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DLN: 93493277005150

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A Fo	r the :	2009 cale	ndar yea	r, or tax year beginning 0	1-01-2009 and ending 12-31-2	009					
B Ch	eck ıf a		lease	C Name of organization Worldwide Foundation for C	redit Unions Inc		D Employer i	dentification number			
Address change Name change			se IRS abel or	Doing Business As	39-60932 E Telephone						
Naı	me cha		rint or ype. See	Doing Business As							
┌ Inıt	tial retu	rn S	pecific nstruc-		box if mail is not delivered to street ad	dress) Room/suite	(608) 395				
Г Тег	mınate	d ti	ions.	PO Box 2982			G Gross receip	ts \$ 1,417,094			
┌ Am	ended	return		City or town, state or count	ry, and ZIP + 4	I					
	olication	pending		Madison, WI 537012982							
			F Nam	ne and address of princip	al officer	H(a) is th	∎ ns a group retu	ırn for			
			Pete Cr				ates?	⊤Yes ▽ No			
			PO Box Madiso	12982 n,WI 537012982		H/h) Ana -		uded?			
				,			ll affiliates inclu	st (see instructions)			
I Ta	x-exem	npt status [▼ 501(c)	(3) ◄ (insert no)	7(a)(1) or		up exemption i				
J W	ebsite	e: ► www v	woccu org]							
K For	n of org	ganization 🔽	Corporat	ion Trust Association	Other -	L Year of fo	ormation 1966	M State of legal domicile WI			
Pa	rt I	Summa	ary			·					
Governance		activities members union staf members	and in tir Primary ff and voli	mes of disaster, and to re activities of the Worldwid unteers They include coi	edit Unions, Inc. (WF) is to assis port back to donors on how their de Foundation include technical a mmunity development activities	support had an assistance, traii through credit u	impact upon t ning and educa inion financial	he institutions and their ations sessions for credit empowerment of			
26			,	-	ontinued its operations or dispos						
Activities &					body (Part VI, line 1a)			314			
톭					he governing body (Part VI, line	1b)	•	4 14 5 0			
ĕ				nployees (Part V, line 2a)							
	6 Total number of volunteers (estimate if necessary)										
	1				n Form 990-T, line 34			7a 0			
		Tree americ	ateu busi	ness taxable mesme non		Prid	or Year	Current Year			
	8	Contribu	tions and	l grants (Part VIII, line 1	h)		1,425,289				
횰	9	Program	service i	revenue (Part VIII, line 2	29)		54,930	48,229			
Rayenue	10	Investme	ent incon	ne (Part VIII, column (A), lines 3, 4, and 7d)		25,288	2,840			
ď	11	Other re	venue (P	art VIII, column (A), lıne		18,173	17,701				
	12				ust equal Part VIII, column (A),	line	1 522 600	1 417 004			
	13				column (A), lines 1-3)		1,523,680	· · · ·			
	14			. , ,	olumn (A), line 4)	•	142,574	448,047			
	15				enefits (Part IX, column (A), line	s 5 –					
Expenses		10)	,		(130,798			
ই	16a	Profession	onal fund	raising fees (Part IX, col	umn (A), line 11e)		36,000	33,000			
置	b	Total fundr	raising expe	enses (Part IX, column (D), lin	e 25) 🕨 <u>256,847</u>	-					
	17				s 11a-11d, 11f-24f)		1,277,846	<u>'</u>			
	18				qual Part IX, column (A), line 25		1,456,420	1,396,655			
. 00	19	Revenue	less exp	enses Subtract line 18 t	from line 12	+	67,260	20,439			
Not Assets or Fund Balances						_	g of Current Year	End of Year			
10 kg	20	Total ass	sets (Par	t X, line 16)			2,177,393	2,831,332			
A.A.	21						1,589,207	2,222,707			
Ž	22				21 from line 20		588,186				
Pai	rt II		ture Blo				•	,			
		Under pena	alties of pe	ருபாy, I declare that I have exa	amined this return, including accompany tion of preparer (other than officer) is b						
Sign	1	*****				2010	-09-28				
Here		Signatu	****** 2010-09-28 Signature of officer Date								
			rear CEO								
		Type or	r print nam	e and title		1	T				
Paid		Preparer's signature		CHRISTENSEN	Date 2010-09-28	Check if self-empolyed	Preparer's idei (see instructio	ntıfyıng number ns)			
Preparent	arer's Only	ıf self-empl	loyed),	P	I.	<u>'</u>	EIN Þ	EIN ▶			
	•	address, an	iu ZIP + 4	2901 w beltline hwy			Phone no 🕨	(608) 274-1980			
		Ī		Madison, WI 53713			1				

May the IRS discuss this return with the preparer shown above? (see instructions)

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

The mission of Worldwide	Foundation for Credit Unions,	, Inc (WF) is to	assist credit union sy	stems and members	in development activities
and in times of disaster a	and to report back to donors o	n how their sun	nort had an impact up	on the institutions an	d their members

