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DLN: 93493155001124

# Form **990**

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

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

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2013

Open to Public Inspection

A Fo	r the	2013 ca	lendar year, or tax year beginning	9 01-01-2013 , 2013, and ending 1	2-31-2013			
		applicable	C Name of organization Harvard Unversity Employees Credit	D Employ	D Employer identification number			
	dress cl	_	Doing Business As	04-60	04-6017806			
∏ Na	me cha	ange	bolling business to					
Init	ial retu	ım		all is not delivered to street address) Room	ı/suite	E Telepho	ne num	ber
Tei	mınate	ed	104 Mt Auburn St 4th floor Suite			(617)	495-4	460
Amended return  City or town, state or province, country, and ZIP or foreign postal code cambridge, MA 02138							.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Г Арі	olicatio	n pending				<b>G</b> Gross re	eceipts \$	21,264,945
			F Name and address of prir	icipal officer		s this a group	return	for
			EUGENE FOLEY 104 MT AUBURN ST 4TH FI	_O O R	s	ubordinates?		┌ Yes 🗸 No
			Cambridge, MA 02138		H(b) A	re all subordi	nates	┌ Yes ┌ No
	v-even	npt status	F F01/0/(2) F F01/0/(14)	(insert no ) 4947(a)(1) or 527		ncluded?	a liet	(see instructions)
				(IIISELL 110 )   4947(a)(1) 01   527				
J W	ebsit	e:► wv	w huecu org		H(c)	Group exempt	on nur	nber 🟲
		_	n 🔽 Corporation 🗌 Trust 🦳 Associatio	n	<b>L</b> Year	of formation 193	39 <b>M</b>	State of legal domicile MA
Pa	rt I	Sun	nmary					
			describe the organization's mission		r mambara -	sa wall aa adusa	ating .	
	1	finance	•	Il services in the best interest of ou	r members, a	is well as educ	ating	our community about
<u>ڪ</u>								
<u> </u>								
Governance	2	Check	this box 🛏 if the organization dis	scontinued its operations or dispose	ed of more th	an 25% of its	net as	sets
			,					1
Activities &	1			ing body (Part VI, line 1a)			3	15
Ĕ	I			of the governing body (Part VI, line			4	15
Ę	I			calendar year 2013 (Part V, line 2a			5 6	81
۹.	I		·	ecessary)			7a	0
				rom Form 990-T, line 34			7b	U
	<u> </u>			,		Prior Year	<u> </u>	Current Year
	8	Cont	ributions and grants (Part VIII, li	ne 1h)			0	0
ПE	9	Progr	ram service revenue (Part VIII, li	ne 2g)		18,608,7	18,608,785 18,09	
Ravenue	10	Inves	stment income (Part VIII, column	(A), lines 3, 4, and 7d)		900,2	67	1,862,640
Ξ.	11			lines 5, 6d, 8c, 9c, 10c, and 11e)		219,8	875 (	
	12		revenue—add lines 8 through 11	(must equal Part VIII, column (A),	line	19,728,9	27	19,955,979
	13			IX, column (A), lines 1-3)			0	0
	14	Bene	fits paid to or for members (Part I		0			
76	15			ee benefits (Part IX, column (A), line	:s	6 470 6	6 479 003	
Expenses	16-	5-10	,	6,478,0	6,478,093 6,987			
क	16a		ssional fundraising fees (Part IX,		- 0			
ă	Ь   17		r expenses (Part IX, column (D)	), line 25) <b>F</b> -0 ines 11a−11d, 11f−24e)	-	10,689,7	67	10,352,440
	18			st equal Part IX, column (A), line 25		17,167,8		17,339,753
	19		·	18 from line 12	. —	2,561,0		2,616,226
<u>*</u> 8 8			·			ning of Curre	_	End of Year
Net Assets or Fund Balances		_				Year		
Ass Ba	20		assets (Part X, line 16)			415,027,4		442,774,315
<u> </u>	21 22		issets or fund balances Subtract	line 21 from line 20	· -	379,441,9 35,585,4	_	405,864,298
	22 131		nature Block	iline 21 from line 20		35,565,4	99	36,910,017
				amined this return, including accomp	nanvina sche	dules and sta	tement	ts, and to the hest of
my k	nowle	dge and	belief, it is true, correct, and con	pplete Declaration of preparer (othe				
prepa	arer h	as any l	knowledge					
			***			2014 05 20		
Sigr	1		nature of officer			2014-05-29 Date		
Her		Cra	ıg E Leonard EVP & CFO					
			e or print name and title					
			Print/Type preparer's name Michael J Rowe CPA	Preparer's signature	Date 2014-05-29	Check I if	PTIN	
Paid	d	-	Firm's name  WOLF & COMPANY PC	<u> </u>	1 2014-03-29	self-employed Firm's EIN ►		
	pare							
Use	On	ılv İ	Firm's address > 99 HIGH STREET 21ST	FLOOR		Phone no (617)	439-97	/00

