Line 25, Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1. Grants and other assistance to governments and organizations in the U.S.				
2. Grants and other assistance to individuals in the U.S.				
3. Grants and other assistance to governments, organizations, and individuals outside the U.S.	194,773.	194,773.		
4. Benefits paid to or for members				
5. Compensation of current officers, directors, trustees, and key employees				
6. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7. Other salaries and wages				
8. Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9. Other employee benefits				
10. Payroll taxes				
11. Fees for services (non-employees):				
a. Management	1,265,410.	827,507.	143,327.	294,576.
b. Legal	2,355.	2,197.	158.	
c. Accounting	6,616.		6,616.	
d. Lobbying				
e. Professional fundraising services				
f. Investment management fees				
g. Other	353,910.	297,713.	54,426.	1,771.
12. Advertising and promotion	10,698.	1,766.		8,932.
13. Office expenses	125,183.	84,435.	24,193.	16,555.
14. Information technology	1,547.	699.	848.	
15. Royalties				
16. Occupancy	51,300.	19,273.	32,027.	
17. Travel	263,895.	206,363.	6,379.	51,153.
18. Payments of travel or entertainment expenses for any federal, state, or local public officials				
19. Conferences, conventions, and meetings	266,713.	266,516.	197.	
20. Interest				
21. Payments to affiliates				
22. Depreciation, depletion, and amortization				
23. Insurance	10,867.	500.	10,367.	
24. Other expenses. Itemize expenses not covered above. Expenses labeled miscellaneous may not exceed 5% of total expenses (Line 25).				
a. <b>UKRAINE CAP PROJECT</b>	183,357.	183,357.		
b. <b>MISCELLANEOUS EXPENSES</b>	25,587.		9,522.	16,065.
c.				
d.				
25. <b>Total functional expenses.</b> Add lines 1 through 24d	2,762,211.	2,085,099.	288,060.	389,052.
26. <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in Column B joint costs from a combined educational campaign and fundraising solicitation				

**CHARITABLE ORGANIZATION ANNUAL REPORT FORM  
(Continued)**

**Section C: Board of Directors Signatures and Acknowledgment**

The form must be executed pursuant to a resolution of the board of directors, trustees, or managing group and must be signed by two officers of the organization. See Minn. Stat. § 309.52, subd. 3.

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, being the \_\_\_\_\_ (Title) and \_\_\_\_\_ (Title) respectively, and that we execute this document on behalf of the organization pursuant to the resolution of the \_\_\_\_\_ (Board of Directors, Trustees, or Managing Group) adopted on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, approving the contents of the document, and do hereby certify that the \_\_\_\_\_ (Board of Directors, Trustees, or Managing Group) has assumed, and will continue to assume, responsibility for determining matters of policy, and have supervised, and will continue to supervise, the operations and finances of the organization. We further state that the information supplied is true, correct and complete to the best of our knowledge.

**BRIAN BRANCH**  
\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

**PRESIDENT & CEO**  
\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**STEVEN FUNK**  
\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

**CFO**  
\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**RETURN MUST BE FILED ONLINE.**  
**This form cannot be paper filed - this**  
**copy is for informational purposes only.**

**Form CRI-300R**  
**Long-Form Renewal Registration/Verification Statement**  
(Revised April 2008)

All questions must be answered.

Pursuant to the New Jersey Charitable Registration and Investigation Act (also known as "the C.R.I. Act" (N.J.S.A. 45:17A-18 et seq.), and prior to operating or commencing solicitation activity in the State, a charitable organization unless exempted from registration requirements (or qualified to file a Short-Form Registration Statement, CRI-200) shall file a Long-Form Initial Registration Statement, CRI-150-I. Charities submitting their annual long-form renewal registration must use Form CRI-300R. Please see the checklist at the end of this form for a discussion of fees, financial statements, documents to be attached, and other requirements for registration.

1. This statement contains the facts and financial information for the fiscal year ending: 12/31/2018  
month day year
2. Federal ID Number (EIN) 39-6093210 2a. N.J. Charities Registration Number: CH- \_\_\_\_\_
3. Full legal name of the registering organization: WORLDWIDE FOUNDATION FOR CREDIT UNIONS, INC.  
In care of: (if necessary, otherwise leave this line blank) \_\_\_\_\_
4. Mailing Address: P.O. BOX 2982, MADISON, WI 53701-2982  Change of Address  
Street Address City State ZIP Code

NOTE: If "in care of," a postal, private or rural delivery mail box number is used, the street address of the charity must be given below.