2	Did the organization under the prior Form 990 or 990		rogram se	rvices during the ye	ar which were not li	sted on Yes	✓ No
	If "Yes," describe these ne	ew services on Sched	ule O				
3	Did the organization cease services?			nt changes in how it o	onducts, any progr	am \ Yes	▽ No
	If "Yes," describe these ch	nanges on Schedule C)				
4	Describe the exempt purpo Section 501(c)(3) and 503 allocations to others, the t	1(c)(4) organizations	and section	on 4947(a)(1) trusts	are required to rep		
4a	(Code) (Expenses \$	274,548	ıncludıng grants of \$) (Revenue \$	32,719)
	Partnership ProgramThe Worldv their trade groups from the U S benefit members The Internat Program also is responsible for members so they can become accomplishments, visit www v	S and Canada with those tional Partnerships Progran r the Spanish Immersion Pi part of the formal financia	in developin n continues t rogram, desi al system an	g countries to exchange i to grow and included 24 p gned to teach U.S. credit	deas and technical expe partnerships by the end union volunteers and e	ertise, leading to strongo of 2009 The Internatio xecutives how to reach	er institutions that bettei nal Partnerships out and serve Hispanic
4b	`) (Expenses \$	449,298		374,410) (')
	Technical AssistanceWith the he In Colombia, WOCCU is helping unions are reaching out to Colo and volunteers on leadership, or training, market access and fin skills to increase productivity, f community-based credit unions board members-Connecting cre new handheld technology to in	ing credit unions offer saving combians who have been in operational efficiency, main composed from substancing to move from substances partnerships is and themselves Worldwited tunions through domestics.	gs accounts a nternally disp rketing and consistence farm to increase ide Foundati stic and inter	and small loans to people blaced by long-standing pleveloping new microfina ing to commercial productheir marketability, and gon-funded global initiative national shared branching	living in less developed olitical and economic conceptoducts in Ethiopia tion. With foundation fuain access affordable loes in 2009 included -Crestablishing affordable	d, rural areas of the counflict Foundation funds it, small farmers often stunds, WOCCU is helping bense that mutually bene eating training programs money training programs money trainifer services.	ntry Some credit is train credit union staff truggle to find the farmers learn new ifit both their is for management and
4c	·) (Expenses \$	•	including grants of \$, ,	Revenue \$	15,510)
	EDUCATIONContinued support congress is designed to increas congress held in Nadi, Fiji and advocacy support and to devel Leadership Network has a two-opportunities and support WOC Barcelona, Spain, following WO almost 100 members by year experience.	se the technical capacity of also helped form the pacificity a Pacific credit union displayment work b-fold mission supply work CCU field projects targeting OCCUs World Credit Union	f staff and vo fic Credit Uni atabase A no ien credit un j poverty rec Conference	olunteers serving credit u on Network, an organiza ew educational WOCCU p ion leaders in developed duction through women c iin July 2009, with more t	nions in developing coultion designed to provide rogram funded by the V and developing countrie ommunity leaders The han 40 women leaders	ntries In 2009, the four technical assistance, co Vorldwide Foundation, t ss with peer-to-peer edi network held its inaugu from 18 countries prese	ndation supported the ommunications and the Global Women's ucational networking iral leadership forum in the network had
	0.11	(Danasaka as Cal. 1.1	- 0 \ 0 -	-1 4 -1-124 1 75	for Description		
4d	Other program services (Expenses \$				_		1
-	· · ·	•	ng grants o		7,875)(Revenue \$,
4e	Total program service exi	nenses t \$	968 58	2			

art IV	Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,			N.o.
	Parts VI , VII , VIII , IX , or X as applicable	11		N o
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		N o
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		Νο
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		N o
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		N o
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 0	(2009)

Part V Statements Regarding Other IRS Filings and Tax Complia

	outcome nogal and control and compliance		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		Tes	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νο
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country ▶			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a		Νο
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νο
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N o
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		Νο
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

5710 mineral point road Madison, WI 53705 (608) 395-2000

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

Se	ection A. Governing Body and Management					
			Yes	No		
1a	Enter the number of voting members of the governing body 14					
b	Enter the number of voting members that are independent 1b 14					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο		
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο		
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο		
6	Does the organization have members or stockholders?	6		No		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes			
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
а	The governing body?	8a	Yes			
b	Each committee with authority to act on behalf of the governing body?	8b	Yes			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo		
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)					
			Yes	No		
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νο		
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b				
11	1 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?					
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990	11	Yes			
			.,			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes			
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes			
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes			
13	Does the organization have a written whistleblower policy?	13	Yes			
14	Does the organization have a written document retention and destruction policy?	14	Yes			
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official	15a	Yes			
Ь	Other officers or key employees of the organization	15b	Yes			
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the					
	organization's exempt status with respect to such arrangements?	16b				
	ection C. Disclosure					
17	List the States with which a copy of this Form 990 is required to be filed WI, CA, IL, MA, MD, NJ, NY, PA, W	<u> </u>				
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table					
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orga	ınızatıor	n 🕨		
	JULIE ALLEN					

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

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. Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees 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, or 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 the organization did not compensate any current or former officer, director, trustee or key employee

V Check this box if the organization did n	ot compens	ate any	curr	entc	טו וכ	illier o	ince	r, director, trustee (or key employee	
(A) Name and Title	(B) Average hours	erage Position (check all ours that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
BARRY jolette chairman	1 00	х		х				О	0	0
MANUEL RABINES ripalda first vice chairman	1 00	х		х				0	0	0
GRZEgorz bierecki second vice chairman	1 00	х		х				0	0	0
CATHerine Roberts member	1 00	х						0	0	0
Mark bailey Treasurer	1 00	х		х				0	0	0
DANIEL BURNS member	1 00	х						0	0	0
Ron Hance member	1 00	х						0	0	0
Sylvester kadzola member	1 00	х						0	0	0
ANNE COCHRAN member	1 00	х						0	0	0
PENNY REEVES secretary	1 00	х		Х				0	0	0
yvonne ridguard member	1 00	Х						0	0	0
louise petschler member	1 00	х						0	0	0
marlene shiels member	1 00	Х						0	0	0
manfred dasenbrock member	1 00	Х						0	0	0
VALERIE BREUNIG EXECUTIVE DIRECTOR	40 00			х				0	99,269	31,529
										F 000 (2000)