BOSTON, MA 02110

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

✓ Yes No

orm	990 (2013)				Page <b>2</b>
Part		ent of Program Service A Schedule O contains a response	ccomplishments or note to any line in this Part III		
1	Briefly describe	e the organization's mission			
offeri comn ow a ve ho	ng the best poss nunity leader and nd moderate inco old today We are	ible price, the highest quality per I to deepen its long standing com- ome borrowers The Credit Union a not-for-profit cooperative which	be a trusted partner in our membesonal service, and sincere, sound mitment to housing issues, green works toward transformational group the set interest our communities and create solutions.	advice The Credit Union see initiatives, financial literacy a owth and change without reling st of our members We value in	ks to be known as a nd access to credit for uishing the core values itegrity and
2	the prior Form 9	90 or 990-EZ?	ogram services during the year where where we have a second control of the second contro	hich were not listed on	┌ Yes ┌ No
		be these new services on Schedu			
3	services? .		rignificant changes in how it cond	ucts, any program	✓ Yes │ No
4	Describe the orgenses Secti		omplishments for each of its three nizations are required to report th program service reported		
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	Act Participation i Bylaws The Credi primary share pro-	n the Credit Union is limited to those indi it Union provides a variety of financial se	nion") is a state-chartered credit union or ividuals who qualify for membership. The rvices to members. Its primary lending p tificate accounts. The Credit Union has o' I University and its affiliated hospitals.	field of membership is defined in the roducts are residential real estate and	e Credit Unions Charter and disconsumer loans and its
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d		services (Describe in Schedule (	D )		
	(Expenses \$	ıncludıng	grants of \$	) (Revenue \$	)

Total program service expenses ▶

## 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	<b>Section 501(c)(3) organizations.</b> 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? <i>If "Yes," complete Schedule C, Part III</i>	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	Yes	
LO	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
l <b>1</b>	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	Yes	
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
е	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	
L2a	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
L3	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
L4a	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
L <b>6</b>	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
L <b>7</b>	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
L8	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	<b>Section 501(c)(3) organizations.</b> 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? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	

аı	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V		 Yes	] No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   9,119		1 65	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			
	gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
	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	
1	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
)	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
)	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			
ı	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
)	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
•	2. 163, to line of one of gamzadon me form 0000-1.	5c		
<b>a</b>	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		No
	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).		1	
	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	7c		
	file Form 8282?	/(		
	11 Fes, indicate the number of Forms 8282 filed during the year	1		
:	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 )	•		
ı	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			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	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 reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	 		_
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0	14h	i l	

Section A. Governing Body and Management

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 C	).
See instructions.	
Check if Schedule O contains a response or note to any line in this Part VI	7

