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DLN: 93493265003134

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public

Department of the Treasury

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

Internal Revenue Service Inspection ▶ Information about Form 990 and its instructions is at www.IRS.gov/form990 A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013 D Employer identification number **B** Check if applicable Jeanne D'Arc Credit Union 04-1231965 Doing Business As Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Terminated (978) 452-5001 Amended return City or town, state or province, country, and ZIP or foreign postal code Application pending G Gross receipts \$ 80,035,333 Name and address of principal officer H(a) Is this a group return for Susan Hannıgan subordinates? Yes 🔽 No 658 MERRIMACK ST Lowell, MA 01854 **H(b)** Are all subordinates included? 「 501(c)(3) **「** Tax-exempt status If "No," attach a list (see instructions) **Website: ►** www.jdcu.com **H(c)** Group exemption number ► K Form of organization
✓ Corporation
☐ Trust
☐ Association
☐ Other ► L Year of formation 1912 M State of legal domicile MA Part I $\textbf{1} \quad \text{Briefly describe the organization's mission or most significant activities}$ JEANNE D'ARC CREDIT UNION IS A FULL SERVICE, member-owned community based credit union Activities & Governance 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) . . . 4 Number of independent voting members of the governing body (Part VI, line 1b) . . 4 12 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) . 5 223 6 12 **6** Total number of volunteers (estimate if necessary) 70,716 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, line 34 7b -331,379 **Prior Year Current Year** 0 Contributions and grants (Part VIII, line 1h) . . 0 Program service revenue (Part VIII, line 2g) . . . 25,615,888 27,028,040 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 5,986,024 6,524,886 10 7,705,158 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 7,016,719 11 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 38,618,631 41,258,084 12) . 13 0 0 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 12,284,591 14,157,785 Expenses 5-10) Professional fundraising fees (Part IX, column (A), line 11e) 16a 0 Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright^0 17 21,881,799 22,556,948 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 34,166,390 36,714,733 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 4,452,241 4,543,351 Revenue less expenses Subtract line 18 from line 12 . Assets or d Balances **Beginning of Current End of Year** Year 20 Total assets (Part X, line 16) . . . 1,005,233,473 1,026,005,689 944,490,423 Total liabilities (Part X, line 26) 920,562,942 Net assets or fund balances Subtract line 21 from line 20 84,670,531 81,515,266 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

	T _k	*****			2014-09-11
Sign		Signature of officer			Date
Here	lk	SUSAN HANNIGAN SVP/CFO			
	17	Type or print name and title			
Deid		Print/Type preparer's name Michael J Rowe CPA	Preparer's signature	Date 2014-08-28	Check if PTIN self-employed
Paid Prepare	r	Firm's name WOLF & COMPAN	Y PC	•	Firm's EIN ▶
Use On		Firm's address ► 99 HIGH STREET	21ST FLOOR		Phone no (617) 439-9700
		BOSTON, MA 021	10		
May the IR	S d	iscuss this return with the prepar	er shown above? (see instruction	ons)	

Form	990 (2013)				Page 2
Par		ent of Program Service A chedule O contains a response	ccomplishments or note to any line in this Part III		
1	Briefly describe	the organization's mission			
WOR FINA	LD TO WORK IN T NCIAL CHOICES	THE MILLS OUR GOALS THEN 5, HELPING PEOPLE SAVE FOI	NANCIAL STABILITY TO IMMIG WERE THE SAME AS THEY ARE R THEIR FUTURE, MAKING LOA BUYING A CAR OR EVEN STAR	NOW HELPING EACH MEMNS AVAILABLE SO OUR ME	BER MAKE SMART MBERS CAN REALIZE
2		ion undertake any significant pr 90 or 990-EZ?	ogram services during the year wl		┌ Yes ┌ No
	If "Yes," describ	e these new services on Schedu	le O		
3	services?		significant changes in how it cond	ucts, any program	┌ Yes ┌ No
	If "Yes," describ	e these changes on Schedule O			
4	expenses Section		omplishments for each of its three inizations are required to report th program service reported		
4a	(Code Provide financial se) (Expenses \$ rvices to members as a licensed credit	including grants of \$ union) (Revenue \$)
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program :	services (Describe in Schedule	0)		
	(Expenses \$	ıncludıng	grants of \$) (Revenue \$)
4e	Total program s	ervice expenses 🕨			Form 990 (2013)
					Form YYII (71) 3 '

Part 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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV^{\square}	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
C	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	11c		No
d	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	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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 (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
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		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III </i>	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		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Schedule N, Part II	32		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

	Check if Schedule O contains a response or note to any line in this Part V		Yes	. J No
а	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 96,665		1 63	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1c	Yes	
3	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			
)	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 (see instructions)	2b	Yes	
ı	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
1	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		N
)	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	5c		
1	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		N
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	_		
	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		
	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		
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	<u> </u>		
	74 Tes, indicate the number of forms 6262 med during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	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		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
l	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			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of recorves the organization is required to maintain by the states !			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
:	1461	14a		N

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.