5. The principal street address of the registering organization \_\_\_\_\_  
Street Address City State ZIP Code  
 Same as Mailing Address

6. Does the organization have any offices in New Jersey in addition to the one listed above?  Yes  No  
If "Yes," attach a list giving the street address and telephone number of each office in New Jersey.

- 6a. If the street address listed above is not where the organization's official records are kept, or if the organization does not maintain an office in New Jersey, indicate the name, full address, phone and fax number of the person having custody of the organization's records, and to whom correspondence should be addressed.

BRIAN BRANCH 5710 MINERAL POINT RD, MADISON, WI 53705  
Contact person Street address City State ZIP Code  
608-395-2000 608-395-2001  
Telephone number (include area code) Fax number (include area code)

7. Organization's contact information:  
608-395-2000 608-395-2001  
Telephone number (include area code) Fax number (include area code)  
MAIL@WOCCU.ORG WWW.DOGLOBALGOOD.ORG  
E-mail address Web site

8. Type of organization (check one):  
 Nonprofit corporation  Foundation  Individual  Association  Society  
 Partnership  Trust  Other (Specify) \_\_\_\_\_



9. Where and when was the organization legally established? Date: 02/03/1966 State: WI

As required by the C.R.I. Act (N.J.S.A. 45:17A-24c(1)), attach to this registration a copy of the organization's bylaws and instrument of organization (that is, the organization's charter, articles of incorporation or organization, agreement of association, instrument of trust, or constitution) only if the document has been issued or amended during the fiscal year being reported.

10. Does the organization solicit funds under any name or names other than as indicated on line 3 of this form?  Yes  No  
If "Yes," indicate all of the other names used: \_\_\_\_\_

11. Does the organization intend to solicit contributions from the general public?  Yes  No

12. Is the organization authorized by any other state or jurisdiction to solicit contributions?  Yes  No  
If "Yes," please provide a list of those states or jurisdictions, below or on a separate sheet of paper. **SEE STATEMENT 1**

13. Does the organization have affiliates which share the contributions or other revenue it raised in New Jersey?  Yes  No  
If "Yes," provide a separate listing of those affiliates indicating the name, street address and telephone number for each one.

14. What is the charitable purpose or purposes for which the organization was formed? If necessary, attach a separate statement to this registration.  
THE FOUNDATION'S PURPOSE IS TO SUPPORT CREDIT UNIONS 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.

14a. What are the specific programs and charitable purposes for which contributions are used? For each program, state whether it already exists or is planned. Only major program categories need be listed. If necessary, attach a separate statement to this registration. **SEE STATEMENT 2**

15. Does the organization use an independent paid fund-raiser or fund-raising counsel?  Yes  No  
If "Yes," please attach to this registration a list of paid fund-raiser(s) or fund-raising counsel(s), including their full address, telephone number, fax number, registration number in New Jersey, and a contact person's name.

15a. Does the independent paid fund-raiser or fund-raising counsel have custody, control or access to the organization's funds?  Yes  No  
If "Yes," please describe the situation.

16. Has the organization permitted a charitable sales promotion to be conducted on its behalf by a commercial co-venturer during the fiscal year-end being reported?  Yes  No  
If "Yes," please explain: \_\_\_\_\_

17. Has the Internal Revenue Service (I.R.S.) determined that the organization is tax exempt under code 501(c)(3)?  Yes  No  
a. If "No," has an application been filed which is still pending? If so, please attach a copy of the I.R.S. 1023 form filed.  Yes  No  
b. Has a tax exemption been granted under another I.R.S. code?  Yes  No  
If "Yes," advise which one: 501(C)(3)  
c. Has an I.R.S. tax exemption been refused, changed or revoked?  Yes  No  
If an exemption has been refused, changed or revoked, attach to this registration a copy of the I.R.S. determination letter of notification and provide a detailed explanation of the circumstances on a separate sheet of paper.