		_			Yes	No
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year	1a	15	5		
	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	1b	15	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co			3		No
4	Did the organization make any significant changes to its governing documents since filed?	e the p	rıor Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the o	rganız	ation'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 pow more members of the governing body?			7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approve or persons other than the governing body?			, 7b	Yes	
8	Did the organization contemporaneously document the meetings held or written activear by the following	ons ui	ndertaken during the			
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, organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i>			9		No
Se	ection B. Policies (This Section B requests information about policies not	requi	red by the Internal i	Reven	ue Cod	e.)
					l v	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	Yes	No
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the acaffiliates, and branches to ensure their operations are consistent with the organization	tıvıtıe		10a 10b		No
b	If "Yes," did the organization have written policies and procedures governing the ac	tıvıtıe ıon's e	xempt purposes?	10b	Yes	No
b 11a	If "Yes," did the organization have written policies and procedures governing the acaffiliates, and branches to ensure their operations are consistent with the organization that the organization provided a complete copy of this Form 990 to all members of its	tıvıtıe ion's e ts gov	xempt purposes? erning body before filing	<b>10b</b>	Yes	No
b 11a b	If "Yes," did the organization have written policies and procedures governing the accaffiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?	tivitie ion's e ts gov • • Form 9	xempt purposes? erning body before filing	<b>10b</b>	Yes	No
b 11a b 12a	If "Yes," did the organization have written policies and procedures governing the acaffiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?	tivitie ion's e ts gov Form 9	xempt purposes? erning body before filing	10b	Yes Yes Yes	No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the accaffiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?	tivitie ion's e ts gov Form 9	xempt purposes? erning body before filing	10b 11a 12a 12b	Yes Yes Yes	No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the accaffiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?	tivitie ion's e ts gov Form 9	xempt purposes? erning body before filing	10b 11a 12a 12b	Yes Yes Yes Yes	No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the acc affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this FO 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 annual rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.	tivitie on's e ts gov  Form S  Illy inte  n the p	xempt purposes? erning body before filing 190 erests that could give olicy? If "Yes," describe	10b 11a 12a 12b 12c	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the acc affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this FD id 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 annual rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.  Did the organization have a written whistleblower policy?	tivitie ion's e ts gov  Form 9  Ily inte	xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14	If "Yes," did the organization have written policies and procedures governing the acc affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this FOID 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 annual rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with 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 rev	tivitie ton's ets gov  Form 9  Illy inte	xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15	If "Yes," did the organization have written policies and procedures governing the acc affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this FD or 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 annual rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with 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 revindependent persons, comparability data, and contemporaneous substantiation of the	tivitie ton's ets gov  Form 9  Illy inte	xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15	If "Yes," did the organization have written policies and procedures governing the acc affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this FO 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 annual rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with 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 revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official	tivitie ton's ets gov  Form 9  Illy inte	xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the acc affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this FOID 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 annual rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with 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 revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official.  Other officers or key employees of the organization	tivitie ion's e ts gov Form 9 Ily inte	xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the acc affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this found 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 annual rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with 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 revindependent persons, comparability data, and contemporaneous substantiation of the theory of 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.	tivitie ion's e ts gov  Form 9  Ily inte in the p  riew arine deli  or sim iizatioi e step	xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the acaffiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this FDI of 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 annual rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with 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 revindependent persons, comparability data, and contemporaneous substantiation of the 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 taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organ participation in joint venture arrangements under applicable federal tax law, and tak	tivitie ion's e ts gov  Form 9  Ily inte in the p  riew arine deli  or sim iizatioi e step	xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes Yes Yes	

- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
  - ☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)
- 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 ►EUGENE FOLEY 104 MT AUBURN ST 4TH FLOOR Cambridge, MA 02138 (617) 495-4460

## <u>Part VII</u> 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) Average hours per week (list any hours	more pers and	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 trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations	
(1) Guillermo Banchiere	1 0	Х						0	0	0	
director								ŭ			
(2) Karen Deberio	1 0	х						0	0	0	
Director (3) Edward Doctoroff	1 0	-									
director		x						0	0	0	
(4) Edward Emde	1 0										
director		X						0	0	0	
(5) Edward Feldman	1 0	1									
director		X						0	0	0	
(6) John Lichten	1 0										
director		X						0	0	0	
(7) Thomas Lucey	1 0							_	_	_	
director		X						0	0	0	
(8) Jerremiah Murphy	1 0	х						0	0	0	
director		_ ^						U	U	0	
(9) Stephen King	1 0	x						0	0	0	
director								Ŭ	0		
(10) Mary Straub	1 0	×						0	0	0	
director								<u> </u>			
(11) George White	1 0	×						0	0	0	
director											
(12) William Murphy	1 0	x						0	0	0	
director (13) Cheryl Hutt	1 0	-									
	10	x						0	0	0	
director (14) Mark Edington	1 0			_	$\vdash$						
		×						0	0	0	
director (15) Dennis Campbell	1 0	-									
•		×						0	0	0	
director (16) Eugene J Foley	45 0	-									
President and CEO				х				366,599	0	80,336	
(17) Craig Leonard	45 0										
EVP & CFO				х				219,697	0	49,827	
LVI GCIO										Form <b>990</b> (2013)	