1b	Total	69		31,529
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶0			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual			N -
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		N o
S	ection 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			
	(A) Name and business address (B) Description of services		(C Compen	
		+		
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶0			
		F	orm 990	(2009)

Page **8**

Form 990 (2009)

Form 9								Page 9
Part	/1111	Statement of	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
its si	1a	Federated cam	paigns 1a					
Contributions, gifts, grants and other similar amounts	ь	Membership du	ies 1b					
s, g	c	Fundraising eve	ents 1c					
# <u>#</u> #	d	Related organiz	zations 1d					
ĕΈ	e	Government grant	s (contributions) 1e					
tion single	f	All other contribute	ons, gifts, grants, and 1f	1,348,324		İ		
ë₹	g		ibutions included in					
풀풀								
ပိုန်	h	Total. Add lines	s 1a-1f	· · · •	1,348,324			
<u> </u>				Business Code				
Program Service Revenue	2a	hispanic immersior	n tou	561,520	32,719	32,719		
æ	ь	educational recept	ions	611,710	15,510	15,510		
မှ	С							
≥	d							
ر د	e		_					
_ Erai	f	All other progra	am service revenue					
<u>&</u>	g	Total Add lines	s 2a-2f	L	48,229			
	3		ome (including dividen		40,223			
			ar amounts)		2,840			2,840
	4		stment of tax-exempt bond					
	5	Royalties		•				
			(ı) Real	(11) Personal				
	6a	Gross Rents						
	Ь	Less rental expenses						
	С	Rental income or (loss)						
	d		me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other						
	ь	than inventory Less cost or						
		other basis and sales expenses						
	С	Gain or (loss)						
	d	Net gaın or (los	s)	▶				
ne	8a	events (not inc						
Other Revenue			s reported on line 1c)					
<u>.</u>			а	17,701				
ţþe	b		penses b					
0	С		(loss) from fundraising	events 🏲	17,701			17,701
	9a	Gross income f See Part IV, lir	rom gaming activities ne 19 a					
	b c		penses b (loss) from gaming acti					
		Gross sales of returns and allo	ınventory, less					
	ь		a oods sold b					
	С		(loss) from sales of inve	1				
		Miscellaneous	s Revenue	Business Code				
	11a							
	Ь							
	С							
	d	All other reven						
	е	Total. Add lines	s 11a-11d					
	12	Total revenue.	See Instructions .	▶	1,417,094	48,229	0	20,541

Part IX Statement of Functional Expenses

Do not incli 7b, 8b, 9b, a 1 Gran In the 2 Gran U S 3 Gran organ Part 4 Bene 5 Com key 6	Ints and other assistance to individuals in the See Part IV, line 22 Ints and other assistance to governments, and other assistance to governments, and other assistance to governments, and other assistance to individuals in the See Part IV, line 21 Ints and other assistance to individuals in the See Part IV, line 22 Ints and other assistance to governments, anizations, and individuals outside the U S See IV, lines 15 and 16 Interior in the IV See IV, lines 15 and 16 Interior in the IV See IV See IV, lines 15 and 16 Interior in the IV See IV Se	(A) Total expenses 104,650	Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
7b, 8b, 9b, a 1 Gran in the 2 Gran U S 3 Gran orgal Part 4 Bene 5 Com key 6 6 Com	and 10b of Part VIII. Ints and other assistance to governments and organizations are U S See Part IV, line 21 Ints and other assistance to individuals in the See Part IV, line 22 Ints and other assistance to governments, anizations, and individuals outside the U S See IV, lines 15 and 16	Total expenses	Program service expenses	Management and	Fundraising
Gran U S Gran organ Part Bene Com key 6	ne U S See Part IV, line 21 Ints and other assistance to individuals in the See Part IV, line 22 Ints and other assistance to governments, anizations, and individuals outside the U S See IV, lines 15 and 16		104,650		
U S Gran orgal Part Bene Com key 6	See Part IV, line 22 Ints and other assistance to governments, an inizations, and individuals outside the U.S. See (IV, lines 15 and 16	343 397			
organ Part 4 Bene 5 Com key 6	inizations, and individuals outside the U.S. See IV, lines 15 and 16	343 397			
5 Com key 6	efits paid to or for members	3.13,337	343,397		
key 6 6 Com	<u> </u>				
	npensation of current officers, directors, trustees, and employees	130,798		65,399	65,399
	npensation not included above, to disqualified persons defined under section 4958(f)(1)) and persons cribed in section 4958(c)(3)(B)				
7 Othe	er salarıes and wages				
	sion plan contributions (include section 401(k) and section (b) employer contributions)				
9 Othe	er employee benefits				
10 Payr	roll taxes				
11 Fees	s for services (non-employees)				
a Mana	agement	324,156	274,676	44,281	5,199
b Lega	al	14,786	5,475	4,715	4,596
c Acco	ounting	4,072	693	3,192	187
d Lobb	bying				
	essional fundraising See Part IV, line 17	33,000			33,000
f Inve	estment management fees				
g Othe	er				
12 Adve	ertising and promotion	14,649			14,649
13 Offic	ce expenses	126,788	8,146	6,410	112,232
14 Infor	rmation technology	2,650		2,650	
15 Roya	alties				
16 Occi	upancy	19,837	400	19,437	
17 Trav	/el	81,050	67,808	969	12,273
	ments of travel or entertainment expenses for any federal, e, or local public officials				
19 Conf	ferences, conventions, and meetings	60,488	51,952		8,536
20 Inter	rest				
21 Payn	ments to affiliates				
22 Depr	reciation, depletion, and amortization	6,292		6,292	
23 Insu	urance	2,049		2,049	
grou	er expenses Itemize expenses not covered above (Expenses iped together and labeled miscellaneous may not exceed 5% of I expenses shown on line 25 below)				
	INING/Staff Developm	74,949	73,570	1,109	270
	sultants Fees and Ex	31,264	30,006	1,258	
	CELLA NEO US EXPENSE	18,636	7,434	11,066	136
-	MBERSHIP FEES	3,144	375	2,399	370
e		1			
	other expenses				
	al functional expenses. Add lines 1 through 24f	1,396,655	968,582	171,226	256,847
26 Joint Com	t costs. Check here F if following SOP 98-2 Inplete this line only if the organization reported in imm (B) joint costs from a combined educational impaign and fundraising solicitation	1,550,033	330,302	1,1,220	