Check if Schedule O	contains a res	nonse or not	e to anv	line in this	Part VI	_	 _	_	_	_	_			_	マ
Check ii Schedale O	contains a res	ponse or not	c co any	mile in this	I GIC VI		 •	•	•	•		•	•	•	-,

	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
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	Yes	
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		N o
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
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		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a	Yes	No
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing		Yes	No
b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		Yes	No
b 12a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b 12a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	11a	Yes	No
b 12a b c	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b	Yes	No
b 12a b c	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	11a 12a 12b	Yes Yes Yes	N o
b 12a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	11a 12a 12b 12c 13	Yes Yes Yes	No
b 12a b c 13 14	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b 12c 13	Yes Yes Yes	No
b 12a b c 13 14 15	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No
b 12a b c 13 14 15	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
b 112a b c 113 114 115 a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
b 112a b c 113 114 115 a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	
b 12a b c 13 14 15 a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	
b 12a b c 13 14 15 a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	

(3)s only) available for public inspection Indicate how you made these available Check all that apply of Own website Another's website Upon request Other (explain in Schedule O)

- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►JEANNE D'ARC CREDIT UNION 658 MERRIMACK ST LOWELL, MA 01854 (978) 452-5001

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

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ♦ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h ar or/tr	offic ustee	ess er e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	for related organizations below dotted line)	Individual trustée or director	Institutional Trustee	Officei	Kej emplojee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations	
(1) John Chemaly	1 0	х						3,080			
Director								3,000			
(2) Mark Cochran	40 0	х		х				494,214	0	43,000	
President/CEO/Director											
(3) Peter Doyle	1 0	×						3,080			
Director (4) George Eliades	1 0										
Vice Chariman		х						2,984			
(5) Henri Marchand	1 0										
Director		Х						3,052			
(6) Carol McDonough	1 0										
		Х						2,984			
Director (7) Dorcas Grigg Satio	1 0										
		Х						2,082	0	(
Director (8) Ellen Murphy Meehan	1 0										
		х						3,128			
Director (9) Joseph Randazza	1 0										
		х						2,984			
Director (10) William Soucy	10										
		х						3,080			
Director (11) Richard Viau	1.0										
	1 0	x						2,984			
Chairman of the Board (12) Naomi Prendergast	1 0	-									
` '	10	х						3,080			
Director (13) Susan Green	10						\vdash				
		x						3,128			
Director (eff 4/1/2012) (14) Peter Boyle	40 0				_		\vdash				
	40 0				х			223,680	0	34,816	
Senior Vice President CIO (15) Scott Flagg	40.0										
•	40 0				x			179,427	0	28,864	
Senior VP Member Services (16) Susan Gruber	40.0	-			-	-	_				
•	40 0				x			300,292	0	42,256	
Senior Vice President CFO	10.0										
(17) Michelle Silveira	40 0				x			188,021	0	28,523	
								100/021		20,020	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

									т			
	(A) Name and Title	(B) A verage	Po	sition	(C		chec	k	(D) Reportable	(E) Reportable	1 -	F) nated
	and rice	hours per					x, unle		compensation	compensation	1	of other
		week (list					n offic		from the	from related		nsation
		any hours for related		l a dii			rustee		organization (W- 2/1099-	organizations (W- 2/1099-	1	the zation
		organizations	Individual trustae or director	=	91100	Ģ.	Highest compensated employee	Former	MISC)	MISC)	1 -	elated
		below	불통	≇	쥰	<u>е</u>	B 등	뭁	,	·	organi	zations
		dotted line)	중호	₹		emplo) ee	80	*				
			∣ੈਂ≢	≅		lç.	`8					
			<u>~</u>	∄'		Ď	<u> </u>					
			<u>Φ</u> .	Institutional Trustee			ਲ B					
				ι σ			ē					
(18)	Michael P Dubuque	40 0					1 ,		222.404			15 252
VP of	Loan Originations						X		223,491			15,352
(19)	James Milinazzo	40 0					Ţ,,		151 222			14 277
VP Bu	usiness Services						×		151,233		0	14,277
(20)	Maureen A Couture	40 0					x		156,273		0	18,847
asst v	vp of loan originations								130,273			10,047
(21)	Brian Sousa	40 0					l x		183,106			12,349
VP of	residential lending						<u> ^ </u>		105,100		<u> </u>	12,515
(22)	Kara E Doyle	40 0					l x		124,831			21,110
assist	tant vice president								,			,
							+					
		-				-						
1b	Sub-Total	'		<u> </u>		_	<u> </u>					
С	Total from continuation sheets to Par	t VII. Section A					▶					
d	Total (add lines 1b and 1c)						▶		2,260,214	0		259,394
	Total number of individuals (including	but not limited to	those	liste	ed a	bov	e) who	rec	eived more than			
	\$100,000 of reportable compensation						-,					
											1	T
_		. , ,								—	Yes	No
3	Did the organization list any former off on line 1a? <i>If "Yes," complete Schedule</i>				en .	1pio -	yee, o	r nig	jnest compensate			N -
							- 			3	·	No
4	For any individual listed on line 1a, is to organization and related organizations									om the		
	ındıvıdual					· •	•			4	Yes	
5	Did any person listed on line 1a receiv	e or accrue com	pensat	tion f	rom	any	unrel	ated	d organization or i	ndividual for		
	services rendered to the organization?	If "Yes," comple	te Sche	dule	J for	suc	ch pers	son		5	;	No
											•	•
	ection B. Independent Contract											
1	Complete this table for your five higher compensation from the organization R	•										r
	compensation from the organization R	(A)		e	care	iiua	ı, yeal	CITU	anng with or within	(B)) C)
		business address								on of services	Compe	nsation
	y Industries Inc, 5 Dick Tracy Drive PELHAM NH MONT YARD, 5 DICK TRACY DRIVE PELHAM NH (Construction	ement	1	3,343,684
	LITY INFO SERVICES, PO BOX 4535 CAROL STRE								Property manag banking softwar		1	1,073,863 1,494,508
	CrossBlue Shield of Massachus, PO Box 371718		250						insurance service		1	6,392,264
Digita	al Insight PO BOX 515306 LOS ANGELES CA 900	51							hanking innovat	lons		736 678

