

Return of Organization Exempt From Income Tax

2023

Department of the Treasury
Internal Revenue Service

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 for instructions and the latest information.

Open to Public Inspection

A For the **2023** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BLUE FEDERAL CREDIT UNION FOUNDATION	D Employer identification number 45-4039863
	Doing business as	E Telephone number 307-432-5410
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2401 E Pershing Blvd	G Gross receipts \$ 325,694.
	City or town, state or province, country, and ZIP or foreign postal code CHEYENNE, WY 82001	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
F Name and address of principal officer: MICHELE BOLKOVATZ PO BOX 2304, CHEYENNE, WY 82003		H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		L Year of formation: 2011 M State of legal domicile: WY
J Website: WWW.BLUEFCU.COM/BLUE-FOUNDATION		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		

Part I Summary				
1 Briefly describe the organization's mission or most significant activities: TO ASSIST THE COMMUNITIES IN WHICH BLUE FEDERAL CREDIT UNION DOES BUSINESS				
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	8	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8	
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	0	
	6 Total number of volunteers (estimate if necessary)	6	0	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 256,144.	Current Year 174,953.
9 Program service revenue (Part VIII, line 2g)		0.	0.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		7.	8,227.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		87,494.	111,914.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		343,645.	295,094.	
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	291,199.	186,813.
		14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
		15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	28,258.
		16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
		b Total fundraising expenses (Part IX, column (D), line 25)	0.	
		17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	9,365.	2,565.
		18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	300,564.	217,636.
	19 Revenue less expenses. Subtract line 18 from line 12	43,081.	77,458.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 298,643.	End of Year 379,177.	
	21 Total liabilities (Part X, line 26)	0.	0.	
	22 Net assets or fund balances. Subtract line 21 from line 20	298,643.	379,177.	

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	Date			
	MICHELE BOLKOVATZ, TREASURER				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Krysten McCabe	<i>Krysten McCabe</i>	03/18/24	<input type="checkbox"/>	P02240399
	Firm's name	Firm's EIN		Phone no.	
	DAPCPA RPO, LLC	83-3190125		3077789933	
	Firm's address				
	PO Box 1023				
	Cheyenne, WY 82001				

May the IRS discuss this return with the preparer shown above? See instructions Yes No