Part X Balance Sheet (A) (B) Beginning of year End of year 1 1 Cash—non-interest-bearing 2,169,177 2 2.828.213 2 Savings and temporary cash investments 3 3 4 8.216 4 3.119 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Notes and loans receivable, net 8 Inventories for sale or use Prepaid expenses and deferred charges 9 Land, buildings, and equipment cost or other basis Complete Part 10a 10a VI of Schedule D 10b b Less accumulated depreciation 10c 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 16 2,177,393 16 2,831,332 Total assets. Add lines 1 through 15 (must equal line 34) . . . 160.741 17 194.094 17 Accounts payable and accrued expenses . 298,605 125,936 18 18 1,902,677 1,129,861 19 19 20 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties 24 25 25 Other liabilities Complete Part X of Schedule D 26 **Total liabilities.** Add lines 17 through 25 1,589,207 26 2,222,707 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 68.923 48.987 27 Unrestricted net assets 27 28 519.263 28 559.638 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ Total net assets or fund balances 588,186 33 33 608,625 34 Total liabilities and net assets/fund balances 2.177.393 2.831.332 34

Part XI Financial Statements and Reporting

			Yes	No
L	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	☐ Separate basis			
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?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

Employer identification number

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury

Name of the organization

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. See separate instructions.

Inspection

Worldwide Foundation for Credit Unions Inc 39-6093210 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 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 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 that describes the type of supporting organization and complete lines 11e through 11h Type III - Other **b** Type II c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No 11g(i) and (III) below, the governing body of the the supported organization? (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h (iii) (iv) (vi) (v) Type of Is the

(i) Name of supported organization	(ii) EIN	organization (described on lines 1 - 9 above or IRC section (see	organıza col (ı) lıs your gov docum	sted in erning	organiza col (i) c	tion in fyour	organiza col (i) or in the	ation in ganized	(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in IRC 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.)

-	(Complete only if yo	u checked the	box on line 5, .	, or 8 of Part 1.)			
	ection A. Public Support endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	009	(f) Total
1	in) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")				1,425,289		1,348,324	7,079,356
2	Tax revenues levied for the organization's benefit and either							
3	paid to or expended on its behalf The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge	1,581,22	1 1,295,843	1,428,679	1,425,289		1,348,324	7,079,356
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a	1,361,22	1,293,643	1,420,079	1,423,269	_	1,340,324	7,079,330
	governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column							492,735
6	(f) Public Support. Subtract line 5 from line 4							6,586,621
S	ection B. Total Support		1	l l				
	endar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	009	(f) Total
7	beginning in) A mounts from line 4	1,581,221	61,696	1,428,679	1,425,289	1	,348,324	7,079,356
8	Gross income from interest,		·	. ,				<u> </u>
	dividends, payments received on securities loans, rents, royalties and income from similar sources	25,672	61,696	65,714	25,288		2,840	181,210
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
LO	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets			63,530	73,103		65,930	202,563
11	Total support (Add lines 7 through 10)							7,463,129
12	Gross receipts from related activition	es, etc (See inst	ructions)			12		166,689
13	First Five Years If the Form 990 is to check this box and stop here		·	, third, fourth, or fi	fth tax year as a 5	501(c)(3	3) organız	ation, ▶
<u> </u>	ection C. Computation of Pub Public Support Percentage for 2009			11 column (f))		14		88 260 %
- · 15	Public Support Percentage for 2008	•		11 (17)		15		87 600 %
	33 1/3% support test—2009. If the			c on line 13, and li	ne 14 is 33 1/3%		. check th	
b	and stop here. The organization qua 33 1/3% support test—2008. If the box and stop here. The organization	ilifies as a public organization did n qualifies as a pi	ly supported orga not check the bo ublicly supported	nization x on line 13 or 16a organization	a, and line 15 is 3	3 1/3%	or more, o	►✓
∟/a	10%-facts-and-circumstances test- is 10% or more, and if the organization in Part IV how the organization mee organization	tion meets the "f	acts and circumst	tances" test, chec	k this box and sto	op here.	Explain	ed ▶ □
Ь	10%-facts-and-circumstances test-	—2008. If the org	anızatıon dıd not d	check a box on line	e 13, 16a, 16b, o	r 17a an	id line	-1
	15 is 10% or more, and if the organ Explain in Part IV how the organizat supported organization	nization meets th	e "facts and cırcu	mstances" test, c	heck this box and	stop he	ere.	▶ ┌
18	Private Foundation If the organizations	ion did not check	a box on line 13,	16a, 16b, 17a or	17b, check this b	oox and	see	▶ □