18. Has the organization ever had its authority to conduct charitable activities denied, suspended, or revoked in any jurisdiction or has the organization ever entered into any voluntary agreement of discontinuance with any governmental entity?  Yes  No  
 If "Yes," attach to this registration a copy of the denial, suspension, revocation or voluntary agreement of discontinuance. If the document does not explain the reasons for the denial, suspension or revocation, attach to this registration an explanation on a separate sheet of paper.
19. Has the organization voluntarily entered into an assurance of voluntary compliance or similar order or agreement (including, but not limited to, a settlement of an administrative investigation or proceeding, with or without an admission of liability) with any jurisdiction, state or federal agency or officer?  Yes  No  
 If "Yes," please attach to this registration the relevant document.
20. Has the organization or any of its present officers, directors, executive personnel or trustees ever been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions, or are such proceedings pending in this or any other jurisdiction?  Yes  No  
 If "Yes," attach to this registration photocopies of any and all written documentation (such as a court order, administrative order, judgment, formal notice, written assurance or other document) which show the final disposition of the matter.
21. Has the organization or any of its present officers, directors, trustees or principal salaried executive staff employees ever been convicted of any criminal offense committed in connection with the performance of activities regulated under this act or any criminal or civil offense involving untruthfulness or dishonesty or any criminal offense relating adversely to the registrant's fitness to perform activities regulated by this Act? A plea of guilty, non vult, nolo contendere or any similar disposition of alleged criminal activity shall be deemed a conviction.  Yes  No
22. Has the organization or any of its officers, directors, trustees or principal salaried executive staff employees been adjudged liable in any administrative or civil action involving theft, fraud, or deceptive business practices? For purposes of this question a judgment of liability in an administrative or civil action shall include, but is not limited to, any finding or admission that the individual engaged in an unlawful practice in relation to the solicitation of contributions or the administration of charitable assets.  Yes  No  
 If "Yes," identify the individual(s) below and attach to this registration a copy of any order, judgment or other documents indicating the final disposition of the matter.

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23. Provide the following information for each officer, director, trustee and the five most-highly compensated executive staff employees:

Name	Business address	Telephone number (include area code)	Title	Salary
<b>SEE STATEMENT 3</b>				

# CRI-300R Long-Form Registration Renewal Financial Statement

**Note:** If the financial value of a line item = 0, place a zero in the space provided.  
Please report all figures as GROSS, not NET.

<i>Full legal name and street address of the organization</i>				
Full legal name: <u>WORLDWIDE FOUNDATION FOR CREDIT UNIONS, INC.</u>				
Fiscal year-end being reported: <u>12/31/2018</u>		Federal ID Number (EIN) <u>39-6093210</u>		
month day year				
Mailing address:				
<u>P.O. BOX 2982, MADISON, WI 53701-2982</u>				
Mailing Address	P.O. Box Number or Suite	City	State	ZIP Code
Street address of the registering organization: _____				
Street Address		City	State	ZIP Code
New Jersey Charities Registration number: CH _____		Telephone number: <u>608-395-2000</u>		
		<i>(include area code)</i>		

Attach to this registration the most recent Internal Revenue Service Form 990 and Schedule A (990), if the organization has filed those forms. Attach a copy if the organization's annual financial report included an audited financial statement, or if the organization received gross revenue in excess of \$500,000. **Note:** If the organization received gross revenue of less than \$500,000, the financial reports must be certified by the organization's president or other authorized officer of the organization's board.

In lieu of completing the CRI-300R Financial Statement pages, attached please find a copy of the I.R.S. 990 filing for the fiscal year-end indicated above.

## A. Receipts

Line A1a. Direct Public Support received from the following sources:

- |      |   |  |
|------|---|--|
| (1)  | Direct mail .....   |  |
| (2)  | Telephone solicitation .....  |  |
| (3)  | Commercial co-venture .....   |  |
| (4)  | Gross receipts from fund-raising events .....                       |  |
| (5)  | Canisters, counter cards, door to door etc .....                    |  |
| (6)  | Corporations and other businesses .....                             |  |
| (7)  | Foundations and trusts .....  |  |
| (8)  | Donated land, buildings, property, equipment<br>and materials ..... |  |
| (9)  | Legacies and bequests .....   |  |
| (10) | Membership dues solely resulting from<br>solicitations .....        |  |
| (11) | Other support (specify) .....                                       |  |

Line A1b. Total Direct Public Support (add lines A1a(1) through A1a(11)) .....

Line A1c. Indirect Public Support received from the following sources:

- |     |  |  |
|-----|--|--|
| (1) | Federated fund-raising organization .....    |  |
| (2) | From an affiliated organization .....        |  |
| (3) | From another fund-raising organization ..... |  |

Line A1d. Total Indirect Public Support (add lines A1c(1) thru A1c(3)) .....

