

3RIVERS CREDIT UNION FOUNDATION, INC.
FORM 990-PF
TAX YEAR 2023



3RIVERS CREDIT UNION FOUNDATION, INC.
1605 NORTHLAND BLVD
FORT WAYNE, IN 46825

Enclosed are the following income tax returns prepared on behalf of 3RIVERS CREDIT UNION FOUNDATION, INC. for the year ended December 31, 2023.

2023 990-PF - Return of Private Foundation
2023 8879-TE - IRS E-file Signature Authorization Form

The original of each of the above mentioned returns should be dated and signed in accordance with the following instructions included with the copy of the return. This copy is for your use and should be retained for your files.

Form 990PF must be made available for public inspection for a period of three years, beginning with the date the return is filed. The available document must be an exact copy of the return and schedules as filed with the IRS, except that the names and addresses of the contributors may be excluded. Any organization that fails to comply with this provision is subject to a penalty of \$20 for each day that inspection is not permitted, up to a maximum of \$10,000. Any organization that willfully fails to comply shall be subject to an additional penalty of \$5,000. You are also required to provide copies of the return if you receive such a request. Should you receive a request for inspection or for copies of your return, you may want to contact us for further details.

These return(s) were prepared from information provided by you or your representative. The preparation of tax returns does not include the independent verification of information used. Therefore, we recommend you review the return(s) before signing to ensure there are no omissions or misstatements. If you note anything which may require a change to the return(s), please contact us before filing them. We recommend that you retain all pertinent records that support the information reported on your return.

The foundation is required to pay out 5% of the net value of its noncharitable use assets on an annual basis. Any charitable distributions in excess of the minimum annual required amount can be carried forward for the next 5 years. This excess can be applied to meet the minimum annual requirement if the current year payments are insufficient. Any excess not applied within the 5 year carryover period is lost and cannot be utilized further. As of December 31, 2023, the foundation has an excess distributions carryover of \$996,562.

Before preparing your tax return, we provided you with access to a summary of transactions identified by the U.S. Treasury as reportable transactions. The law provides for a penalty as high as \$200,000 per transaction for failure to adequately disclose any of them on your tax return if applicable. Unless you notified us otherwise, your tax return was prepared with the assumption you have not engaged in any reportable transaction. Otherwise, we have

prepared your tax return in accordance with the information you provided to us and have attached the appropriate disclosure statement to your tax return. We are not liable for any penalties resulting from your failure to provide us with accurate and timely information about such transactions or to timely file the required disclosure statements. If you have any questions about reportable transactions, please contact us before filing your return.

We appreciate this opportunity to serve you. Please contact us if you have any questions or if we may be of further assistance.

Sincerely,

Lauren R Denton
FORVIS, LLP

Enclosures

3RIVERS CREDIT UNION FOUNDATION, INC.
Instructions for Filing
Form 8879-TE
IRS e-file Signature Authorization for Form 990-PF
For the year ended December 31, 2023

The original IRS E-file Signature Authorization form should be signed (use full name) and dated by an authorized officer of the organization.

Return your signed IRS e-file Signature Authorization Form 8879-TE to:

FORVIS, LLP
111 E. Wayne St., Suite 600
Fort Wayne IN 46802

A deposit in the amount of \$10 should be made using the Electronic Federal Tax Payment System. For deposits made by EFTPS to be on time, you must initiate the transaction at least 1 business day before the date the deposit is due. If you have any questions regarding the new electronic funds transfer requirement, we suggest that you contact our office or the Internal Revenue Service before transmitting payment.

Do NOT separately file Form 990-PF with the Internal Revenue Service. Doing so will delay the processing of your return. We must receive your signed form before we can electronically transmit your return, which is due on or before May 15, 2024. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

Mail a copy of the 990-PF to:

Attorney General
Indiana Government Center South
302 W. Washington St. 5th Floor
Indianapolis, IN 46204

Under current IRS regulations, your return is subject to public inspection. Before filing, you should review all information in this return to determine that the disclosures are appropriate, accurate and complete. Please contact us if you believe any of the disclosures should be modified.

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning _____ and ending _____

2023

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

EIN or SSN

3RIVERS CREDIT UNION FOUNDATION, INC.

47-2259834

Name and title of officer or person subject to tax

TIM SHEPPARD, PRESIDENT

Part I Type of Return and Return Information

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

| | | | | |
|---------------------------------------|-------------------------------------|--|-----|------------|
| 1a Form 990 check here | <input type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b | _____ |
| 2a Form 990-EZ check here | <input type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9). | 2b | _____ |
| 3a Form 1120-POL check here | <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b | _____ |
| 4a Form 990-PF check here | <input checked="" type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part V, line 5). | 4b | <u>10.</u> |
| 5a Form 8868 check here | <input type="checkbox"/> | b Balance due (Form 8868, line 3c) | 5b | _____ |
| 6a Form 990-T check here | <input type="checkbox"/> | b Total tax (Form 990-T, Part III, line 4) | 6b | _____ |
| 7a Form 4720 check here | <input type="checkbox"/> | b Total tax (Form 4720, Part III, line 1) | 7b | _____ |
| 8a Form 5227 check here | <input type="checkbox"/> | b FMV of assets at end of tax year (Form 5227, Item D). | 8b | _____ |
| 9a Form 5330 check here | <input type="checkbox"/> | b Tax due (Form 5330, Part II, line 19) | 9b | _____ |
| 10a Form 8038-CP check here | <input type="checkbox"/> | b Amount of credit payment requested (Form 8038-CP, Part III, line 22) | 10b | _____ |