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support	T			1	T	I
cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
_	purpose Gross receipts from activities that						
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
6	Total. Add lines 1 through 5 Amounts included on lines 1, 2,						
/a	and 3 received from disqualified				1		
	persons						
b	A mounts included on lines 2 and 3						
	received from other than disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	rom line 6) ction B. Total Support						
	ndar year (or fiscal year beginning						
cuic	in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar						
	sources						
ь	Unrelated business taxable						
	income (less section 511 taxes) from businesses acquired after						
	June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
13	IV) Total support (Add lines 9, 10c,						
13	11 and 12)						
14	First Five Years If the Form 990 is for	or the organizat	ion's first, second	l, thırd, fourth, or	fifth tax year as a	a 501(c)(3) orgar	
	check this box and stop here						► □
Se	ction C. Computation of Publ	ic Support P	ercentage				
15	Public Support Percentage for 2009			13 column (f))		15	
16	Public support percentage from 200	-		.,,		16	
	Table support personage nom 200	o o o modulo / i / i	arc 111, mrs 15			10	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ae			
17	Investment income percentage for 2				n (f))	17	
18	Investment income percentage from	•		•		18	
	33 1/3% support tests—2009. If the		•		d line 15 is more		line 17 is not
1.7a	more than 33 1/3%, check this box a					u.ii 23 1/3/0 dill	. IIIC 17 13 110t
	organization	•厂		•			
ь	33 1/3% support tests—2008. If the	organization di	d not check a box	on line 14 or line	e 19a, and line 16	5 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 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

Additional Data

Software ID: Software Version:

EIN: 39-6093210

Name: Worldwide Foundation for Credit Unions Inc

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program	ı services			
(Code) (Expenses \$	62,030 including grants of \$	47,875) (Revenue \$)
Disaster				

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493277005150

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

lame of the organization /orldwide Foundation for Credit Unions Inc art I Organizations Maintaining Donor Advised Funds or Other Similar Fu	Employer identification number 39-6093210
	39-6093210
	_
organization answered "Yes" to Form 990, Part IV, line 6.	unds or Accounts. Complete if the
(a) Donor advised funds	(b) Funds and other accounts
Total number at end of year	
Aggregate contributions to (during year)	
Aggregate grants from (during year)	
Aggregate value at end of year	
Did the organization inform all donors and donor advisors in writing that the assets held in donor funds are the organization's property, subject to the organization's exclusive legal control?	or advised Yes No
Did the organization inform all grantees, donors, and donor advisors in writing that grant funds used only for charitable purposes and not for the benefit of the donor or donor advisor, or for an conferring impermissible private benefit	·
art II Conservation Easements. Complete if the organization answered "Yes" to	o Form 990, Part IV, line 7.
<u> </u>	historically importantly land area certified historic structure of a conservation
	Held at the End of the Year
Total number of conservation easements	2a
Total acreage restricted by conservation easements	2b
Number of conservation easements on a certified historic structure included in (a)	2c
Number of conservation easements included in (c) acquired after 8/17/06	2d
	I
Number of conservation easements modified, transferred, released, extinguished, or terminated the taxable year -	d by the organization during
Number of states where property subject to conservation easement is located 🗠	
Does the organization have a written policy regarding the periodic monitoring, inspection, hand enforcement of the conservation easements it holds?	── dling of violations, and ☐ Yes ☐ No
Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easem	ents during the year 🛌
A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements	s during the year 🕨 \$
Does each conservation easement reported on line 2(d) above satisfy the requirements of section $170(h)(4)(B)(1)$ and $170(h)(4)(B)(1)$?	
In Part XIV, describe how the organization reports conservation easements in its revenue and balance sheet, and include, if applicable, the text of the footnote to the organization's financial the organization's accounting for conservation easements	·
Organizations Maintaining Collections of Art, Historical Treasures, Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	or Other Similar Assets.
If the organization elected, as permitted under SFAS 116, not to report in its revenue stateme art, historical treasures, or other similar assets held for public exhibition, education or researc provide, in Part XIV, the text of the footnote to its financial statements that describes these its	ch in furtherance of public service,
If the organization elected, as permitted under SFAS 116, to report in its revenue statement a historical treasures, or other similar assets held for public exhibition, education, or research in provide the following amounts relating to these items	•
(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	► \$
If the organization received or held works of art, historical treasures, or other similar assets fo following amounts required to be reported under SFAS 116 relating to these items	
Revenues included in Form 990, Part VIII, line 1	▶ \$