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

	<b>(A)</b> Name and Tıtle	(B) A verage hours per week (list any hours	more pers	than on is	(do one bot	not box h ar	k, unle n offic	ess er	A verage hours per week (list any hours and a director/trustee)  A verage hours and a director/trustee)  Position (do not check need and a director/trustee)  Position (do not check need and a director and a director/trustee)  Reportable compensation organization organization  ONG 2 (1099 - 1097 - 1098 - 1097 - 1098							
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099 MISC)	<del>9</del> -	organiz and re organiz	lated			
(18)	Cheryl Gorman	42 5				х			193,87	2	0		43,970			
	Oetail Services  ohn Degnan	40 0														
` '	-	400					×		116,96		0		26,527			
	peration Peter Buchanan	40 0														
Vp, Le	ending						×		121,85		0		27,636			
. ,	homas Montilli arketing	40 0					х		121,69	7	0		27,601			
(22) T	Thomas Murphy or of student services	40 0					х		114,93	9	0		26,068			
	1ichael Levine	40 0														
Mortga	age Originator						X		104,96	3	0		23,806			
1b	Sub-Total						<u> </u>									
c	Total from continuation sheets to Part	VII, Section A			•		<b>⊢</b> ⊢									
d							►		1,360,577		0		305,771			
2	Total number of individuals (including b \$100,000 of reportable compensation f				ed al	bove	e) who	rec	eived more than		ı					
												Yes	No			
3	Did the organization list any <b>former</b> office on line 1a? <i>If "Yes," complete Schedule J</i>			e, key		iploy •	yee, o	r hıg	hest compensat	ed employee	3		No			
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such							4	Yes							
5	Did any person listed on line 1a receive services rendered to the organization?								_	individual for	5		No			
Se	ction B. Independent Contracto	rs														
1	Complete this table for your five highes compensation from the organization Re	t compensated										tax year				

(A)	(B)	(C)
Name and business address	Description of services	Compensation
PSCU, 560 Carillon Parkway ST PETERSBURG FL 33716	data processing	1,295,633
fiserv, 1250 Grumman Place TITUSVILLE FL 32780	data processing	832,458
National Credit Union Administratio, PO Box 979069 ST LOUIS MO 63197	Insurance	301,898
Diebold, PO Box 643543 PITTSBURGH PA 15264	ATM Services	278,028
RPM, 80 Research Road HINGHAM MA 02043	printing services	119,923

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►5

Part VIII		Statement of Check if Sched						
		Check in School	are o comunis a respon	isc of flote to dify in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ω£	1a	Federated cam	paigns 1a					
ant	ь	Membership du	ıes <b>1b</b>					
25 E	c	Fundraising ev	ents <b>1c</b>					
ffs, FA	d	Related organiz	zations 1d					
ig	e	Government grant						
Contributions, Gifts, Grants and Other Similar Amounts								
uti ie r	f	similar amounts no	ons, gifts, grants, and <b>1f</b> ot included above					
tributio Other	g	Noncash contributi 1a-1f \$	ons included in lines					
Contained	h	Total. Add line:	s 1a-1f		О			
				Business Code				
Program Serwoe Revenue	2a	INTEREST ON LOA	NS	522100	15,235,840	15,235,840		
e, 4,6	ь	VARIOUS BANK FE		522100	2,857,499	2,857,499		
ě. Ή	С				_,,	_,,		
¥	d							
ਔ ⊊	e		_					
୍ରୀଷ୍ଟ	f	All other progra	am service revenue					
š	g	Total. Add line:	s 2a-2f		18,093,339			
	3		ome (including dividen					
	_		aramounts)		1,070,290			1,070,290
	4 5	Royalties .	stment of tax-exempt bond	proceeds	0			
	3	Royalties .	(ı) Real	(II) Personal	-			
	6a	Gross rents	(i) itsu.	(,				
	ь	Less rental expenses						
	С	Rental income	0	0				
	d	or (loss) Net rental inco	me or (loss)		0			
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	1,371,743	729,573				
	b	Less cost or other basis and sales expenses	1,308,966					
	С	Gaın or (loss)	62,777	729,573				
	d		ss)		792,350			792,350
venue	oa		luding s reported on line 1c)					
Other Revenue	ь	See Part IV, lir	a penses b					
0	С		(loss) from fundraising	events 🛌	0			
	9a		from gaming activities ne 19 a					
	ь		penses b					
	100		(loss) from gaming acti	vities <b></b> ⊢	0			
	10a	Gross sales of returns and allo						
	ь		oods sold <b>b</b>					
	C	Net income or Miscellaneou	(loss) from sales of inv		0			
	11a	MISCEllaneou	s Kevenue	Business Code				
	ь							
	c		_					
	d	All other reven	ue					
	e	Total. Add line:	s 11a-11d	▶	0			
	12	Total revenue.	See Instructions .	🛌	19,955,979	18,093,339		1,862,640
	ı				19,900,9/9	10,093,339		1,002,040