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize FORVIS, LLP ERO firm name to enter my PIN 85441 as my signature
Enter five numbers, but do not enter all zeros

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

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

35027444016

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date

05/01/2024

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

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2023)

Department of the Treasury Internal Revenue Service

or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

For calendar year 2023 or tax year beginning and ending

Name of foundation: 3RIVERS CREDIT UNION FOUNDATION, INC.
Employer identification number: 47-2259834
Telephone number: (260) 490-8328
Address: 1605 NORTHLAND BLVD, FORT WAYNE, IN 46825
G Check all that apply: Initial return, Final return, Address change
H Check type of organization: Section 501(c)(3) exempt private foundation
I Fair market value of all assets at end of year: \$ 595,700
J Accounting method: Accrual

Table with 5 columns: (a) Revenue and expenses per books, (b) Net investment income, (c) Adjusted net income, (d) Disbursements for charitable purposes (cash basis only). Rows include Revenue (1-12), Operating and Administrative Expenses (13-24), and Total (25-27).

| Part II Balance Sheets | | Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.) | Beginning of year | End of year | |
|-----------------------------|--|---|-------------------|----------------|-----------------------|
| | | | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| Assets | 1 | Cash - non-interest-bearing | 586,010. | 595,700. | 595,700. |
| | 2 | Savings and temporary cash investments | | | |
| | 3 | Accounts receivable | | | |
| | | Less: allowance for doubtful accounts _____ | | | |
| | 4 | Pledges receivable _____ | | | |
| | | Less: allowance for doubtful accounts _____ | | | |
| | 5 | Grants receivable. | | | |
| | 6 | Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) | | | |
| | 7 | Other notes and loans receivable (attach schedule) _____ | | | |
| | | Less: allowance for doubtful accounts _____ | | | |
| | 8 | Inventories for sale or use. | | | |
| | 9 | Prepaid expenses and deferred charges | | | |
| | 10a | Investments - U.S. and state government obligations (attach schedule). . | | | |
| | b | Investments - corporate stock (attach schedule) | | | |
| | c | Investments - corporate bonds (attach schedule) | | | |
| | 11 | Investments - land, buildings, and equipment: basis _____ Less: accumulated depreciation (attach schedule) _____ | | | |
| 12 | Investments - mortgage loans | | | | |
| 13 | Investments - other (attach schedule) | | | | |
| 14 | Land, buildings, and equipment: basis _____ Less: accumulated depreciation (attach schedule) _____ | | | | |
| 15 | Other assets (describe _____) | | | | |
| 16 | Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I) | 586,010. | 595,700. | 595,700. | |
| Liabilities | 17 | Accounts payable and accrued expenses | | | |
| | 18 | Grants payable. | | | |
| | 19 | Deferred revenue. | | | |
| | 20 | Loans from officers, directors, trustees, and other disqualified persons. . | | | |
| | 21 | Mortgages and other notes payable (attach schedule) | | | |
| | 22 | Other liabilities (describe _____) | | | |
| 23 | Total liabilities (add lines 17 through 22) | NONE | NONE | | |
| Net Assets or Fund Balances | Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30 <input type="checkbox"/> | | | | |
| | 24 | Net assets without donor restrictions | | | |
| | 25 | Net assets with donor restrictions | | | |
| | Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30 <input checked="" type="checkbox"/> | | | | |
| | 26 | Capital stock, trust principal, or current funds | | | |
| | 27 | Paid-in or capital surplus, or land, bldg., and equipment fund. | | | |
| | 28 | Retained earnings, accumulated income, endowment, or other funds . . | 586,010. | 595,700. | |
| 29 | Total net assets or fund balances (see instructions) | 586,010. | 595,700. | | |
| 30 | Total liabilities and net assets/fund balances (see instructions) | 586,010. | 595,700. | | |

Part III Analysis of Changes in Net Assets or Fund Balances

| | | | |
|---|--|---|----------|
| 1 | Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) | 1 | 586,010. |
| 2 | Enter amount from Part I, line 27a | 2 | 16,091. |
| 3 | Other increases not included in line 2 (itemize) _____ | 3 | |
| 4 | Add lines 1, 2, and 3 | 4 | 602,101. |
| 5 | Decreases not included in line 2 (itemize) <u>SEE STATEMENT 4</u> | 5 | 6,401. |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29 | 6 | 595,700. |

Part IV Capital Gains and Losses for Tax on Investment Income

| (a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) | | (b) How acquired P - Purchase D - Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
|---|--|---|--|---|
| 1 a | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (h) Gain or (loss) ((e) plus (f) minus (g)) | |
| a | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. | | | | (i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h)) |
| (i) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col. (i) over col. (j), if any | | |
| a | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |
| 2 | Capital gain net income or (net capital loss) | { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 } | | 2 |
| 3 | Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8 | { If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8 } | | 3 |

Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)

| | | | |
|----|---|----|------|
| 1a | Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions) | 1 | 10. |
| b | All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b) | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) | 2 | |
| 3 | Add lines 1 and 2 | 3 | 10. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) | 4 | NONE |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | 5 | 10. |
| 6 | Credits/Payments: | | |
| a | 2023 estimated tax payments and 2022 overpayment credited to 2023 | 6a | |
| b | Exempt foreign organizations - tax withheld at source | 6b | NONE |
| c | Tax paid with application for extension of time to file (Form 8868) | 6c | NONE |
| d | Backup withholding erroneously withheld | 6d | |
| 7 | Total credits and payments. Add lines 6a through 6d | 7 | NONE |
| 8 | Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached | 8 | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | 10. |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | |
| 11 | Enter the amount of line 10 to be: Credited to 2024 estimated tax Refunded | 11 | |