**Line A1e. Total Gross Contributions** (add lines A1b and A1d) .....

Line A2. Government grants including purchase of service contracts (specify agency)

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

Line A2e. Total Government Grants (add lines 2a thru 2d) \_\_\_\_\_

Line A3. Other Support

a. Bona fide membership \_\_\_\_\_

b. Program service revenue \_\_\_\_\_

c. Professional services rendered by volunteers \_\_\_\_\_

d. Miscellaneous income (specify) \_\_\_\_\_

Line A3e. Total Other Support (add the total of lines A3a thru A3d) \_\_\_\_\_

Line A4. Total Gross Revenue (add lines A1e, A2e and A3e) \_\_\_\_\_

**B. Expenses**

Line B1. Program expenses \_\_\_\_\_

Line B2. Management and general expenses \_\_\_\_\_

Line B3. Fund-raising expenses \_\_\_\_\_

Line B4. Payments to state/national affiliates (if applicable) \_\_\_\_\_

Line B5. Total Expenses (add the totals of line B1 thru B4) \_\_\_\_\_

**C. Excess or Deficit**

For the fiscal year-end (subtract line B5 from line A4) \_\_\_\_\_

**D. Fund Balance**

Line D1. Net assets or fund balances at beginning of year \_\_\_\_\_

Line D2. Other changes in net assets or fund balances (attach explanation) \_\_\_\_\_

Line D3. Net assets or fund balances at end of year (Combine line C, D1 and D2) \_\_\_\_\_

**Please Note:** The amount of Gross Contributions (line A1e on this form) determines the registration fee which must be paid and the form which should be used. July 2006 revisions to the Charities Registration Act now require all charities to pay a registration fee, including charities whose Gross Contributions are less than \$10,000. Further information for charity registrants may be found on our Web site: <http://www.njconsumeraffairs.gov/ocp/charities.htm>.

**Long-Form Renewal Registration Statement  
Form CRI-300RC  
Confidential Information**

Organization's Name: WORLDWIDE FOUNDATION FOR CREDIT UNIONS, INC.  
N.J. Charities Registration Number: CH- \_\_\_\_\_ -00 Federal ID Number (EIN) 39-6093210  
Fiscal Year-End being reported: 12/31/2018  
month day year

24. Are any of the organization's officers, directors, trustees or the five most-highly compensated employees related by blood, marriage or adoption to:
- a. each other?  Yes  No
  - b. any officers, agents or employees of any fund-raising counsel or independent paid fund-raiser under contract to the organization?  Yes  No
  - c. any chief executive, employee, any other employee of the organization with a direct financial interest in the transaction, or any partner, proprietor, director, officer, trustee, or to any shareholder of the organization with more than two (2) percent interest in any supplier or vendor providing goods or services to the organization?  Yes  No
  - d. If you answered "Yes," to questions 24a, b, or c, please provide a statement explaining these relationships.
25. Do any of the organization's officers, directors, trustees or the five most-highly compensated employees have a financial interest in any activities engaged in by a fund-raising counsel or independent paid fund-raiser under contract to the organization, or any supplier or vendor providing goods or services to the organization?  Yes  No  
If "Yes," please detail these relationships below or on a separate sheet of paper, and provide the name, business address and telephone number of all interested parties.

---

We understand that this registration is being issued at the discretion of the Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. We also understand that we may be required to provide additional information if requested.

---

We hereby certify that the above information and the attached financial schedule(s) and statement(s) are true. We are aware that if any of the above statements are willfully false, we are subject to punishment.

Signature \_\_\_\_\_ Name BRIAN BRANCH Title PRESIDENT & CEO Date \_\_\_\_\_

Signature \_\_\_\_\_ Name STEVEN FUNK Title CFO Date \_\_\_\_\_

*This form must be signed by two (2) authorized officers of the organization, including the chief financial officer.*

---

**Note: Form CRI-300RC must be filed with Form CRI-300R.**

FORM CRI-300R

LIST OF OTHER STATES  
PAGE 2, LINE 12

STATEMENT 1

OTHER STATES

AK, AL, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, MA, MD, ME, MI,  
MN, MS, NC, NH, NV, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA,  
WV, WI

FORM CRI-300R

SPECIFIC PROGRAMS AND CHARITABLE PURPOSES  
PAGE 2, LINE 14A

STATEMENT 2

PROGRAMS/CHARITABLE PURPOSE

ALREADY EXISTS-DISASTER RELIEF  
ALREADY EXISTS-CREDIT UNION TECHNICAL ASSISTANCE  
ALREADY EXISTS-EDUCATIONAL ASSISTANCE