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization >24

Form 99								Page 9
Part V	/ • • •	Statement o	of Revenue ule O contains a respo	nse or note to anv lu	ne in this Part VIII			
		oncok w beneak	are e contains a respe		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s	1a	Federated cam	paigns 1a					
Gifts, Grants ilar Amounts	ь	Membership du	es 1b					
9 E	С	Fundraising eve	ents 1c					
ffs, ≓A	d	Related organiz	zations 1d					
n 19. ⊆	e	Government grants						
Sir	f	_	ons, gifts, grants, and 1f					
Contributions, Gifts, Grants and Other Similar Amounts	•	sımılar amounts no	ot included above					
Ę ŏ	g	Noncash contribute 1a-1f \$	ons included in lines					
Con	h	Total. Add lines	s 1a-1f	🗼	0			
				Business Code				
Program Serwoe Revenue	2a	INTEREST INCOME	<u> </u>		27,028,040	27,028,040		
Бе	b							
JC 6	С							
Serv	d							
Ē	е							
Ď	f	All other progra	am service revenue					
<u>*</u>	g	Total. Add lines	s 2a-2f		27,028,040			
	3		ome (including dividen ar amounts)		4,452,240			4,452,240
	4		stment of tax-exempt bond	t t	0			
	5	Royalties	<u></u>	🔸	0			
			(ı) Real	(II) Personal				
	6a b	Gross rents Less rental						
		expenses Rental income	0	0				
	C	or (loss)	_	<u> </u>				
	d	Net rental inco	me or (loss)		0			
	7a	Gross amount	(ı) Securities	(II) O ther				
		from sales of assets other than inventory	39,834,468	1,015,427				
	b	Less cost or other basis and	38,712,664	64,585				
	С	sales expenses Gain or (loss)	1,121,804	950,842				
	d	Net gain or (los	ss)		2,072,646		1,900	2,070,746
Other Revenue	8a	Gross income f events (not inc \$ of contributions See Part IV, lin	luding s reported on line 1c)					
ة ح		,	a					
Ť,	Ь		penses b		_			
0	C		(loss) from fundraising	events 🛌	0			
	30		rom gaming activities ne 19					
			а					
	b		penses b		0			
	10a	Gross sales of	(loss) from gaming acti	vities	0			
	100	returns and allo						
			a					
	b c	=	oods sold ... b (loss) from sales of inv	entory	n			
	F 6	Miscellaneous		entory	o d			
	11a	FEE INCOME		522100	7,731,478	7,636,342	95,136	
	ь		PINVESTMENTS	525990	-26,320		-26,320	
	С							
	d	All other reven	ue					
	е	Total. Add lines	s 11a-11d	🕨	7,705,158			
	12	Total revenue.	See Instructions .		41,258,084	34,664,382	70,716	6,522,986
					+1,230,004	57,004,302	70,716	0,322,900

Part IX Statement of Functional Expenses

ection 501(c)(3) and 501(c)(4)) organizations must complete all co	lumns All other organizations must complete column (A)