Part VI-A Statements Regarding Activities

1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes?
c Did the foundation file Form 1120-POL for this year?
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers.
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments?
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?
4b If "Yes," has it filed a tax return on Form 990-T for this year?
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:
7 Did the foundation have at least \$5,000 in assets at any time during the year?
8a Enter the states to which the foundation reports or with which it is registered.
8b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G?
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2023 or the tax year beginning in 2023?
10 Did any persons become substantial contributors during the tax year?
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)?
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?
14 The books are in care of TIM SHEPPARD, PRESIDENT Telephone no. 260-490-8328 Located at 1605 NORTHLAND BLVD FORT WAYNE, IN ZIP+4 46825
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year.
16 At any time during calendar year 2023, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?

Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

| | Yes | No |
|--|--------------|----|
| 1a During the year, did the foundation (either directly or indirectly): | | |
| (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | 1a(1) | X |
| (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? | 1a(2) | X |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | 1a(3) | X |
| (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | 1a(4) | X |
| (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? | 1a(5) | X |
| (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) | 1a(6) | X |
| b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions | 1b | X |
| c Organizations relying on a current notice regarding disaster assistance, check here. <input type="checkbox"/> | | |
| d Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2023? | 1d | X |
| 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): | | |
| a At the end of tax year 2023, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2023? If "Yes," list the years | 2a | X |
| _____ , _____ , _____ , _____ | | |
| b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) | 2b | X |
| c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | | |
| _____ , _____ , _____ , _____ | | |
| 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? | 3a | X |
| b If "Yes," did it have excess business holdings in 2023 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2023.) | 3b | |
| 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | X |
| b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2023? | 4b | X |

Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

Table with 3 columns: Question, Yes, No. Rows include 5a(1) through 8, covering various activities like propaganda, grants, and tax shelter transactions.

Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.

Table with 5 columns: (a) Name and address, (b) Title and average hours per week, (c) Compensation, (d) Contributions to employee benefit plans, (e) Expense account. Row 1 contains 'SEE STATEMENT 6'.

2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."

Table with 5 columns: (a) Name and address of each employee paid more than \$50,000, (b) Title and average hours per week, (c) Compensation, (d) Contributions to employee benefit plans, (e) Expense account. Row 1 contains 'NONE'.

Total number of other employees paid over \$50,000 NONE

Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."

| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

Total number of others receiving over \$50,000 for professional services NONE

Part VIII-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

| | Expenses |
|--------|----------|
| 1 NONE | |
| 2 | |
| 3 | |
| 4 | |

Part VIII-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

| | Amount |
|--|--------|
| 1 NONE | |
| 2 | |
| All other program-related investments. See instructions. 3 NONE | |
| Total. Add lines 1 through 3 | |

Part IX Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

| | | | |
|----------|---|-----------|----------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| a | Average monthly fair market value of securities | 1a | |
| b | Average of monthly cash balances | 1b | 508,144. |
| c | Fair market value of all other assets (see instructions) | 1c | NONE |
| d | Total (add lines 1a, b, and c) | 1d | 508,144. |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) | 1e | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | NONE |
| 3 | Subtract line 2 from line 1d | 3 | 508,144. |
| 4 | Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions) | 4 | 7,622. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3 | 5 | 500,522. |
| 6 | Minimum investment return. Enter 5% (0.05) of line 5. | 6 | 25,026. |

Part X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here and do not complete this part.)

| | | | |
|-----------|--|-----------|---------|
| 1 | Minimum investment return from Part IX, line 6. | 1 | 25,026. |
| 2a | Tax on investment income for 2022 from Part V, line 5. | 2a | 10. |
| b | Income tax for 2022. (This does not include the tax from Part V.) | 2b | |
| c | Add lines 2a and 2b. | 2c | 10. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1. | 3 | 25,016. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | 5 | 25,016. |
| 6 | Deduction from distributable amount (see instructions). | 6 | |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1 | 7 | 25,016. |

Part XI Qualifying Distributions (see instructions)

| | | | |
|----------|---|-----------|----------|
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| a | Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 | 1a | 234,757. |
| b | Program-related investments - total from Part VIII-B | 1b | NONE |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | NONE |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| a | Suitability test (prior IRS approval required) | 3a | NONE |
| b | Cash distribution test (attach the required schedule) | 3b | NONE |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4 | 4 | 234,757. |