FORM CRI-300R

LIST OF OFFICERS, DIRECTORS, TRUSTEES  
AND FIVE MOST HIGHLY PAID EMPLOYEES

STATEMENT 3

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

BRIAN BRANCH

PRESIDENT & CEO

ADDRESS

P.O. BOX 2982  
MADISON, WI 53701-2982

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

STEVEN FUNK

CFO

ADDRESS

P.O. BOX 2982  
MADISON, WI 53701-2982

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

MICHAEL REUTER

EXECUTIVE DIRECTOR

ADDRESS

P.O. BOX 2982  
MADISON, WI 53701-2982

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

BILL CHENEY

CHAIR

ADDRESS

P.O. BOX 2982  
MADISON, WI 53701-2982

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

CARLA CICERO

VICE CHAIR

ADDRESS

P.O. BOX 2982  
MADISON, WI 53701-2982

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

SUSAN MITCHELL

SECRETARY

ADDRESS

P.O. BOX 2982  
MADISON, WI 53701-2982

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

DALLAS BERGL

TREASURER

ADDRESS

P.O. BOX 2982  
MADISON, WI 53701-2982

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

MANFRED ALFONSO DASENBROCK

DIRECTOR

ADDRESS

P.O. BOX 2982  
MADISON, WI 53701-2982

SALARY

0.



NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

CRYSTAL LONG

DIRECTOR

ADDRESS

P.O. BOX 2982  
MADISON, WI 53701-2982

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

KIM SPONEM

DIRECTOR

ADDRESS

P.O. BOX 2982  
MADISON, WI 53701-2982

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

STEVEN STAPP

DIRECTOR

ADDRESS

P.O. BOX 2982  
MADISON, WI 53701-2982

SALARY

0.

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

JOSEPH THOMAS

DIRECTOR

ADDRESS

P.O. BOX 2982  
MADISON, WI 53701-2982

SALARY

0.

## Certification

Form CRI-150I, CRI-300R, CRI-200

This Registration Form **must** be authorized by two (2) officers of the organization, one being the Chief Financial Officer or Treasurer.

---

*First Authorization:*

*I understand that this registration is being issued at the discretion of the New Jersey Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. I also understand that I may be required to provide additional information if requested.*

*I hereby certify that the information contained in this registration and the attached financial schedule(s) and statement(s) are true. I am aware that if any of the above statements are willfully false, I am subject to punishment.*

Signature \_\_\_\_\_ Name BRIAN BRANCH Title PRESIDENT & CEO Date \_\_\_\_\_

---

*Second Authorization:*

*I understand that this registration is being issued at the discretion of the New Jersey Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. I also understand that I may be required to provide additional information if requested.*

*I hereby certify that the information contained in this registration and the attached financial schedule(s) and statement(s) are true. I am aware that if any of the above statements are willfully false, I am subject to punishment.*

Signature \_\_\_\_\_ Name STEVEN FUNK Title CFO Date \_\_\_\_\_

---

# CHAR500

NYS Annual Filing for Charitable Organizations  
www.CharitiesNYS.com

Send with fee and attachments to:  
NYS Office of the Attorney General  
Charities Bureau Registration Section  
28 Liberty Street  
New York, NY 10005

**2018**  
**Open to Public Inspection**

## 1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) **01/01/2018** and Ending (mm/dd/yyyy) **12/31/2018**

Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization: <b>WORLDWIDE FOUNDATION FOR CREDIT UNIONS,</b>	Employer Identification Number (EIN): <b>39-6093210</b>
	Mailing Address: <b>P.O. BOX 2982</b>	NY Registration Number: <b>40-53-18</b>
	City / State / ZIP: <b>MADISON, WI 53701-2982</b>	Telephone: <b>608 3952000</b>
	Website: <b>WWW.DOGLOBALGOOD.ORG</b>	Email: <b>MAIL@WOCCU.ORG</b>

Check your organization's registration category:  7A only  EPTL only  DUAL (7A & EPTL)  EXEMPT\* Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.

## 2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatories.

*We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.*

President or Authorized Officer:	<b>BRIAN BRANCH</b>		
	Signature	Print Name and Title	Date
		<b>PRESIDENT &amp; CEO</b>	
Chief Financial Officer or Treasurer:	<b>STEVEN FUNK</b>		
	Signature	Print Name and Title	Date
		<b>CFO</b>	

## 3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

- 3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.
- 3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

## 4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4b. Did the organization receive government grants? If yes, complete Schedule 4b.

## 5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee: \$ <u>25.</u>	EPTL filing fee: \$ _____	Total fee: \$ <u>25.</u>	Make a single check or money order payable to: <b>"Department of Law"</b>
---	---------------------------------	------------------------------	-----------------------------	--

CHAR500 Annual Filing for Charitable Organizations (Updated January 2019)

\*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

# CHAR500

## Annual Filing Checklist

- Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:
- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
  - Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
  - Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

### Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.
- Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.
- Audit Report if you received total revenue and support greater than \$750,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

### Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you checked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- \$1500, if the NET WORTH is \$50,000,000 or more

### Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General  
 Charities Bureau Registration Section  
 28 Liberty Street  
 New York, NY 10005

#### Need Assistance?

Visit: [www.CharitiesNYS.com](http://www.CharitiesNYS.com)  
 Call: (212) 416-8401  
 Email: [Charities.Bureau@ag.ny.gov](mailto:Charities.Bureau@ag.ny.gov)

#### Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

**7A** filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

**EPTL** filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

**DUAL** filers are registered under both 7A and EPTL.

**EXEMPT** filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at [www.CharitiesNYS.com](http://www.CharitiesNYS.com).

#### Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

# CHAR500

Schedule 4b: Government Grants  
www.CharitiesNYS.com

## 2018

**Open to Public  
Inspection**

If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities.

**Use additional pages if necessary.** Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

### 1. Organization Information

Name of Organization:	NY Registration Number:
WORLDWIDE FOUNDATION FOR CREDIT UNIONS, INC.	40-53-18

### 2. Government Grants

Name of Government Agency	Amount of Grant
1. UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT	1. 943,737.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total: 943,737.

Mail to:

Pennsylvania Department of State  
Bureau of Corporations and Charitable Organizations  
207 North Office Building  
Harrisburg, PA 17120

See [www.dos.pa.gov/charities](http://www.dos.pa.gov/charities) for more information

# Charitable Organization Registration Statement

BCO-10 (rev. 8/2017)

Fee: See instructions

Read all instructions prior to completing form.

Certificate number: 35097  
(N/A if initial registration)

Fiscal year ended: 12/31/2018  
MM DD YYYY

FEIN: 39-6093210

If this is a voluntary registration, check and complete the applicable box(es). For a registration to be voluntary, at least one of the following must apply:

Organization is exempt from registration because

Organization does not solicit contributions in Pennsylvania

1. Legal name of organization: WORLDWIDE FOUNDATION FOR CREDIT UNIONS, INC.

Check if name change and give previous name \_\_\_\_\_

2. All other names used to solicit contributions: \_\_\_\_\_

3. Contact person: BRIAN BRANCH Contact's E-mail: MAIL@WOCCU.ORG

4. Physical address of organization: \_\_\_\_\_ Mailing address: (If different than physical) \_\_\_\_\_

5710 MINERAL POINT ROAD

P.O. BOX 2982

MADISON

MADISON

WI 53705

WI 53701-2982

County: \_\_\_\_\_

Phone number: 608-395-2000

800 number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Email (if different than Contact's email): \_\_\_\_\_

Website: WWW.DOGLOBALGOOD.ORG

5. Type of organization (e.g. non-profit corporation, unincorporated association, etc.):  
NON-PROFIT CORPORATION

Where established: WISCONSIN

Date established:\* 02/03/1966

\*Initial registrants must submit copies of organizational documents such as charter, articles of incorporation, constitution or other organizational instrument and by-laws.

**WORLDWIDE FOUNDATION FOR CREDIT UNIONS, INC.**

6. Name and addresses of all offices, chapters, branches, auxiliaries, affiliates or other subordinate units located in Pennsylvania, which share in the contributions or other revenue raised in the Commonwealth: (Attach a separate sheet if necessary)

NONE

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7. Short form registration applicability - Specified types of charitable organizations described in §162.7(a) of the Act may file a short form registration, which permits the organization to register without filing a financial report. Check the section that describes the organization. If the organization does not meet any of the criteria below for short form registration, check "Not Applicable":

- §162.7(a)(1) - Persons or organizations which solicit contributions for the relief of a specific individual, when all of the contributions collected are turned over to the named beneficiary for his/her use without any deductions and provided that all contributions collected shall be held in trust
- §162.7(a)(2) - Organizations which only solicit within the membership of the organization by other members of the organization. The term "membership" shall not include those persons who are granted a membership solely upon making a contribution as the result of solicitation. "Member" means a person having membership in a nonprofit corporation, or other organization, in accordance with the provisions of its articles of incorporation, bylaws or other instruments creating its form and organization and having bona fide rights and privileges in the organization such as the right to vote, to elect officers and directors, to hold office or position as ordinarily conferred on members of such organizations.
- §162.7(a)(3) - Organizations which receive gross contributions of no more than \$25,000 per fiscal year whose fundraising activities are carried on only by volunteers, members, officers or permanent employees and only permanent employees are compensated for those fundraising activities
- §162.7(a)(4) - Veterans organizations chartered under Federal law, organizations of volunteer firemen, ambulance associations, rescue squad associations and their auxiliaries or affiliates, which are not exempt from registration, did not receive gross contributions in excess of \$100,000 and did not use a professional solicitor.
- Not Applicable

Charitable organizations which check boxes §162.7(a)(1) - §162.7(a)(4) are not required to file a financial report with this registration. If "Not Applicable" is checked, the charitable organization must submit financial reports which are audited, reviewed, compiled or internally prepared. See Instructions.