	Check if Schedule O contains a response or note to any line in this	Part IX			
	ot include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,421,280			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	9,985,591			
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	653,831			
9	Other employee benefits	1,236,513			
10	Payroll taxes	860,570			
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	157,381			
C	Accounting	445,964			
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	719,412			
12	Advertising and promotion	1,406,914			
13	Office expenses	1,040,041			
14	Information technology	2,760,426			
15	Royalties	0			
16	Occupancy	1,936,179			
-0 17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	151,994			
20	Interest	7,428,616			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	1,126,622			
23	Insurance	1,015,211			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	EQUIPMENT MAINTENANCE	1,032,868			
b	PROVISION FOR LOAN LOSSES	740,234			
c	CREDIT CARD PROCESSING FEES	803,579			
d	LOAN PROCESSING FEES	434,225			
е	All other expenses	1,357,282			
25	Total functional expenses. Add lines 1 through 24e	36,714,733			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Par	t X	Balance Sheet Check if Schedule O contains a response or note to any line	ın thıs	Part X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			12,325,159	1	8,807,935
	2	Savings and temporary cash investments			30,897,360	2	19,012,303
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			0	4	0
	5	Loans and other receivables from current and former officers key employees, and highest compensated employees Compensated employees.	olete P	art II of	0	5	0
Assets	6	Loans and other receivables from other disqualified persons section 4958(f)(1)), persons described in section 4958(c)(employers and sponsoring organizations of section 501(c)(beneficiary organizations (see instructions) Complete Part 1	3)(B), 9) volu	and contributing ntary employees'	0	6	0
SS 6	7	Notes and loans receivable, net			551,021,128	7	628,904.691
Ą	8	Inventories for sale or use			0	8	0
	9	Prepaid expenses and deferred charges			1,039,175	9	1,641,294
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	26,079,885	, ,		, ,
	ь	Less accumulated depreciation	10b	11,515,787	11,486,397	10c	14,564,098
	11	Investments—publicly traded securities			393,460,353	11	339,788,332
	12	Investments—other securities See Part IV, line 11			0	12	0
	13	Investments—program-related See Part IV, line 11			0	13	0
	14	Intangible assets		0	14	0	
	15	Other assets See Part IV, line 11	5,003,901	15	13,287,036		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			1,005,233,473	16	1,026,005,689
	17	Accounts payable and accrued expenses			3,612,863	17	4,838,818
	18	Grants payable			0	18	0
	19	Deferred revenue			101,579	19	98,604
	20	Tax-exempt bond liabilities			0	20	0
Ø.	21	Escrow or custodial account liability Complete Part IV of S	chedul	e D	0	21	0
Liabilitie	22	Loans and other payables to current and former officers, directly employees, highest compensated employees, and disqu					
iak		persons Complete Part II of Schedule L			0	22	0
	23	Secured mortgages and notes payable to unrelated third pai			80,000,000	23	80,000,000
	24	Unsecured notes and loans payable to unrelated third partie	es .		0	24	0
	25	Other liabilities (including federal income tax, payables to rand other liabilities not included on lines 17-24) Complete D			836,848,500	25	859,553,001
	26	Total liabilities. Add lines 17 through 25			920,562,942	26	944,490,423
5		Organizations that follow SFAS 117 (ASC 958), check here					
ce.		lines 27 through 29, and lines 33 and 34.	,				
Fund Balance	27	Unrestricted net assets		27			
Ba	28	Temporarily restricted net assets			28		
пd	29	Permanently restricted net assets	•			29	
or Fu		Organizations that do not follow SFAS 117 (ASC 958), chec complete lines 30 through 34.	k here	► 🔽 and			
ts i	30	Capital stock or trust principal, or current funds			0	30	0
Assets	31	Paid-in or capital surplus, or land, building or equipment fun	d .		16,000,000	31	16,000,000
Ą	32	Retained earnings, endowment, accumulated income, or other	er fund	s	68,670,531	32	65,515,266
Net	33	Total net assets or fund balances			84,670,531	33	81,515,266
	34	Total liabilities and net assets/fund balances	•		1,005,233,473	34	1,026,005,689
							Form 990 (2013)

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		41.2	258,084
2	Total expenses (must equal Part IX, column (A), line 25)				
2	Revenue less expenses Subtract line 2 from line 1	2		36,	714,733
3	Revenue less expenses subtract fine 2 nonnime 1	3		4,5	543,351
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		Ω / /	570,531
5	Net unrealized gains (losses) on investments	-		04,0	70,331
_		5		-7,6	98,616
6	Donated services and use of facilities	6			
7	Investment expenses				
	·	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)				
	Not accept on find haloman at and of years Combined lines 2 through 0 (much a mid Dart V, line 22)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		81,5	515,266
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ved or	ı		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separabasis, consolidated basis, or both	rate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	t of th	e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
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		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		

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DLN: 93493265003134

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.aov/form990.

Open to Public

lai Revenue Service	structions is at www.irs.gov/rormsso.	Inspection
ame of the organization anne D'Arc Credit Union		Employer identification number 04-1231965
organizations Maintaining Dono organization answered "Yes" to Form	r Advised Funds or Other Similar n 990, Part IV, line 6.	
	(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 funds are the organization's property, subject to	-	onoradvised Yes No
Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?		
rt II Conservation Easements. Compl	ete if the organization answered "Yes"	to Form 990, Part IV, line 7.
Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recressive Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization	eation or education)	an historically important land area a certified historic structure
easement on the last day of the tax year	neid a qualified conservation contribution in	Title form of a conservation
		Held at the End of the Year
Total number of conservation easements		2a
Total acreage restricted by conservation easem	ents	2b
Number of conservation easements on a certified	d historic structure included in (a)	2c
Number of conservation easements included in (historic structure listed in the National Register	c) acquired after 8/17/06, and not on a	2d
Number of conservation easements modified, tra	nsferred, released, extinguished, or termina	ited by the organization during
the tax year 🗠		
Number of states where property subject to cons	ervation easement is located ►	
Does the organization have a written policy regardenforcement of the conservation easements it has		indling of violations, and Yes No
Staff and volunteer hours devoted to monitoring,	inspecting, and enforcing conservation eas	ements during the year
A mount of expenses incurred in monitoring, insp	ecting, and enforcing conservation easemer	nts during the year
▶ \$	· ·	- ,
Does each conservation easement reported on li and section 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of s	ection 170(h)(4)(B)(i)
In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	t of the footnote to the organization's financi	
rt IIII Organizations Maintaining Collect Complete if the organization answer	ctions of Art, Historical Treasures ed "Yes" to Form 990, Part IV, line 8.	, or Other Similar Assets.
If the organization elected, as permitted under S works of art, historical treasures, or other similal service, provide, in Part XIII, the text of the foot	r assets held for public exhibition, education	n, or research in furtherance of public
If the organization elected, as permitted under S works of art, historical treasures, or other similar service, provide the following amounts relating to	FAS 116 (ASC 958), to report in its revenu r assets held for public exhibition, educatior	e statement and balance sheet
(i) Revenues included in Form 990, Part VIII, li	ne 1	▶ \$
(ii) Assets included in Form 990, Part X		▶ \$
If the organization received or held works of art, following amounts required to be reported under		for financial gain, provide the
Revenues included in Form 990, Part VIII, line 1	L	► \$
		T
Assets included in Form 990, Part X		F \$