Part XII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2022 | (c) 2022 | (d) 2023 |
|--|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2023 from Part X, line 7 | | | | 25,016. |
| 2 Undistributed income, if any, as of the end of 2023: | | | | |
| a Enter amount for 2022 only. | | | NONE | |
| b Total for prior years: 20 21, 20 20, 20 19 | | NONE | | |
| 3 Excess distributions carryover, if any, to 2023: | | | | |
| a From 2018 | 222,159. | | | |
| b From 2019 | 175,595. | | | |
| c From 2020 | 170,660. | | | |
| d From 2021 | 226,962. | | | |
| e From 2022 | 213,604. | | | |
| f Total of lines 3a through e | 1,008,980. | | | |
| 4 Qualifying distributions for 2023 from Part XI, line 4: \$ 234,757. | | | | |
| a Applied to 2022, but not more than line 2a . . . | | | NONE | |
| b Applied to undistributed income of prior years (Election required - see instructions) | | | | |
| c Treated as distributions out of corpus (Election required - see instructions) | | | | |
| d Applied to 2023 distributable amount | | | | 25,016. |
| e Remaining amount distributed out of corpus . . . | 209,741. | | | |
| 5 Excess distributions carryover applied to 2023 (If an amount appears in column (d), the same amount must be shown in column (a).) | | | | |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | 1,218,721. | | | |
| b Prior years' undistributed income. Subtract line 4b from line 2b | | NONE | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | | | |
| d Subtract line 6c from line 6b. Taxable amount - see instructions | | NONE | | |
| e Undistributed income for 2022. Subtract line 4a from line 2a. Taxable amount - see instructions | | | NONE | |
| f Undistributed income for 2023. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2024 | | | | NONE |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) | | | | |
| 8 Excess distributions carryover from 2018 not applied on line 5 or line 7 (see instructions) . . . | 222,159. | | | |
| 9 Excess distributions carryover to 2024. Subtract lines 7 and 8 from line 6a | 996,562. | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2019 | 175,595. | | | |
| b Excess from 2020 | 170,660. | | | |
| c Excess from 2021 | 226,962. | | | |
| d Excess from 2022 | 213,604. | | | |
| e Excess from 2023 | 209,741. | | | |

Part XIII Private Operating Foundations (see instructions and Part VI-A, question 9)

NOT APPLICABLE

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2023, enter the date of the ruling

b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed

| | Tax year | Prior 3 years | | | (e) Total |
|---|----------|---------------|----------|----------|-----------|
| | (a) 2023 | (b) 2022 | (c) 2021 | (d) 2020 | |
| b 85% (0.85) of line 2a | | | | | |
| c Qualifying distributions from Part XI, line 4, for each year listed | | | | | |
| d Amounts included in line 2c not used directly for active conduct of exempt activities | | | | | |
| e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c | | | | | |
| 3 Complete 3a, b, or c for the alternative test relied upon: | | | | | |
| a "Assets" alternative test - enter: | | | | | |
| (1) Value of all assets | | | | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | |
| b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed | | | | | |
| c "Support" alternative test - enter: | | | | | |
| (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) | | | | | |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) | | | | | |
| (3) Largest amount of support from an exempt organization | | | | | |
| (4) Gross investment income | | | | | |

Part XIV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

3RIVERS FEDERAL CREDIT UNION

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

N/A

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

SEE STATEMENT 12

b The form in which applications should be submitted and information and materials they should include:

SEE STATEMENT 13

c Any submission deadlines:

SEE STATEMENT 14

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

SEE STATEMENT 15

Part XIV Supplementary Information *(continued)*

3 Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|--|--------------------------------------|-------------------------------------|--------------------|
| <i>a Paid during the year</i> SEE STATEMENT 16 | | | | 232,500. |
| Total | | | | 3a 232,500. |
| <i>b Approved for future payment</i> | | | | |
| Total | | | | 3b |

Part XVI Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

- 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
a Transfers from the reporting foundation to a noncharitable exempt organization of:
(1) Cash
(2) Other assets
b Other transactions:
(1) Sales of assets to a noncharitable exempt organization
(2) Purchases of assets from a noncharitable exempt organization
(3) Rental of facilities, equipment, or other assets
(4) Reimbursement arrangements
(5) Loans or loan guarantees
(6) Performance of services or membership or fundraising solicitations
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? [X] Yes [] No

b If "Yes," complete the following schedule.

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1: 3RIVERS FCU, 501 (C) (14) (A), COMMON CONTROL.

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer or trustee: LAUREN R DENTON, Date: 05/01/2024, Title: PRESIDENT

May the IRS discuss this return with the preparer shown below? See instructions. [X] Yes [] No

Paid Preparer Use Only

Print/Type preparer's name: LAUREN R DENTON, Preparer's signature: [Signature], Date: 05/01/2024, Check self-employed: [], PTIN: P01571860, Firm's name: FORVIS, LLP, Firm's EIN: 44-0160260, Firm's address: 111 E. WAYNE ST., SUITE 600 FORT WAYNE, IN 46802, Phone no.: 260-460-4000

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

Employer identification number

3RIVERS CREDIT UNION FOUNDATION, INC.

47-2259834

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)() (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

| | |
|--|---|
| Name of organization 3RIVERS CREDIT UNION FOUNDATION, INC. | Employer identification number 47-2259834 |
|--|---|

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 1 | N/A | \$ 250,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization

3RIVERS CREDIT UNION FOUNDATION, INC.

Employer identification number

47-2259834

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

| | |
|--|---|
| Name of organization 3RIVERS CREDIT UNION FOUNDATION, INC. | Employer identification number 47-2259834 |
|--|---|

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____
 Use duplicate copies of Part III if additional space is needed.

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

FORM 990PF, PART I - ACCOUNTING FEES
 =====

| DESCRIPTION ----- | REVENUE AND EXPENSES PER BOOKS ----- | NET INVESTMENT INCOME ----- | ADJUSTED NET INCOME ----- | CHARITABLE PURPOSES ----- |
|----------------------|--|--------------------------------------|------------------------------------|---------------------------------|
| ACCOUNTING FEES | 2,235. | NONE | NONE | 2,235. |
| TOTALS | ----- 2,235. ===== | ----- NONE ===== | ----- NONE ===== | ----- 2,235. ===== |