**Items 8 and 9 are required to be completed by initial registrants only**

8. Date organization first solicited contributions from Pennsylvania residents: \_\_\_\_\_  
 MM DD YYYY  
 Other \_\_\_\_\_
9. If organization solicited Pennsylvania residents and received gross\* contributions totaling more than \$25,000 in any given fiscal year, provide the date the organization first received contributions totaling more than \$25,000.  
 \_\_\_\_\_  
 MM DD YYYY  
 Other \_\_\_\_\_

\*Includes contributions received both within and outside Pennsylvania before any deductions or expenses.

WORLDWIDE FOUNDATION FOR CREDIT UNIONS, INC.

10. Has the organization been granted IRS tax-exempt status?  Yes  No

A. If "Yes," under which IRS code section: 501(C)(3) and attach a copy of the IRS exemption letter if not previously submitted.

B. Has the organization's tax-exempt status ever been denied, revoked or modified?  Yes  No (If "Yes," attach a copy of the denial, revocation or modification and subsequent reinstatement, if any, and if not previously submitted.)

11. Was the organization required to file any type of IRS 990 return, including 990, 990EZ, 990PF or 990N and applicable schedules, for its most recently completed fiscal year?  Yes  No

(If "Yes," attach a copy of the most recently filed 990, 990EZ, 990PF or 990N and include all schedules. If "No," attach an explanation of why the organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return or an organization that files a 990N, 990EZ or 990PF, must file a Pennsylvania public disclosure form (BCO-23).)

12. Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.):

CONTRIBUTIONS ARE SOLICITED VIA THE INTERNET, INDIVIDUAL MAILINGS, AND CORPORATE FACE TO FACE SOLICITATIONS.

13. A clear description of the specific programs for which contributions are used or will be used, and a statement describing whether such programs are planned or in existence.

ALL PROGRAMS LISTED ARE IN EXISTENCE: DISASTER RELIEF, CREDIT UNION TECHNICAL ASSISTANCE, TRAINING/EDUCATION ASSISTANCE.

14. Is the organization registered to solicit contributions in any other state or municipality?

Yes  No (If "Yes," list all states and municipalities. Attach a separate sheet if necessary.)

AK, AL, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, MA, MD, ME, MI, MN, MS, NC, NH, NJ, NV, NY, OH, OK, OR, RI, SC, TN, UT, VA, WA, WV, WI

15. Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check "Yes" if the organization only uses or intends to only use a professional fundraising counsel.)  Yes  No

If "Yes," give the date the person or entity started or will start soliciting contributions from Pennsylvania residents: \_\_\_\_\_  
Month Day Year

16. Names, addresses, and telephone numbers of all professional solicitors the organization uses or intends to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates Pennsylvania residents were first solicited, or will be solicited: (Attach a separate sheet if necessary)



**WORLDWIDE FOUNDATION FOR CREDIT UNIONS, INC.**

- 17. Names, addresses, and telephone numbers of all professional fundraising counsel the organization uses or intends to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents: (Attach a separate sheet if necessary)

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- 18. Names, addresses, and telephone numbers of any commercial coventurers under contract with the organization: (Attach a separate sheet if necessary)

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- 19. If the registering charity is a parent organization located in Pennsylvania, does the organization elect to file a combined registration covering all of its Pennsylvania affiliates?

(See note "Affiliate and Parent Organization")  Yes  No  Not Applicable

If "Yes," give all names and certificate numbers of the affiliate organizations:

(Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)

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- 20. Is the registering charity a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on the registering charity's behalf? (See note "Affiliate and Parent Organization")

Yes  No  Not Applicable

If "Yes," provide the name and, if available, certificate number of the parent organization.

(Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)

\_\_\_\_\_  
Legal name of parent organization

\_\_\_\_\_  
Pennsylvania certificate number

- 21. Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers. (Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)

**SEE STATEMENT 1**

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WORLDWIDE FOUNDATION FOR CREDIT UNIONS, INC.