Part	Organizations Maintaining Collection	ons of Art,	Histo	orio	al Treasi	ures, or Othe	er Similar Ass	ets (continued)
3	Using the organization's acquisition, accession, and collection items (check all that apply)	d other record	s, chec	cka	•	_	•	fits
а	Public exhibition		d		Loan or exc	hange program	5	
b	Scholarly research		e	\sqcap	Other			
c	Preservation for future generations							
4	Provide a description of the organization's collectio Part XIII	ns and explair	n how t	hey	further the	organızatıon's e	xempt purpose ın	
5	During the year, did the organization solicit or recei							
Par	assets to be sold to raise funds rather than to be m IV Escrow and Custodial Arrangemen							Yes No
P G I	Part IV, line 9, or reported an amount					iii aliswered	163 (010111199	
1a	Is the organization an agent, trustee, custodian or on included on Form 990, Part X?	other intermed	diary fo	orco	ontributions	or other assets		Yes No
b	If "Yes," explain the arrangement in Part XIII and o	omplete the f	ollowir	ng ta	able		_	
							Amo	unt
с	Beginning balance					1c		
d	Additions during the year					1d	-	
e •	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Form 99							Yes No
ь	If "Yes," explain the arrangement in Part XIII Chec					-		<u> '</u>
Par	t V Endowment Funds. Complete if the c	organization urrent year	answ (b)Pr			Form 990, Pa Two years back (d		e)Four years back
1a	Beginning of year balance	unent year	(2)	,	<u> </u>	, we years back (a	, mee years suck (ey, our years buck
b	Contributions							
С	Net investment earnings, gains, and 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 current year	ar end balance	e (line	1g,	column (a))	held as		
а	Board designated or quasi-endowment ►							
b	Permanent endowment 🕨							
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c should equ	al 100%						
3a	Are there endowment funds not in the possession o	f the organizat	tion th	at a	re held and	admınıstered fo	the	
	organization by (i) unrelated organizations			-			3a(i)	Yes No
	(ii) related organizations		٠				3a(ii)	
b	If "Yes" to 3a(II), are the related organizations liste	d as required	on Scl	hed	ule R? .		3b	
4	Describe in Part XIII the intended uses of the organ							
Par	Land, Buildings, and Equipment. Co 11a. See Form 990, Part X, line 10.	omplete ıf th	ne org	anı	zation ans	wered 'Yes' to	Form 990, Part	t IV, line
	Description of property				Cost or other (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a L	and					3,846,804		3,846,804
						1	1	
	uildings		. [6,315,702	3,923,819	2,391,883
b E	easehold improvements		·			6,315,702 4,631,435	· · · · · ·	2,391,883 3,039,344
b E c L d E	easehold improvements	· · · · ·	·			 	1,592,091	
b E c L d E	easehold improvements					4,631,435 3,009,299 8,276,645	1,592,091 2,661,429	3,039,344

Part VII Investments—Other Securities. Com See Form 990, Part X, line 12.		
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests		
Other		
Total (column (2) made equal (cim 350) (are n, col (2) mile 12)	<u> </u>	
Part VIII Investments—Program Related. Co See Form 990, Part X, line 13.	mplete if the organization	n answered 'Yes' to Form 990, Part IV, line 11c.
(a) Description of investment	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•	
Destrict Other Assets of the City		
Part IX Other Assets. Complete if the organization (a) Descri	answered 'Yes' to Form 990	
Part IX Other Assets. Complete if the organization (a) Descri	answered 'Yes' to Form 990), Part IV, line 11d See Form 990, Part X, line 15 (b) Book value
	answered 'Yes' to Form 990	
	answered 'Yes' to Form 990	
	answered 'Yes' to Form 990	
	answered 'Yes' to Form 990	
	answered 'Yes' to Form 990	
	answered 'Yes' to Form 990	
	answered 'Yes' to Form 990	
	answered 'Yes' to Form 990	
	answered 'Yes' to Form 990	
	answered 'Yes' to Form 990	
	answered 'Yes' to Form 990	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15	ption 5.)	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. Complete if the orga	ption 5.)	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. Complete if the orga Form 990, Part X, line 25.	ption 5.) nization answered 'Yes' to Form 990 or prion	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. Complete if the orga Form 990, Part X, line 25. 1 (a) Description of liability	ption 5.) nization answered 'Yes' to Form 990 on ption (b) Book value	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. Complete if the orga Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	nanswered 'Yes' to Form 990 ption 5.) nization answered 'Yes' to form 990 ption	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. Complete if the orga Form 990, Part X, line 25. 1 (a) Description of liability	ption 5.) nization answered 'Yes' to Form 990 on ption (b) Book value	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. Complete if the orga Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	nanswered 'Yes' to Form 990 ption 5.) nization answered 'Yes' to form 990 ption	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. Complete if the orga Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	nanswered 'Yes' to Form 990 ption 5.) nization answered 'Yes' to form 990 ption	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. Complete if the orga Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	nanswered 'Yes' to Form 990 ption 5.) nization answered 'Yes' to form 990 ption	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. Complete if the orga Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	nanswered 'Yes' to Form 990 ption 5.) nization answered 'Yes' to form 990 ption	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. Complete if the orga Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	nanswered 'Yes' to Form 990 ption 5.) nization answered 'Yes' to form 990 ption	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. Complete if the orga Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	nanswered 'Yes' to Form 990 ption 5.) nization answered 'Yes' to form 990 ption	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. Complete if the orga Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	nanswered 'Yes' to Form 990 ption 5.) nization answered 'Yes' to form 990 ption	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. Complete if the orga Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	nanswered 'Yes' to Form 990 ption 5.) nization answered 'Yes' to form 990 ption	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. Complete if the orga Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	nanswered 'Yes' to Form 990 ption 5.) nization answered 'Yes' to form 990 ption	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. Complete if the orga Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	nanswered 'Yes' to Form 990 ption 5.) nization answered 'Yes' to form 990 ption	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. Complete if the orga Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	nanswered 'Yes' to Form 990 ption 5.) nization answered 'Yes' to form 990 ption	(b) Book value