FORM 990PF, PART I - TAXES
 =====

| DESCRIPTION ----- | REVENUE AND EXPENSES PER BOOKS ----- | NET INVESTMENT INCOME ----- | ADJUSTED NET INCOME ----- | CHARITABLE PURPOSES ----- |
|----------------------|--|--------------------------------------|------------------------------------|---------------------------------|
| EXCISE TAX | 10. | NONE | NONE | NONE |
| TOTALS | 10. | NONE | NONE | NONE |
| | ===== | ===== | ===== | ===== |

FORM 990PF, PART I - OTHER EXPENSES
 =====

| DESCRIPTION ----- | REVENUE AND EXPENSES PER BOOKS ----- | NET INVESTMENT INCOME ----- | ADJUSTED NET INCOME ----- | CHARITABLE PURPOSES ----- |
|----------------------|--|--------------------------------------|------------------------------------|---------------------------------|
| OTHER EXPENSES | 22. | NONE | NONE | 22. |
| TOTALS | 22. | NONE | NONE | 22. |
| | ===== | ===== | ===== | ===== |

FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES
=====

| DESCRIPTION ----- | AMOUNT ----- |
|----------------------|--------------------------|
| CASH ADJUSTMENT | 6,401. |
| TOTAL | ----- 6,401. ===== |

3RIVERS CREDIT UNION FOUNDATION, INC.

47-2259834

FORM 990PF, PART VI-A, LINE 10 - NEW SUBSTANTIAL CONTRIBUTORS
=====

NAME AND ADDRESS

3RIVERS FEDERAL CREDIT UNION
1605 NORTHLAND BLVD
FORT WAYNE, IN 46825

FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:
TIM SHEPPARD

ADDRESS:
1605 NORTHLAND BLVD
FORT WAYNE, IN 46825

TITLE:
PRESIDENT

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1.00

COMPENSATION NONE

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS NONE

EXPENSE ACCOUNT AND OTHER ALLOWANCES NONE

OFFICER NAME:
LYNDSEY EMERICK

ADDRESS:
1605 NORTHLAND BLVD
FORT WAYNE, IN 46825

TITLE:
TREASURER

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1.00

COMPENSATION NONE

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS NONE

FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

=====

EXPENSE ACCOUNT AND OTHER ALLOWANCES NONE

OFFICER NAME:
JULIE GOODMAN

ADDRESS:
1605 NORTHLAND BLVD
FORT WAYNE, IN 46825

TITLE:
MEMBER AT LARGE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1.00

COMPENSATION NONE

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS NONE

EXPENSE ACCOUNT AND OTHER ALLOWANCES NONE

OFFICER NAME:
MELISSA SHAW

ADDRESS:
1605 NORTHLAND BLVD
FORT WAYNE, IN 46825

TITLE:
MEMBER AT LARGE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1.00

COMPENSATION NONE

FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

=====

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS NONE

EXPENSE ACCOUNT AND OTHER ALLOWANCES NONE

OFFICER NAME:
JACKIE KOCKS

ADDRESS:
1605 NORTHLAND BLVD
FORT WAYNE, IN 46825

TITLE:
MEMBER AT LARGE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1.00

COMPENSATION NONE

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS NONE

EXPENSE ACCOUNT AND OTHER ALLOWANCES NONE

OFFICER NAME:
KRISTIN SMITH

ADDRESS:
1605 NORTHLAND BLVD
FORT WAYNE, IN 46825

TITLE:
MEMBER AT LARGE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1.00

FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES
=====

| | |
|---|------|
| COMPENSATION | NONE |
| CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | NONE |
| EXPENSE ACCOUNT AND OTHER ALLOWANCES | NONE |

OFFICER NAME:
ROBIN HENRY

ADDRESS:
1605 NORTHLAND BLVD
FORT WAYNE, IN 46825

TITLE:
SECRETARY

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1.00

| | |
|---|------|
| COMPENSATION | NONE |
| CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | NONE |
| EXPENSE ACCOUNT AND OTHER ALLOWANCES | NONE |

FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES
=====

OFFICER NAME:
KATE ALYEA

ADDRESS:
1605 NORTHLAND BLVD
FORT WAYNE, IN 46825

TITLE:
MEMBER AT LARGE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1.00

COMPENSATION NONE

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS NONE

EXPENSE ACCOUNT AND OTHER ALLOWANCES NONE

OFFICER NAME:
HEATHER CLOSSON

ADDRESS:
1605 NORTHLAND BLVD
FORT WAYNE, IN 46825

TITLE:
MEMBER AT LARGE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1.00

COMPENSATION NONE

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS NONE

FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

=====

EXPENSE ACCOUNT AND OTHER ALLOWANCES NONE

TOTAL COMPENSATION: NONE

=====

TOTAL CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS: NONE

=====

EXPENSE ACCOUNT AND OTHER ALLOWANCES: NONE

=====

FORM 990PF, PART XIV - NAME, ADDRESS, PHONE AND E-MAIL FOR APPLICATIONS
=====

3RIVERS FEDERAL CREDIT UNION
1605 NORTHLAND BLVD
FORT WAYNE, IN 46825
260-490-8328

990PF, PART XIV - FORM AND CONTENTS OF SUBMITTED APPLICATIONS
=====

IT IS PREFERRED THAT ALL APPLICANTS UTILIZE A FORM PROVIDED BY THE FOUNDATION TO MAKE APPLICATION FOR A GRANT. A FINANCIAL NEEDS FORECAST WILL BE REQUIRED.

990PF, PART XIV - SUBMISSION DEADLINES
=====

ALL COMPLETED APPLICATIONS ARE TO BE SUBMITTED TO 3 RIVERS FEDERAL CREDIT UNION. AN APPOINTED COMMITTEE MADE UP OF 3 RIVERS FEDERAL CREDIT UNION STAFF WILL CONSIDER EACH APPLICATION AND MAKE RECOMMENDATIONS TO THE BOARD OF DIRECTORS.