## Part IX Statement of Functional Expenses

Section 501(c)(3	) and $501(c)(4$	) organizations must complete	all columns All other	organizations must a	complete column (A )
) CC (1011	Janu Soricht	, ordanizacions musi combiete	an columns An other	organizacions ingst	combiete column (A )

36000	Chack if Schodula O contains a response or note to any line in this				
	Check if Schedule O contains a response or note to any line in this of include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C)	(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	767,784			
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	4,304,712			
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	0			
9	Other employee benefits	1,914,817			
10	Payroll taxes	0			
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	8,423			
c	Accounting	90,205			
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)	251,224			
12	Advertising and promotion	504,735	<del> </del>		
13	Office expenses	578,735			
14	Information technology	528,139	<b>.</b>		
15	Royalties	0			
16	Occupancy	1,598,855			
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	155,009			
20	Interest	1,510,955			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	736,206			
23	Insurance	373,789			
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	PROVISION FOR LOSSES	925,000			
b	LOAN SERVICING EXPENSES	1,668,412			
c	TRANSACTION FEES	845,772			
d	DUES/PUBLICATIONS	55,829			
e	All other expenses	521,152			
25	Total functional expenses. Add lines 1 through 24e	17,339,753			
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)				
					rm <b>000</b> (2012)

Part X Balance Sheet

Pal	rt X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			
-			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	29,866,738	1	37,814,838
	2	Savings and temporary cash investments	18,282,540	2	5,317,956
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	287,279,886	4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	2,239,818	-	0
ts	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	2,239,610	6	0
Assets	7	Notes and loans receivable, net	1,886,394	7	310,634,979
ď	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	212,969	9	300,329
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  5,703,536			
	ь	Less accumulated depreciation 10b 3,213,166	2,787,296	10c	2,490,370
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities See Part IV, line 11	0	12	10,476,000
	13	Investments—program-related See Part IV, line 11	66,345,942	13	67,755,986
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	6,125,891	15	7,983,857
	16	Total assets. Add lines 1 through 15 (must equal line 34)	415,027,474	16	442,774,315
	17	Accounts payable and accrued expenses	4,399,785	17	4,149,011
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	1,347,566
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
qе		persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	1,450,462	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	373,591,728	25	400,367,721
	26	Total liabilities. Add lines 17 through 25	379,441,975	26	405,864,298
		Organizations that follow SFAS 117 (ASC 958), check here ► and complete lines 27 through 29, and lines 33 and 34.	, ,		<u> </u>
ă	27	Unrestricted net assets		27	
<u>명</u>	28	Temporarily restricted net assets		28	_
	29	Permanently restricted net assets		29	
r Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 30 through 34.			
s or	30	Capital stock or trust principal, or current funds	О	30	0
Assets	31	Paid-in or capital surplus, or land, building or equipment fund	0	31	0
ASS	32	Retained earnings, endowment, accumulated income, or other funds	35,585,499	32	36,910,017
Net 1	33	Total net assets or fund balances	35,585,499	33	36,910,017
Ż	34	Total liabilities and net assets/fund balances	415,027,474	34	442,774,315
			· · · · · · · · · · · · · · · · · · ·		Form <b>990</b> (2013)

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		19,9	955,979
2	Total expenses (must equal Part IX, column (A), line 25)	2		17,3	339,753
3	Revenue less expenses Subtract line 2 from line 1	3		2,6	516,226
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		35,5	585,499
5	Net unrealized gains (losses) on investments	5			291,708
6	Donated services and use of facilities	6			<u>.</u>
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	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		36,9	910,017
Par	t XIII 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		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis			1	
Ь	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 separate basis, consolidated basis, or both	rate			
	▼ Separate basis			1	
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of th	1e <b>2c</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O	n		ii	
3 <b>a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	е	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