باللناف	Organizations Maintaining Co	llections of Art	t, His	tori	cal Ti	reasur	es, or C	tnei	<u> Similar</u>	Asse	ts (cc	ntınued)
3	Using the organization's accession and other items (check all that apply)	r records, check an	y of th	ne fol	lowing	that are	a significa	ant us	se of its col	lection		
а	Public exhibition		d	Γ	Loan	or excha	ange prog	rams				
b	Scholarly research		e	Γ	Other	r						
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ain hov	w the	y furthe	er the org	ganızatıor	ı's ex	empt purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ılar	Г	es (Г No
Par	Part IV, line 9, or reported an an						answere	d "Ye	es" to For	m 990	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	ediary	for c	ontribu	itions or	other ass	ets n	ot	Г	es (┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ing t	able		Γ			A mou	nt	
c	Beginning balance						-	1c				
d	Additions during the year						F	1d				
e	Distributions during the year						ŀ	1e				
f	Ending balance						ŀ	1f				
2a	Did the organization include an amount on Fo	orm 990. Part X. lin	e 21?				L				es.	┌ No
	If "Yes," explain the arrangement in Part XIV									, .		,
Par			n ans	were	ed "Ye	s" to Fo	orm 990.	Part	IV. line	10.		
		(a)Current Year		Prior			Years Back		hree Years B		Four Ye	ears Back
1a	Beginning of year balance											
ь	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment 🕨	%										
b	Permanent endowment 🕨 %											
c	Term endowment ► %											
3а	Are there endowment funds not in the posses	ssion of the organiz	ation	thata	are held	d and ad	mınıstere	d for t	:he			
	organization by								Г	- (:)	Yes	No
	(i) unrelated organizations			•				•	-	3a(i) 3a(ii)		
ь	(ii) related organizations								[3b		
4	Describe in Part XIV the intended uses of th	·				•		•		<u> </u>		
	t VI Investments—Land, Buildings					90. Par	t X. line	10.				
		, , , , , , , , , , , , , , , , , , , ,			a) Cost		(b)Cost or		(c) Accum	ulated		
	Description of investment					estment)	basis (ot		deprecia		(d) B	ook value
1a	and			\top								
ы	Buildings											
	easehold improvements											
c l												
	Equipment											
d E	·											

Part VII Investments—Other Securities. Sec	e Form 990, Part X, line 17	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	*	
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
——————————————————————————————————————	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	▶ Inc. 1E	
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
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Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Descri	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	15.) X, line 25. (b) A mount	

Schedule D (Form 990) 2009

-01	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	its	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,417,094
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,396,655
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	20,439
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	20,439
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		, , , , , , , , , , , , , , , , , , ,
1	Total revenue, gains, and other support per audited financial statements	1	, turii
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
ь	Other (Describe in Part XIV) 4b		
с	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses]	
d	Other (Describe in Part XIV) 2d	<u> </u>	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a]	
b	Other (Describe in Part XIV) 4b]	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
Par	t XIV Supplemental Information		
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete t		

Identifier Return Reference Explanation

additional information

DLN: 93493277005150 OMB No 1545-0047 **SCHEDULE F** Statement of Activities Outside the United States (Form 990) ► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions. Open to Public Department of the Treasury Internal Revenue Service Inspect ion Name of the organization Employer identification number Worldwide Foundation for Credit Unions Inc 39-6093210 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed) (d) Activities conducted in (e) If activity listed in (d) (f) Total expenditures (a) Region (b) Number of (c) Number of region (by type) (i.e., is a program service, for region fundraising, program services, offices in the employees or describe specific type of grants to recipients located in region agents in region service(s) in region the region) CENTRAL (1) The International 113,214 Program Services AMERICA/CARIBBEAN Partnership program, which brings together 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 Central A merican/Caribbean partnerships include Antıgua, Bahamas, Belize, Costa Rica, Dominican Republic, Guatemala, Jamaica, Nicaragua and Panama (2) Program expenses to aid the victims of Tropical Storm Ida ın El Salvador including credit union staff, members, and their communities EAST ASIA AND PACIFIC 72,212 Program Services, (1) Grant given to Cambodia for the building Fundraising and development of credit lunions (2) The International Partnership program, which brings together 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 Asia/the Pacific partnerships include Hong Kong and the Solomon Islands EUROPE Program Services (1) Held the 2009 70,379 Supporters' reception which brought together credit union board members, executives and staff to network and learn about international credit union development This event was held in Barcelona in conjunction with WOCCU's annual conference (2) Held an educational forum and related activities for members of the Global Women's Leadership Network in Barcelona in conjunction with WOCCU's annual conference (3) The International Partnership program, which brings together 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 European partnerships ınclude Estonıa and Poland NORTH AMERICA (1) Grant given to 46,405 Program Services Mexican credit union to facılıtate Matched Savings program This program brings in new members to the Mexican credit union system who generally earn less than a few US dollars per day At the end, the participants who have reached their goals receive an equivalent amount (match) to use for a designated purpose, such as for education, housing or micro-finance support (2) The International Partnership program, bringing together credit lunion movements from around the world to exchange ideas and technical expertise with the goal of building stronger institutions for the benefit of their members Includes Canada and Mexico (3) Hispanic Marketing Immersion Program, which brings credit union employees from the U S to Mexico where they receive hands-on experience. They have the opportunity to work sideby-side with Mexican credit union professionals and to participate in various workshops to gain insight on the Hispanic market and creating products and service RUSSIA AND Program Services (1) The International 5,687 INDEPENDENT STATES Partnership program, which brings together credit union movements from around the world to exchange ideas and technical expertise with the goal of building stronaer institutions for the benefit of their members Russia is one of the participants in this program SUB-SAHARAN AFRICA Program Services 70,371 (1) Program expenses to support credit union development and strengthening in Kenya, Uganda and Tanzania (2) African Regional Congress, which brings together credit union leaders across Africa to learn, network and train on issues relevant to the credit union system in their part of the world Venues change with each meeting, as World Council co-hosts the congresses with a different credit union league each year The 2008 congress was held in the Gambia SOUTH AMERICA PROGRAM SERVICES (1) The International 29,792 Partnership program, which brings together 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 South American partnerships include Bolivia, Ecuador, Paraguay, Peru and Suriname 27,552 australia program Services (1) Program expenses to support victims of the Australian Brushfires mıddle east program services (1) Program expenses to 4,563 support credit union development and strengthening in A fghanıstan 440,175 Totals ▶