990PF, PART XIV - RESTRICTIONS OR LIMITATIONS ON AWARDS

=====

NONE

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

SEE ATTACHED

ADDRESS:

1605 NORTHLAND BLVD

FORT WAYNE, IN 46825

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SEE ATTACHED

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 232,500.

TOTAL GRANTS PAID: 232,500.

=====

Electronic Filing Information: PDF attachments Included in this Return

Tax Year: 2023
Name: 3RIVERS CREDIT UNIO
Return No: E9487IX3

Jurisdiction: Federal
No of Attachments: 1

| PDF Attachment Description | PDF File Name | File Size |
|-----------------------------------|---------------------------------------|------------------|
| Schedule of Donations | E9487IX3_FE_Schedule of Donations.pdf | 72,670 |

Three Rivers Credit Union Foundation
Schedule of Donations
12/31/2023

| RECIPIENT NAME | Address | RELATIONSHIP | STATUS OF RECIPIENT | PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
|--|---|--------------|---------------------|----------------------------------|-------------|
| Kate's Kart | 10376 Leo Road, Suite A, Fort Wayne, IN 46825 | NONE | Public Charity | PROGRAM SUPPORT | \$ 1,000.00 |
| History Center - Allen County | Fort Wayne Historical Society Inc 302 East Berry Street, Fort Wayne, IN 46802 | NONE | Public Charity | PROGRAM SUPPORT | \$ 1,000.00 |
| Judy A Morrill Recreation Center | 1200 East Houston Street, Garrett, IN 46738 | NONE | Public Charity | PROGRAM SUPPORT | \$ 2,000.00 |
| Science Central Inc. | 1950 N Clinton, Fort Wayne, IN 46805 | NONE | Public Charity | PROGRAM SUPPORT | \$ 1,000.00 |
| Cancer Services of NE Indiana | 6316 Mutual Drive, Fort Wayne, IN 46825 | NONE | Public Charity | PROGRAM SUPPORT | \$ 3,000.00 |
| Difference Makers Inc | 4821 W 200 S, Columbia City, IN 46725 | NONE | Public Charity | PROGRAM SUPPORT | \$ 1,000.00 |
| Adult Life Training | 3301 E Coliseum Blvd., Fort Wayne, IN 46805 | NONE | Public Charity | PROGRAM SUPPORT | \$ 5,000.00 |
| Visually Impaired Preschool Services | 1100 West 42nd Street, Suite 228, Indianapolis, IN 46208 | NONE | Public Charity | PROGRAM SUPPORT | \$ 2,500.00 |
| Healthier Moms and Babies | 1025 W Rudisill Blvd. Box 9, Fort Wayne, IN 46807 | NONE | Public Charity | PROGRAM SUPPORT | \$ 4,000.00 |
| GiveHear dba HearCare Connection Inc | 130 W Main Street Suite 150, Fort Wayne, IN 46802 | NONE | Public Charity | PROGRAM SUPPORT | \$ 3,750.00 |
| Out of a Jam Incorporated | 3506 Stelhorn Road, Fort Wayne, IN 46815 | NONE | Public Charity | PROGRAM SUPPORT | \$ 3,500.00 |
| Fort Wayne Museum of Art | 311 E Main St, Fort Wayne, IN 46802 | NONE | Public Charity | PROGRAM SUPPORT | \$ 1,000.00 |
| FAME Foundation for Art and Music In Education | 300 E Main St, Fort Wayne, IN 46802 | NONE | Public Charity | PROGRAM SUPPORT | \$ 2,500.00 |
| Refuge Of Hope Of Richmond | 600 Jim Kelley Blvd., Fort Wayne, IN 46816 | NONE | Public Charity | PROGRAM SUPPORT | \$ 3,000.00 |
| McMillen Health | 600 Jim Kelley Blvd, Fort Wayne, IN 46816 | NONE | Public Charity | PROGRAM SUPPORT | \$ 2,500.00 |
| Embassy Theatre Foundation | 311 E Main Street, Fort Wayne, IN 46802 | NONE | Public Charity | PROGRAM SUPPORT | \$ 1,500.00 |
| Mustard Seed Furniture Bank of Fort Wayne Inc. | 3636 Illinois Road, Fort Wayne, IN 46804-2062 | NONE | Public Charity | PROGRAM SUPPORT | \$ 3,000.00 |
| The Literacy Alliance | 709 Clay Street Ste 100, Fort Wayne, IN 46802 | NONE | Public Charity | PROGRAM SUPPORT | \$ 4,000.00 |
| Turnstone Center for Children and Adults with Disabilities | 3320 N. Clinton St, Fort Wayne, IN 46805 | NONE | Public Charity | PROGRAM SUPPORT | \$ 2,500.00 |
| Redemption House | PO Box 12008, Fort Wayne, IN 46802 | NONE | Public Charity | PROGRAM SUPPORT | \$ 4,000.00 |
| Thirteen Step House Inc | 1317 W Washington Blvd, Fort Wayne, IN 46802 | NONE | Public Charity | PROGRAM SUPPORT | \$ 4,000.00 |
| Every Child Can Read Inc | 33 South 7th Street, Richmond, IN 47374 | NONE | Public Charity | PROGRAM SUPPORT | \$ 5,000.00 |
| The Lighthouse | 3000 E State Blvd, Fort Wayne, IN 46805 | NONE | Public Charity | PROGRAM SUPPORT | \$ 4,000.00 |
| Children First Center | PO Box 562, Auburn, IN 46706 | NONE | Public Charity | PROGRAM SUPPORT | \$ 1,000.00 |
| The Center for Whitley County Youth | 1025 W. Rudisill Blvd Box#9, Fort Wayne, IN 46807 | NONE | Public Charity | PROGRAM SUPPORT | \$ 3,000.00 |
| Courageous Healing | 2013 S Anthony Blvd, Fort Wayne, IN 46803 | NONE | Public Charity | PROGRAM SUPPORT | \$ 4,000.00 |
| CASS Housing | PO Box 10778, Fort Wayne, IN 46801 | NONE | Public Charity | PROGRAM SUPPORT | \$ 4,000.00 |
