

Form **990**  
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 private foundations)  
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.

OMB No. 1545-0047  
**2017**  
Open to Public Inspection

**A For the 2017 calendar year, or tax year beginning , and ending**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C Name of organization** **NORTHWEST FEDERAL CREDIT UNION FOUNDATION**  
 Doing business as  
 Number and street (or P.O. box if mail is not delivered to street address) **200 SPRING STREET** Room/suite  
 City or town, state or province, country, and ZIP or foreign postal code **HERNDON VA 20170**

**D Employer identification number**  
**20-2945601**

**E Telephone number**  
**703-709-8900**

**F Name and address of principal officer:**  
**ALEXZANDRA SHADE**  
**200 SPRING STREET**  
**HERNDON VA 20170**

**G Gross receipts** **277,287**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I Tax-exempt status:**  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J Website:** **WWW.NWFCUFOUNDATION.ORG** **H(c) Group exemption number**

**K Form of organization:**  Corporation  Trust  Association  Other **L Year of formation:** **2004** **M State of legal domicile:** **VA**

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:  
**TO EMPOWER YOUTH TO ACHIEVE THEIR GOALS BY HELPING THEM LEARN AND CELEBRATE LIFE AND BY SUPPORTING THEIR HEALTH AND WELLBEING.**

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

**3** Number of voting members of the governing body (Part VI, line 1a) **3 5**

**4** Number of independent voting members of the governing body (Part VI, line 1b) **4 5**

**5** Total number of individuals employed in calendar year 2017 (Part V, line 2a) **5 0**

**6** Total number of volunteers (estimate if necessary) **6 422**

**7a** Total unrelated business revenue from Part VIII, column (C), line 12 **7a 0**

**7b** Net unrelated business taxable income from Form 990-T, line 34 **7b 0**

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	184,170	242,911
<b>9</b> Program service revenue (Part VIII, line 2g)		0
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,330	18,985
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		15,391
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	196,500	277,287
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	90,000	154,002
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>19,036</b>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	71,344	50,102
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	161,344	204,104
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	35,156	73,183
<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 708,727	End of Year 818,468
<b>21</b> Total liabilities (Part X, line 26)	0	0
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	708,727	818,468

**Part II Signature Block**

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

**Sign Here**  
 Signature of officer: *Chuck Molina* Date: **10/18/18**  
**CHUCK MOLINA** **SECRETARY/TREASURER**  
 Type or print name and title

**Paid Preparer Use Only**  
 Print/Type preparer's name: **RICHARD C. STANG, CPA** Preparer's signature: **RICHARD C. STANG, CPA** Date: **10/16/18** Check  if self-employed  if PTIN **P00265359**  
 Firm's name: **DELEON & STANG, CPAS AND ADVISORS** Firm's EIN: **52-1373858**  
 Firm's address: **100 LAKEFOREST BLVD STE 650**  
**GAITHERSBURG, MD 20877-2609** Phone no.: **301-948-9825**