Part XI		evenue per Audited Financial Statements With Revenue prered 'Yes' to Form 990, Part IV, line 12a.	er R	eturn Complete If
1 To		r support per audited financial statements	1	41,322,669
2 An	nounts included on line 1 but	t not on Form 990, Part VIII, line 12		, ,
		ments		
	=	icilities 2b		
		2c 2c		
		<u> </u>	-	
			2e	44.222.660
			3	41,322,669
		O, Part VIII, line 12, but not on line 1		
	·	ided on Form 990, Part VIII, line 7b . 4a		
			4 c	-64,585
		4c. (This must equal Form 990, Part I, line 12)	5	41,258,084
Part XII		openses per Audited Financial Statements With ExpensesSwered 'Yes' to Form 990, Part IV, line 12a.	per	Return. Complete
1 Tot		audited financial statements	1	36,779,318
		not on Form 990, Part IX, line 25	┢╼	30,773,310
		,		
		cilities		
			-	
			2e	64,585
			3	36,714,733
), Part IX, line 25, but not on line 1:		
a Inv	estment expenses not inclu	ided on Form 990, Part VIII, line 7b 4a		
b Ot	her (Describe in Part XIII)			
c Ad	d lines 4a and 4b		4c	
5 Tot	tal expenses Add lines 3 an	d 4c. (This must equal Form 990, Part I, line 18)	5	36,714,733
Part XII	Supplemental Info	ormation		
	ne 4, Part X, line 2, Part XI,	Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to		de any additional
	Return Reference	Explanation		
Schedule F	D page 4 part XII Line 4b	Audited financial statements treats the loss on sale of fixed assets as ne	tted i	n other expenses. For
	pago : partition and its	purposes of 990 page 9 part VII gain was reported on line 7a-d		
Schedule [D page 4 part XIII Line 4b	Net loss from sale of fixed assets was reclassed from expenses on the 9° part VII lines 7a-d	90 to	other gains & losses
Schedule L	O page 3 Part X Line 2	The Credit Union is exempt under IRC 501(c)(14), from federal and state products and services provided by select state chartered credit unions h Internal Revenue Service (IRS), in technical advice memorandums (TAM unrelated to the specific entity's exempt purpose. As presented in the tememorandums, the net taxable income from these products and services taxes. Credit Unions have litigated against the IRS positions noted in the successful in having courts declare in 2009 and 2010 that revenue from members, helping them protect their financial wellbeing, qualifies as exert to the IRS position in the TAMs. The Credit Union filed its annual 990 ta indicates that Credit Union had no unrealized business income tax. The tability to assess taxes, penalties and interest for any years for which no opinion of management, any liability resulting from taxing authorities imponet taxable inocme from activities potentially deemed to be unrelated to purpose is not expected to have a material effect on the Credit Union's financial of December 31, 2013, and 2012. The credit Union's 2010 throughout the content of the credit Union's 2010 throughout the content of the credit Union's 2010 throughout the credit Union 2010 throughout the credit Union's 2010 throughout the credit Union 2010 throughout the credit Union's 2010 throughout the credit Uni	ave be s) relections of the control	een deemed by the eased in 2007, to be all advice of the subject to income is and have been ance products sold to irpose income, contrary rn for 2012, which authorities have the turn was filed. In the income taxes on the redit Union's exempt all position or result of certain tax positions.