| Volunteer Lawyer Program of Northeast Indiana, Inc. | 357 W. Berry Street, Suite 101, Fort Wayne, IN 46802 | NONE | Public Charity | PROGRAM SUPPORT | \$ 2,500.00 |
| Associated Churches of Fort Wayne and Allen County | 602 E Wayne Street, Fort Wayne, IN 46802 | NONE | Public Charity | PROGRAM SUPPORT | \$ 4,000.00 |
| Life & Hope Foundation, INC | 4823 W 200 S, Columbia City, IN 46725 | NONE | Public Charity | PROGRAM SUPPORT | \$ 600.00 |
| Anthony Wayne Area Council Boy Scouts of America | 8315 West Jefferson Blvd, Fort Wayne, IN 46804 | NONE | Public Charity | PROGRAM SUPPORT | \$ 5,000.00 |
| Junior Achievement Of Eastern Indiana | PO Box 1204, Richmond, IN 47375-1204 | NONE | Public Charity | PROGRAM SUPPORT | \$ 5,000.00 |
| Circle U Help Center | 19 North 13th Street, Richmond, IN 47374 | NONE | Public Charity | PROGRAM SUPPORT | \$ 3,750.00 |
| Dr Bill Lewis Center for Children | 500 W Main Street, Fort Wayne, IN 46802 | NONE | Public Charity | PROGRAM SUPPORT | \$ 4,000.00 |
| NeighborLink Fort Wayne Foundation Inc | 2826 S Calhoun St, Fort Wayne, IN 46807 | NONE | Public Charity | PROGRAM SUPPORT | \$ 2,000.00 |
| Euell A. Willson Center | 1512 Oxford St, Fort Wayne, IN 46806 | NONE | Public Charity | PROGRAM SUPPORT | \$ 2,500.00 |
| Ronald McDonald House Charities of Northeast Indiana | 11109 Parkview Plaza Dr., Fort Wayne, IN 46845 | NONE | Public Charity | PROGRAM SUPPORT | \$ 2,500.00 |
| Homebound Meals Inc | 611 W Berry St., Fort Wayne, IN 46802 | NONE | Public Charity | PROGRAM SUPPORT | \$ 1,000.00 |
| Blue Jacket | 2826 South Calhoun Street, Fort Wayne, IN 46807 | NONE | Public Charity | PROGRAM SUPPORT | \$ 6,000.00 |
| Christ Child Society of Fort Wayne | PO Box 12708 915 South Clinton St., Fort Wayne, IN 46864 | NONE | Public Charity | PROGRAM SUPPORT | \$ 1,600.00 |
| Lexi's Voice | 2305 Westbrook Drive, Fort Wayne, IN 46805 | NONE | Public Charity | PROGRAM SUPPORT | \$ 1,000.00 |
| Dare to Dream Youth Ranch | 6020 W Wallen Road, Fort Wayne, IN 46818 | NONE | Public Charity | PROGRAM SUPPORT | \$ 2,500.00 |
| Amigos, the Richmond Latino Center | 801 National Road W - Drawer 17, Richmond, IN 47374 | NONE | Public Charity | PROGRAM SUPPORT | \$ 2,500.00 |
| East Allen Family Resouce Center Inc | DBA LEARN Resource Center 610 Professional Park Drive, New Haven, IN 46774 | NONE | Public Charity | PROGRAM SUPPORT | \$ 4,000.00 |
| Hope Alive Inc | 1747 N Wells Street, Fort Wayne, IN 46808 | NONE | Public Charity | PROGRAM SUPPORT | \$ 1,500.00 |
| Just Neighbors Interfaith Homeless Network | 2925 East State Blvd., Fort Wayne, IN 46805 | NONE | Public Charity | PROGRAM SUPPORT | \$ 2,500.00 |
| Northeast Indiana Positive Resource Connection | 525 Oxford St, Fort Wayne, IN 46806 | NONE | Public Charity | PROGRAM SUPPORT | \$ 2,500.00 |
| Kendallville Day Care Center | 601 Orchard Place Parkway, Kendallville, IN 46755 | NONE | Public Charity | PROGRAM SUPPORT | \$ 2,500.00 |
| Community Harvest Food Bank of Northeast Indiana | 999 East Tillmann Road, Fort Wayne, IN 46816 | NONE | Public Charity | PROGRAM SUPPORT | \$ 2,000.00 |
| Christian Community Health Care, inc | PO Box 128, Grabill, IN 46741 | NONE | Public Charity | PROGRAM SUPPORT | \$ 1,500.00 |
| Community in Schools of Wayne Co | 33 South 7th Street, Richmond, IN 47374 | NONE | Public Charity | PROGRAM SUPPORT | \$ 7,500.00 |
| Big Brothers Big Sisters Of Northeast Indiana | 1005 W Rudisill Blvd Suite 101, Fort Wayne, IN 46807 | NONE | Public Charity | PROGRAM SUPPORT | \$ 3,000.00 |
| Visiting Nurse and Hospice Home DBA Stillwater Hospice | 5910 Homestead Road, Fort Wayne, IN 46814 | NONE | Public Charity | PROGRAM SUPPORT | \$ 2,500.00 |
| St. Joseph Missions Women's Shelter | 3505 Lake Avenue, Fort Wayne, IN 46805 | NONE | Public Charity | PROGRAM SUPPORT | \$ 3,000.00 |
| TeenWorks | 2820 N Meridian Street, Suite 1250, Indianapolis, IN 46208 | NONE | Public Charity | PROGRAM SUPPORT | \$ 6,000.00 |
| Matthew 25, Inc. | 413 E. Jefferson Blvd., Fort Wayne, IN 46802 | NONE | Public Charity | PROGRAM SUPPORT | \$ 2,000.00 |
| Rock Steady Boxing Northeast Indiana | 121 Randolph St., Garrett, IN 46738 | NONE | Public Charity | PROGRAM SUPPORT | \$ 4,500.00 |
| Indiana Women In Need Foundation (IWIN Foundation) | 8515 Cedar Place Drive, Suite 103A, Indianapolis, IN 46240 | NONE | Public Charity | PROGRAM SUPPORT | \$ 2,000.00 |
| Hope's Harbor | 7922 W Jefferson Blvd, Fort Wayne, IN 46804 | NONE | Public Charity | PROGRAM SUPPORT | \$ 2,500.00 |
| Circles of Allen County | 930 Broadway, Fort Wayne, IN 46802 | NONE | Public Charity | PROGRAM SUPPORT | \$ 4,000.00 |
| Boomerang Backpacks, Inc | 4616 E Dupont Road Suite C, Fort Wayne, IN 46825 | NONE | Public Charity | PROGRAM SUPPORT | \$ 2,500.00 |