DLN: 93493155001124

OMB No 1545-0047

**SCHEDULE D** 

Department of the Treasury

(Form 990)

**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  $\underline{www.irs.gov/form990}$ .

Open to Public

Interna	al Revenue Service	and its instruct	ions is at <u>www.irs.gov/form990</u> .		Inspection
	me of the organ			Emp	loyer identification number
Паі	ivaid Oliversity Ellip	oloyees Credit Union		04-6	6017806
Pa		izations Maintaining Donor Adv		unds	or Accounts. Complete if the
	organı	zation answered "Yes" to Form 990	, Part IV, line 6.  (a) Donor advised funds		(b) Funds and other accounts
1	Total number a	at and of year	(a) Donor advised funds		(b) runds and other accounts
2		tributions to (during year)			
3	33 3	nts from (during year)			
4		ue at end of year			
5		zation inform all donors and donor adviso	L	or advi	used.
	funds are the o	organization's property, subject to the or	ganization's exclusive legal control?		☐ Yes ☐ No
6	used only for c	zation inform all grantees, donors, and do haritable purposes and not for the benef ermissible private benefit?			
Pa		ervation Easements. Complete if	the organization answered "Yes" t	o Forn	n 990, Part IV, line 7.
1 2	Preservation Preservation	conservation easements held by the org on of land for public use (e g , recreation of natural habitat on of open space s 2a through 2d if the organization held a	or education) Preservation of an Preservation of a	certifie	d historic structure
	easement on t	he last day of the tax year			
					Held at the End of the Year
а		of conservation easements		2a	
Ь	_	restricted by conservation easements		2b	
<b>C</b>		servation easements on a certified histo		2c	
d	historic struct	servation easements included in (c) acq ure listed in the National Register		2d	
3		servation easements modified, transferr	ed, released, extinguished, or terminate	ed by th	ne organization during
	the tax year 🕨	·			
4	Number of sta	tes where property subject to conservati	on easement is located ►		
5		nization have a written policy regarding t f the conservation easements it holds?	the periodic monitoring, inspection, hand	dling of	violations, and Yes No
6	Staff and volur	nteer hours devoted to monitoring, inspe	cting, and enforcing conservation easer	ments c	luring the year
7	A mount of exp	——— enses incurred in monitoring, inspecting	. and enforcing conservation easement:	s durino	g the year
,	-	g,,g	,,		<b>y ,</b>
8		nservation easement reported on line 2(o 70(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	tion 17	70(h)(4)(B)(ı)
9	In Part XIII, d balance sheet	lescribe how the organization reports cor , and include, if applicable, the text of the	e footnote to the organization's financia		
Pai	t IIII Organ	on's accounting for conservation easeme nizations Maintaining Collection ete if the organization answered "Y	s of Art, Historical Treasures,	or Otl	her Similar Assets.
1a	If the organiza works of art, h	tion elected, as permitted under SFAS 1 istorical treasures, or other similar assede, in Part XIII, the text of the footnote t	16 (ASC 958), not to report in its reve ts held for public exhibition, education,	or rese	arch in furtherance of public
b	works of art, h	tion elected, as permitted under SFAS 1 istorical treasures, or other similar asse de the following amounts relating to thes	ts held for public exhibition, education,		
	(i) Revenues	included in Form 990, Part VIII, line 1			<b>►</b> \$
	(ii) Assets inc	luded in Form 990, Part X			<b>►</b> \$
2	If the organiza	ition received or held works of art, histor ints required to be reported under SFAS		or finan	·
а	_		. ,		be dr
-	Kevenues incl	uded in Form 990, Part VIII, line 1			<b>►</b> \$