•	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

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DLN: 93493265003134

OMB No 1545-0047

Schedule J

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization Jeanne D'Arc Credit Union

(Form 990)

Department of the Treasury

Internal Revenue Service

Employer identification number

04-1231965

Pa	rt I Questions Regarding Compensation		1			
					Yes	No
1a	Check the appropriate box(es) if the organization provides 990, Part VII, Section A, line 1a Complete Part III to					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	▼ Travel for companions	\sqcap	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the orga reimbursement or provision of all of the expenses desc			1b	Yes	
2	Did the organization require substantiation prior to reil directors, trustees, officers, including the CEO/Execut			2	Yes	
3	Indicate which, if any, of the following the filing organiz organization's CEO/Executive Director Check all that used by a related organization to establish compensat	apply	y Do not check any boxes for methods			
	Compensation committee	굣	Written employment contract			
	Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	⊽	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Pa or a related organization	rt VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control pa	ymen	t?	4a		Νο
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?					
С	Participate in, or receive payment from, an equity-bas	ed co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and prov	ıde th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must	comp	olete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, li compensation contingent on the revenues of	ne 1a	, did the organization pay or accrue any			
а	The organization?			 5a		
	Any related organization?			5b		
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A, li compensation contingent on the net earnings of	ne 1a	, did the organization pay or accrue any			
а	The organization?			6a		
b	Any related organization?			6b		
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, li payments not described in lines 5 and 6? If "Yes," des			7		
8	Were any amounts reported in Form 990, Part VII, pai	dora	ccured pursuant to a contract that was			
	subject to the initial contract exception described in R					
	ın Part III			8		
9	If "Yes" to line 8, did the organization also follow the resection 53 $4958-6(c)$?	ebutta	able presumption procedure described in Regulations	9		

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990
(1)Peter Boyle Senior Vice President CIO	(i) (ii)	212,066 0	0	11,614 0	23,279 0	11,537 0	258,496 0	0
(2)Mark Cochran President/CEO/Director	(i) (ii)	473,199 0	0	21,015 0	31,463 0	11,537 0	537,214 0	0
(3)Scott Flagg Senior VP Member Services	(i) (ii)	166,832 0	0	12,595	17,327 0	11,537 0	208,291	0
(4)Susan Gruber Senior Vice President CFO	(i) (ii)	297,951 0	0	2,341 0	30,719 0	11,537 0	342,548 0	0
(5)Michelle Silveira Senior VP Marketing	(i) (ii)	176,677 0	0	11,344	16,583 0	11,940 0	216,544 0	0
(6)Michael P Dubuque VP of Loan Originations	(i) (ii)	221,117 0	0	2,374 0	3,815	11,537 0	238,843	0
(7)James Milinazzo VP Business Services	(i) (ii)	149,298 0	0	1,935	14,277 0	0	165,510 0	0
(8)Maureen A Couture asst vp of loan originations	(i) (ii)	155,401 0	0	872 0	18,847 0	0	175,120 0	0
(9)Brian Sousa VP of residential lending	(i) (ii)	180,732 0	0	2,374	3,679 0	8,670 0	195,455	0

Schedule J (Form 990) 2013

Part III Supplemental Information

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

Return Reference	Explanation
,	Spouses or guests are welcome to accompany directors, but is limited to no more than two times per calendar year Spouse or guest expenses which are reimbursable include, but are not limited to air travel, meals, and organized entertainment such as event dinners, golf outings or other conference related outings. Spouse and guest travel expenses may not exceed \$1,200 per year. Spouse or guest expenses which are not reimbursable include, but are not limited to separate lodging or non-conference related personal expenses.

Schedule J (Form 990) 2013

Additional Data

Software ID: Software Version:

EIN: 04-1231965

Name: Jeanne D'Arc Credit Union

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

<u> </u>	<u>-=</u>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,p.o, ooo, aa				
(A) Name		(B) Breakdown o	of W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
Peter Boyle Senior Vice President CIO	(I) (II)	212,066	0	11,614	23,279 0	11,537 0	258,496 0	0
Mark Cochran President/CEO/Director	(ı) (ıı)	473,199 0	0 0	21,015	31,463 0	11,537 0	537,214 0	0
Scott Flagg Senior VP Member Services	(I) (II)	166,832	0	12,595	17,327 0	11,537 0	208,291 0	0
Susan Gruber Senior Vice President CFO	(I) (II)	297,951 0	0	2,341	30,719 0	11,537 0	342,548 0	0
Michelle Silveira Senior VP Marketing	(ı) (ıı)	176,677 0	0	11,344	16,583 0	11,940 0	216,544 0	0
Michael P Dubuque VP of Loan Originations	(ı) (ıı)	221,117	0	2,374	3,815 0	11,537 0	238,843	0
James Milinazzo VP Business Services	(I) (II)	149,298	0	1,935	14,277 0	0	165,510 0	0
Maureen A Couture asst vp of loan originations	(I) (II)	155,401 0	0	872	18,847 0	0	175,120 0	0
Brian Sousa VP of residential lending	(I) (II)	180,732	0	2,374	3,679 0	8,670 0	195,455 0	0

DLN: 93493265003134

OMB No 1545-0047

Open to Public

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at

Inspection www.irs.gov/form990. **Employer identification number** Name of the organization Jeanne D'Arc Credit Union 04-1231965

Part		ctions (section 501(c)(3) and section			
	Complete if the organization a	nswered "Yes" on Form 990, Part IV, line	25a or 25b, or Form 990-EZ, Part V , I	ine 40b	
1	(a) Name of disqualified person	(b) Relationship between disqualified	(c) Description of transaction	(d) Cor	rrected?
		person and organization		Yes	No
					_
					_
					_
					_
					_
		organization managers or disqualified pe			
		ine 2, above, reimbursed by the organizat			
•	enter the amount of tax, if any, on	me 2, above, reimbarsed by the organizat			
Par	Loans to and/or From	n Interested Persons.			
		n answered "Yes" on Form 990-EZ, Part \	, line 38a, or Form 990, Part IV, line 2	6, or if the	
	organization reported an ar	nount on Form 990, Part X, line 5, 6, or 22	!		