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| Blessings in a Backpack | 111 East Wayne Street, Ste 555, Fort Wayne, IN 46802 | NONE | Public Charity | PROGRAM SUPPORT | \$ 2,500.00 |
| Family Centered Services | 1515 N Sutton Circle Drive, Bluffton, IN 46714 | NONE | Public Charity | PROGRAM SUPPORT | \$ 4,000.00 |
| Wellspring Interfaith Social Services | 1316 Broadway, Fort Wayne, IN 46802 | NONE | Public Charity | PROGRAM SUPPORT | \$ 4,000.00 |
| Fort Wayne Civic Theatre | 303 East Main Street, Fort Wayne, IN 46802 | NONE | Public Charity | PROGRAM SUPPORT | \$ 3,000.00 |
| Early Childhood Alliance | 516 E Wayne Street, Fort Wayne, IN 46802 | NONE | Public Charity | PROGRAM SUPPORT | \$ 2,500.00 |
| Camp Red Cedar | 3900 Hursh Road, Fort Wayne, IN 46845 | NONE | Public Charity | PROGRAM SUPPORT | \$ 2,000.00 |
| Animal Rescue Fund, Inc. of Muncie Indiana | 1209 W Riffin Road, Muncie, IN 47303 | NONE | Public Charity | PROGRAM SUPPORT | \$ 2,500.00 |
| #BadGirlsClubFW, INC | PO Box 80303, Fort Wayne, IN 46899 | NONE | Public Charity | PROGRAM SUPPORT | \$ 1,800.00 |
| Fort Wayne Rescue Mission Ministries, Inc. | 404 E. Washington Boulevard, Fort Wayne, IN 46802 | NONE | Public Charity | PROGRAM SUPPORT | \$ 2,500.00 |
| AppleTree Center | 500 E Mitchell Street, Kendallville, IN 46755 | NONE | Public Charity | PROGRAM SUPPORT | \$ 2,500.00 |
| Fortify Life | 108 N. Main St., Auburn, IN 46706 | NONE | Public Charity | PROGRAM SUPPORT | \$ 2,500.00 |
| GiGi's Playhouse Fort Wayne | 6081 N. Clinton St., Fort Wayne, IN 46825 | NONE | Public Charity | PROGRAM SUPPORT | \$ 7,500.00 |
| Noble Trails | 700 Lakeside Dr, Rome City, IN 46784 | NONE | Public Charity | PROGRAM SUPPORT | \$ 2,000.00 |
| Second Harvest Food Bank of East Central Indiana | 6621 N Old SR 3, Muncie, IN 47303 | NONE | Public Charity | PROGRAM SUPPORT | \$ 5,000.00 |
| Remembering Rowan Joy | 13731 Dunton Road, Fort Wayne, IN 46845 | NONE | Public Charity | PROGRAM SUPPORT | \$ 2,000.00 |
| Lutheran Life Villages | 6701 S Anthony Blvd, Fort Wayne, IN 46816 | NONE | Public Charity | PROGRAM SUPPORT | \$ 2,000.00 |
| Girl Scouts of Northern Indiana-Michiana | 10008 Dupont Circle Drive East, Fort Wayne, IN 46825 | NONE | Public Charity | PROGRAM SUPPORT | \$ 2,500.00 |
| Teach Our Children Fund Inc dba Fort Wayne Center for Learning | 2510 East Dupont Road, Ste 203, Fort Wayne, IN 46825 | NONE | Public Charity | PROGRAM SUPPORT | \$ 2,500.00 |
| | | | | | <u>\$ 232,500.00</u> |