**b** Assets included in Form 990, Part X

Part	Organizations Maintaining Collections	s of Art, F	listor	ical T	reasu	res, or Oth	<u>er Si</u>	milar Asse	ets (con	tinued)
3	Using the organization's acquisition, accession, and ot collection items (check all that apply)	her records,	, check	any of	the foll	owing that are	a sıgr	nficant use o	fits	
а	Public exhibition	(	d $ egthanking$	Loan	orexc	hange progran	าร			
b	Scholarly research	•	е Г	Othe	r					
c	Preservation for future generations									
4	Provide a description of the organization's collections a Part XIII	and explain I	how the	y furth	er the d	organization's	exemp	t purpose ın		
5	During the year, did the organization solicit or receive of assets to be sold to raise funds rather than to be maint						ımılar	Г	Yes	┌ No
Par	Escrow and Custodial Arrangements. Part IV, line 9, or reported an amount on					n answered	'Yes"	to Form 99	0,	
1a	Is the organization an agent, trustee, custodian or othe included on Form 990, Part X?					or other asset	s not	Г	Yes	√ No
b	If "Yes," explain the arrangement in Part XIII and com	plete the fol	lowing	table						
								Amo	unt	
c	Beginning balance					10	:			
d	Additions during the year					10	<u> </u>			
e	Distributions during the year					16	:			
f	Ending balance					11	•			
2a	Did the organization include an amount on Form 990, P	art X, line 2	1?					고	Yes	∏ No
b	If "Yes," explain the arrangement in Part XIII Check h	nere if the ex	cplanat	on has	been p	rovided in Pai	t XIII			굣
Pai	TENDOWMENT Funds. Complete if the orga	anızatıon a	nswer	ed "Ye						
	(a)Curre	nt year	<b>(b)</b> Prior	year	<b>b (c)</b> ⊤	wo years back (	<b>d)</b> Three	years back (	<b>e)</b> Four yea	ars back
1a	Beginning of year balance									
Ь	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 e	nd balance	(line 1g	, colum	nn (a))	held as				
а	Board designated or quasi-endowment 🕨									
b	Permanent endowment ►									
c	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c should equal 1	.00%								
За	Are there endowment funds not in the possession of the $\overline{\mbox{\bf p}}$	e organizatio	on that	are hel	d and a	idministered f	or the			
	organization by							2-(1)	Yes	No
	(i) unrelated organizations							3a(i) 3a(ii)	+ +	
b	If "Yes" to 3a(II), are the related organizations listed a		n Sche	· · dule R?	٠			3b	+ +	
4	Describe in Part XIII the intended uses of the organiza	· ·							1 1	
Par	<b>Land, Buildings, and Equipment.</b> Com 11a. See Form 990, Part X, line 10.	plete if the	orgai	nizatio	n ansv	wered 'Yes' t	o Fori	n 990, Part	: IV, lın	е
	Description of property			) Cost o		(b)Cost or other basis (other)		Accumulated epreciation	( <b>d</b> ) Boo	k value
1a l	and									
b E	Buildings									
<b>c</b> l	easehold improvements					3,847,01	.0	2,170,979	1,	,676,031
d E	Equipment					1,397,12	25	794,920		602,205
_ e (	Other					459,40	)1	247,267		212,134

Part VII Investments—Other Securities. Com	plete if the organization	answered 'Yes' to Fori	m 990, Part IV, line 11b.
See Form 990, Part X, line 12.  (a) Description of security or category	(b)Book value	(c) Method of va	
(including name of security)		Cost or end-of-year i	market value
(1)Financial derivatives (2)Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Con	nplete if the organizatior	n answered 'Yes' to Fo	rm 990, Part IV, line 11c.
See Form 990, Part X, line 13.  (a) Description of investment	(b) Book value	(c) Method of va	luation
	(2) Book value	Cost or end-of-year	
(1) BONDS	51,228,196	F	
(2) MBS AGENCIES	16,527,790	F	
Total. (Column (b) must equal Form 990. Part X. col (B) line 13 )	67.755.006		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. Complete if the organization	0,7,00,500		Form 990 Part X June 15
(a) Descrip		, rare rv, mie rra oce i	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.	)		
Part X Other Liabilities. Complete if the organ	iization answered 'Yes' to	o Form 990, Part IV, l	ine 11e or 11f. See
Form 990, Part X, line 25.  1 (a) Description of liability	(b) Book value		
Federal income taxes	0		
ESCROWACCOUNT	0		
SAVINGS ACCOUNTS	121,030,262		
CHECKING ACCOUNTS	74,881,529		
MONEY MARKET ACCOUNTS	114,451,342		
CLUBACCOUNTS	1,713,860		
IRA ACCOUNTS	21,695,768		
CERTIFICATES OF DEPOSITS	66,594,960		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	400,367,721		
, , , , , , , , , , , , , , , , ,	100,307,721		