22. Names of the individuals or officers of the organization who: (Attach a separate sheet if necessary)

A. Are in charge of solicitation activities:

MICHAEL REUTER

5710 MINERAL POINT ROAD MADISON, WI 53705

B. Have final responsibility for the custody of contributions:

STEVEN FUNK

5710 MINERAL POINT ROAD MADISON, WI 53705

C. Have final responsibility for final distribution of contributions:

STEVEN FUNK

5710 MINERAL POINT ROAD MADISON, WI 53705

D. Are responsible for custody of financial records:

BRIAN BRANCH

5710 MINERAL POINT ROAD MADISON, WI 53705

23. Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to:

A. Any other officer, director, trustee, or employee?  Yes  No

B. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? \*\*  Yes  No

C. Any officers, agents or employees of any supplier or vendor providing goods or services? \*\*  Yes  No

\*\* (this includes any officer, director, trustee, or employee of the charitable organization who is also an officer, director, trustee, employee or owner of a professional fundraising counsel, professional solicitor, supplier or vendor)

If "Yes" is checked to any of the above, attach a list of related individuals including names, business, and residence addresses of related parties.

24. Has the organization or any of its present officers, directors, executive personnel or trustees ever:

A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or currently has such proceedings pending in this or any other jurisdiction?  Yes  No

B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency?  Yes  No

C. Entered into any legally enforceable agreement (such as a consent agreement, an assurance of voluntary compliance or discontinuance or any similar agreement) with any district attorney, Office of Attorney General, or other local or state governmental agency?  Yes  No

(If "Yes" is checked in response to any of the above, attach a written explanation, including the reasons for actions, and copies of all relevant documents.)

WORLDWIDE FOUNDATION FOR CREDIT UNIONS, INC.

**Certification** - This registration statement must be signed by two different officers of the organization, one of whom shall be the chief fiscal officer or the equivalent.

**I certify that the information provided in this registration, including all statements and attached documentation, is true and correct to the best of my knowledge, information and belief. I understand that the falsification of any statement or documentation made is subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities) and 10 P.S. §162.17 (relating to administrative enforcement and penalties).**

\_\_\_\_\_  
Signature of Chief Fiscal Officer

\_\_\_\_\_  
Date

**BRIAN BRANCH, PRESIDENT & CEO**  
\_\_\_\_\_

Type or print name and title of Chief Fiscal Officer

\_\_\_\_\_  
Signature of Other Authorized Officer

\_\_\_\_\_  
Date

**STEVEN FUNK, CFO**  
\_\_\_\_\_

Type or print name and title of Other Authorized Officer

Checklist for registration:

- Completed registration statement properly signed and dated.
- A copy of the IRS 990/990EZ/990PF/990N Return and required schedules, signed and dated by an authorized officer
- Public Disclosure Form BCO-23 (if required)
- Applicable Financial Statements (audited, reviewed, compiled or internally prepared)
- Registration fee and any late filing fees
- Initial Registrants Only: IRS determination letter, articles of incorporation or charter and by-laws.

See Instructions for more information on completing this form and attachments.

NAME AND ADDRESS

TITLE

BRIAN BRANCH  
P.O. BOX 2982  
MADISON, WI 53701-2982

PRESIDENT & CEO

NAME AND ADDRESS

TITLE

STEVEN FUNK  
P.O. BOX 2982  
MADISON, WI 53701-2982

CFO

NAME AND ADDRESS

TITLE

MICHAEL REUTER  
P.O. BOX 2982  
MADISON, WI 53701-2982

EXECUTIVE DIRECTOR

NAME AND ADDRESS

TITLE

BILL CHENEY  
P.O. BOX 2982  
MADISON, WI 53701-2982

CHAIR

NAME AND ADDRESS

TITLE

CARLA CICERO  
P.O. BOX 2982  
MADISON, WI 53701-2982

VICE CHAIR

NAME AND ADDRESS

TITLE

SUSAN MITCHELL  
P.O. BOX 2982  
MADISON, WI 53701-2982

SECRETARY

NAME AND ADDRESS

TITLE

DALLAS BERGL  
P.O. BOX 2982  
MADISON, WI 53701-2982

TREASURER

NAME AND ADDRESS

TITLE

MANFRED ALFONSO DASENBROCK  
P.O. BOX 2982  
MADISON, WI 53701-2982

DIRECTOR

NAME AND ADDRESS

TITLE

CRYSTAL LONG  
P.O. BOX 2982  
MADISON, WI 53701-2982

DIRECTOR

NAME AND ADDRESS

TITLE

KIM SPONEM  
P.O. BOX 2982  
MADISON, WI 53701-2982

DIRECTOR

NAME AND ADDRESS

TITLE

STEVEN STAPP  
P.O. BOX 2982  
MADISON, WI 53701-2982

DIRECTOR

NAME AND ADDRESS

TITLE

JOSEPH THOMAS  
P.O. BOX 2982  
MADISON, WI 53701-2982

DIRECTOR