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

Cat No 50082W

Schedule F (Form 990) 2009

(a) Name of organization	(b) IRS code section and EIN (if applicable)	m 990) if additional s	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
		East Asia and the Pacific		12,990				
		North America		10,000				
		Russia & the Newly Independent States		5,000				
		Central America and the Caribbean		42,358				
		South Asia		38,397				
		Sub-Saharan Africa		12,959				
		Sub-Saharan Africa		5,000				
		Sub-Saharan Africa		2,174				
		Sub-Saharan Africa		203,407				
		Sub-Saharan Africa		11,111				

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country,	recogni	zed	as
	tax-exempt by the IRS, or for which the grantee or counsel has provided a section $501(c)(3)$ equivalency letter .			. 1

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

	provide the information required	in Part I, line 2, and any additional information.
Identifier	ReturnReference	Explanation
Procedure for Monitoring Grants Outside the U S		Schedule F, Part I, Line 2 WF makes only a few grants each year These are paid to organizations that we have 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 organization, WF will request that a formal report be submitted by the recipient documenting the use of the funds.

DLN: 93493277005150

2009

OMB No. 1545-0047

(Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, Department of the Treasury

or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Supplemental Information Regarding

Inspection

Internal Revenue Service Name of the organization

Mail solicitations

Worldwide Foundation for Credit Unions Inc

Internet and e-mail solicitations

SCHEDULE G

Employer identification number

e ☐ Solicitation of non-government grants

f Solicitation of government grants

39-6093210

Part I	Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
	Form 990-EZ filers are not required to complete this part.

Indicate whether the organization raised funds through any of the following activities. Check all that apply

c d		Phone solicitations In-person solicitations	5	g	Γ	Special fundraisir	ng events				
2a		I the organization have a key employees listed in	_			•		Г	Yes	I✓	N
b		,	•	•	, ,	•	ents under which the fur ired to complete this tal		IS		
	(i)	Name of individual	<i>(</i> 15)	(iii) Dıd fundraıser have custody or	(iv) Gross receipts	(v) A mount paid to (or retained by)	(vi) A	mount	paid to	

(i) Name of Individual or entity (fundraiser)	(ii) Activity	(iii) fundrais custo contr contribu	er have dy or ol of utions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
EURO-AMERICAN COMMUNICATION INC	DIRECT CONSUMER MAIL SOLICITATION		No	0	0	33,000
LIST SERVICES CORPORATION	CONSUMER MAIL LISTS RENTALS		No	0	0	9,181
carol enters list co inc	conSUMER MAIL LISTS RENTALS		No	0	0	5,641
Total			▶			47,822

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pa	rt II	Fundraising Events. Commore than \$15,000 on Form					reporte	ed
			(a) Event #1 SILENT AUCTION	(b) Event #2	(c) O ther Events	(d) Tot (Add col		
			(event type)	(event type)	(total number)			
Revenue	1 2	Gross receipts Less Charitable	17,70	1			17	7,701
<u>*</u>	3	contributions Gross income (line 1 minus line 2)	17,70	1			17	7,701
	4	Cash prizes						
ú	5	Non-cash prizes						
ja Luger	6	Rent/facility costs						
Expenses	7	Food and beverages						
Direct	8	Entertainment						
à	9	Other direct expenses .						
	10	Direct expense summary Add lir	nes 4 through 9 ın columr	n(d)	🛌			
	11	Net income summary Combine I	ines 3, column d, and line	10		+	17	7,701
Par	t II	Gaming. Complete if the o \$15,000 on Form 990-EZ, li		"Yes" to Form 990, Pa	rt IV, line 19, or rep	orted more	e than	
<u>Ф</u>		\$13,000 OH 10HH 330 EZ, II	(a) Bingo	(b) Pull tabs/Instant	(c) O ther gaming	(d) Tot	al gamı	 ing
Revenue				bingo/progressive bingo		(Add col	(a) thr l (c))	ough
	1	Gross revenue						
တ္	2	Cash prizes						
Expenses	3	Non-cash prizes						
	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	│	│				
	7	Direct expense summary Add line	es 2 through 5 in column	(d)				
	8	Net gaming income summary Con	nbine lines 1. column d. a	nd line 7				
							Yes	No
9 a		er the state(s) in which the organiz the organization licensed to operate	, ,			. 0-		
b		No," Explain	- gag act. (10.00 cao			· 9a		
10a b		re any of the organization's gaming Yes," Explain	licenses revoked, suspe	nded or terminated during	the tax year?	10a		
11 12		es the organization operate gaming the organization a grantor, beneficia				11		
		med to administer charitable gamin				. 12		

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
.7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

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DLN: 93493277005150 OMB No 1545-0047

Inspection

Department of the Treasury

Schedule I

(Form 990)

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Open to Public ► Attach to Form 990

Internal Revenue Service Name of the organization

MADISON, WI 53705

Employer identification number

Worldwide Foundation for Credit	Unions Inc					39-6093210	
Part I General Inform	nation on Grants	and Assistance					
Does the organization mainstrain the selection criteria usedDescribe in Part IV the organization	l to award the grants o	rassistance?			. •	•	▽ Yes
Form 990, Part I'	V, line 21 for any re	ecipient that receive	d more than \$5,000	. Check this box if r	s. Complete if the or no one recipient rece	ived more than \$5,0	000. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORLD COUNCIL OF CREDIT UNIONS INC5710 MINERAL POINT ROAD	391143339	501(C)(6)	104,650				DEVELOPMENT ASSISTANCE

Enter total	number	ofsection	501(c)(3) an	d go	vern	mer	nt o	rgar	ıızat	ion	5
Enter total	number	of other or	ganızatıons .								