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to f or from the organization?				(g) In default?		(h) Approved by board or committee?		(i)Written agreement?	
			То	From			Yes	No	Yes	No	Yes	No
											_	
											_	
											_	
l											_	
Total		► \$										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered Mes on Form 990, Part IV, line 27.					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of assistance	(d) Type of assistance	(e) Purpose of assistance	
			•		
			•		
			•		

Part IV Business Transactions Involving Interested Persons
--

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Complete if the organizatio	<u>n answered "Yes" on F</u>	Form 990, Part IV, lın	e 28a, 28b, or 28c.		
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) William Soucy	Dır, owner of CU's buildg	1,073,863	Rental		No
(2) William Soucy	Dir, Pres of Construtor	3,325,920	construction		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

	mation for responses to questions on schedule L (see instructions)
Return Reference	Explanation
Schedule L Part II	Some of the officers and directors have loans outstanding with the credit union. These loans were obtained in the normal course of business of the credit union with the same terms and conditions available to all members. As per instructions for schedule I, these loans are not to be listed on schedule L.
Scheudle L Part IV	Director Soucy owns the building which the credit union leases and houses its administrative and back-office staff. Director Soucy excused himself for all Board of Director discussing regarding the decision to enter into the lease for the building. Additionally, a third-party commercial real estate firm, National Commercial Brokers, Inc. conducted a market survey for the credit union to ensure the credit union was paying a fair market lease rate and other pertinent conditions. Finally, the office of the Commissioner of Banks of Massachusetts reviewed the business transaction and had no negative comments on the transaction and approved the expenditure of funds. Director Soucy is the president of Soucy Industries which the Credit Union conducted ordinary business with during 2013. director Soucy excused himself from all board of director discussions regarding the decision of seletion of a building contractor for the credit union.

Schedule L (Form 990 or 990-EZ) 2013

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As Filed Data -

DLN: 93493265003134

OMB No 1545-0047

Inspection

2013

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization Jeanne D'Arc Credit Union Employer identification number

04-1231965

990 Schedule O, Supplemental Information

Return Reference	Explanation
Page 6 Part VI Section B Line 11	Board review of Form 990 The Board of Directors has delegated authority for the review of the Form 990 to the Chief Financial Officer (CFO). The CFO engages the services of an independent accounting firm for the preparation of the Form 990. Upon completion, the Form 990 is reviewed by the CFO, signed by the CFO, and filed with the IRS.
Page 6 Part VI Section B Line 12c	Written conflict of interest Each year the Code of Ethics, which incorporates the Conflict of Interest Policy, is updated and ratified by the Board of Directors. The Code of Ethics pertains to employees as well as the Board of Directors. Annually, all employees and Board Members sign an acknowledgement that they have received and read the Code of Ethics. Further, all employees and Board Members must identify, in writing, all deposits and loan accounts in which they have a related interest Loans granted to senior management, Directors, or their related parties must be approved by the Board. If the loan is for a Board Member or his/her related interest, the Board Member must leave the boardroom during the discussion and vote. The Board Member is recused from the vote.
Page 6 Part VI Section B Lines 15 a & b	Board review of Officer Compensation The credit union's Board of Directors assigns responsibility to the Board's Personnel Committee to interview members of senior management for input in the preparation of a written performance evaluation of the credit union's President. The Personnel Committee is comprised of independent directors. The Personnel Committee will then present the written evaluation to the full board, along with a recommendation for compensation. The compensation level is based on a combination of the President's perceived value to the credit union and job performance. Based on the Personnel Committee's recommendation, the full Board approves the President's compensation. For members of senior management, written performance evaluations are prepared by the President and reviewed with the Board's Chairman. No other Board Directors are involved in the compensation discussions for senior management. Compensation is based on the value to the credit union and job performance.
Page 6 Part VI Section C Line 19	Availability of goverance documents The credit union's Bylaws, Code of Ethics, Conflict of Interest Policy, etc. are available for inspection at the credit union's annual meeting or available at anytime upon a member's request. The credit union's Privacy Policy is mailed to each member annually. The credit union's Call Report (5300) data is available to the general public via the NCUA's wiebsite.
PAGE 12 PART XI LINES 2B & 2C	Financial statement audit review THE JEANNE D'ARC CREDIT UNION STATEMENTS ARE AUDITED BY CIftonLarsonAllen LLP, A CERTIFIED PUBLIC ACCOUNTING FIRM THE FINANCIAL STATEMENT YEAR END IS DECEMBER 31st. THE JEANNE D'ARC CREDIT UNION BY-LAWS REQUIRE A FINANCE COMMITTEE MADE UP OF BOARD MEMBERS TO REVIEW THE AUDITED FINANCIAL STATEMENTS AND ASSURE THAT ANY FINDINGS BY THE AUDITORS ARE IMPLEMENTED
Page 6 Part VI Section A lines 6 7a	Members Jeanne D'Arc Credit Union Membership is available to anyone who lives, works, or attends school in Middlesex or Essex counties, the cities or towns of Fitchburg, Leominster, Harvard, Lunenburg or Lancaster, or the New Hampshire counties of Hillsborough or Rockingham. The members vote for the board of directors at the Annual meeting and vote on any business broght before them at the annual meeting.