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, P	art IV, line 22
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 WF makes only a few grants each year These are paid to organizations that we have 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 organization, WF will request that a formal report be submitted by the recipient documenting the use of the funds.

OMB No 1545-0047

2009

Open to Public

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990.

Inspection

Name of the organization Worldwide Foundation for Credit Unions Inc **Employer identification number**

39-6093210

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		The governing document states that the board is the same as the World Council of Credit Unions, Inc. (WOCCU) (EIN # 39-1143339) board. WOCCU's board is chosen by its members. Therefore, by default, WOCCU's members determine WF's board.
Form 990, Part VI, Section A, line 7b		The bylaws are determined by the WOCCU members and carried out by the WOCCU/WF board members Decisions are made directly by the board members
Form 990, Part VI, Section B, line 11		The 990 is posted on the board wiebsite and required to be reviewed and accepted by the board of directors prior to submission to the IRS
Form 990, Part VI, Section B, Inne 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 are 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.
Form 990, Part VI, Section B, line 15		All WOCCU employees, including key employees, are reviewed annually via an employee performance evaluation process. Salaries are based on periodic market surveys, individual performance and the prevailing inflation (CPI) rate.
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 wiebsite. The annual report, which includes a summary of the financials, is also posted. In addition, contact information is provided in the annual report for anyone who wants to request a copy of the full audited financials. The full bylaws of the organization are not posted on the wiebsite, but will be sent if requested.
Form 990, Part XI, Line 2c		WOCCU Audit and Risk Management Committee reviews the report
		Form 990, part IV, Line 12 & 12a, Schedule D, part XII & XIII Consolidated Financial statements WF has consolidated financial statements with this, the reconciliation for revenues and expenses was not completed for Sch. D Part XII & XIII

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DLN: 93493277005150

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ► See separate instructions.

2009

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization	Employer identification numbe
Worldwide Foundation for Credit Unions Inc	
	39-6093210

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

Name, address, and EIN 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

Public charity status (if section 501(c)(3)) (f)
Direct controlling
entity

WORLD COUNCIL OF CREDIT UNIONS INC

5710 MINERAL POINT RD

MADISON, WI 53705 39-1143339 PROMOTE, SUPPORT, REPRESENT, AND SERVE THE WORLDWIDE CREDIT UNION MOVEMENT

WI

501(C)(6)

Yes

No

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "	'Yes" o	n Form 9	90, Part IV	ا, line 3،
because it had one or more related organizations treated as a partnership during the tax year.)				

(i) Code V—UBI (c) (h) (j) **(e)** Predominant income **(f)** Share of total income Disproprtionate General or (a) Name, address, and EIN of (b) Legal (d) (g) Primary activity domicile Direct controlling Share of end-of-year allocations? amount in box 20 of managing (related, unrelated, Schedule K-1 partner? related organization (state or entity assets excluded from tax (Form 1065) foreign under sections 512country) 514)

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
WOCCU SERVICES GROUP INC PO BOX 2982 MADISON, WI53701 39-1984681	CREDIT UNION SERVICES	WI	WORLD COUNCIL OF CREDIT UNIONS INC		-115,678	1,175,187	100 000 %
IRNET COOPERATIVE KENYA LTD 3RD NGONG ROAD NAIROBI KE	CREDIT UNION SERVICES	KE	WOCCU SERVICE GROUP INC	С	-1,970	47,792	54 000 %
SERVIRED SA AV G VILLARROEEL NRO 1132 COCHABAMBA BI	CREDIT UNION SERVICES	BL	WOCCU SERVICE GROUP INC	С	237,121	383,769	97 000 %

(6)

Part V	Transactions With	Related Organizations	(Complete if the o	organization answered "Y	es" on Form 990,	Part IV, line 34, 35, or 36.)

	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 D	ouring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c	Gıft, grant, or capıtal contribution from other organization(s)	1 c		No
d	Loans or loan guarantees to or for other organization(s)	1d		No
е	Loans or loan guarantees by other organization(s)	1e		No
f	Sale of assets to other organization(s)	1f		No
g	Purchase of assets from other organization(s)	1 g		No
h	Exchange of assets	1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations by other organization(s)	11		No
m	Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n	Sharing of paid employees	1n	Yes	
o	Reimbursement paid to other organization for expenses	10	Yes	
р	Reimbursement paid by other organization for expenses	1 p		No
q	O ther transfer of cash or property to other organization(s)	1q		No
r	O ther transfer of cash or property from other organization(s)	1r		No
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			
_	(b)		(c)	
	(d) Transaction		(c) t involv	ed
1) V	VORID COUNCIL OF CREDIT UNIONS INC			

(a) Name of other organization	Transaction type(a-r)	(c) Amount involved
(1) WORLD COUNCIL OF CREDIT UNIONS INC	В	100,000
(2) WORLD COUNCIL OF CREDIT UNIONS INC	М	371,533
(3) WORLD COUNCIL OF CREDIT UNIONS INC	0	647,968
(4) WORLD COUNCIL OF CREDIT UNIONS INC	N	415,014
(5)		

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)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets (f) Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No