Part		Revenue per Audited Financial Statements With Revenue powered 'Yes' to Form 990, Part IV, line 12a.	er R	<b>Leturn</b> Complete If
1		er support per audited financial statements	1	19,955,979
2	Amounts included on line 1 b	ut not on Form 990, Part VIII, line 12		
а	Net unrealized gains on inves	tments		
b	Donated services and use of	facilities		
c	Recoveries of prior year grant	zs		
d	Other (Describe in Part XIII	)		
e	Add lines <b>2a</b> through <b>2d</b> .		2e	
3	Subtract line <b>2e</b> from line <b>1</b> .		3	19,955,979
4	A mounts included on Form 99	0, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII	) 4b		
c	Add lines <b>4a</b> and <b>4b</b>		<b>4</b> c	
5	Total revenue Add lines 3 an	d <b>4c.</b> (This must equal Form 990 , Part I , line 12 )	5	19,955,979
Part		xpenses per Audited Financial Statements With Expenses	per	Return. Complete
		nswered 'Yes' to Form 990, Part IV, line 12a.		
1		r audited financial statements	1	17,339,753
2		it not on Form 990, Part IX, line 25		
a		acilities		
b				
c				
d				
e	<u> </u>		2e	17 220 752
3		0. Dant IV lane 25 but not an lane 4.	3	17,339,753
4		0, Part IX, line 25, but not on line 1:		
a		uded on Form 990, Part VIII, line 7b 4a		
Ь			_	
с -			4c	47.222.752
5	XIII Supplemental In	nd <b>4c.</b> (This must equal Form 990, Part I, line 18)	5	17,339,753
Prov Part	ide the descriptions required fo	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		
Sched	ule D, Part IV, Line 2B	AS PART OF THE MORTGAGE AGREEMENT, AN ESCROW ACCOUNT I MORTGAGE WHERE ESCROW OF REAL ESTATE TAXES & HOME OWN REQUIRED THE CREDIT UNION COMPLIES WITH ALL FEDERAL & ST DISCLOSURES AND OPERATION OF THESE ACCOUNTS	ERS I	NSURANCE IS
Sched	ule D, Part X, Line 2	The Credit Union is exempt, by statute, from federal income taxes. Howe subject to unrelated business income tax ("UBIT") at the state and feder believes there is no UBIT liability for the years ended December 31, 201 Union has evaluated its tax positions as of December 31, 2013 and 201 are no uncertain tax positions that require adjustment to the financial staprovisions of this guidance. The Credit Union files Form 990 in the U.S. fistate of Massachusetts. The Credit Union is no longer subject to examinate Revenue Service for years before 2011.	ral lev .3 and 2 and ateme edera	el Management 1 2012 The Credit concluded that there nts to comply with the I jurisdiction and the

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

Schedule D (Form 990) 2013

DLN: 93493155001124

OMB No 1545-0047

#### Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

7

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

**Compensation Information** 

► 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.

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Name of the organization Harvard University Employees Credit Union **Employer identification number** 

04-6017806 **Questions Regarding Compensation** Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax idemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract ~ Compensation survey or study Independent compensation consultant Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo Participate in, or receive payment from, an equity-based compensation arrangement? **4**c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5b Any related organization? If "Yes," to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Any related organization? If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

#### 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  (i) Base compensation	W-2 and/or 1099-MIS (ii) Bonus & incentive	(iii) Other reportable	(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	<b>(F)</b> Compensation reported as deferred in prior Form 990
		·	compensation	compensation				
(1)Eugene J Foley President and CEO	(i) (ii)	299,215 0	55,000 0	12,384 0	0	80,336 0	446,935 0	0
(2)Cheryl Gorman EVP, Retail Services	(i) (ii)	159,872 0	34,000 0	0	0	43,970 0	237,842	0
(3)Craig Leonard EVP & CFO	(i) (ii)	176,697 0	43,000 0	0	0 0	49,827 0	269,524 0	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
Schedule J, Part I	The Credit Union provides spouse travel for its directors and officers

**Schedule J (Form 990) 2013** 

DLN: 93493155001124

## 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 www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of the or Harvard Unversity		Union					Employer identification number							
Dort T. Ever	ess Benefit	Tunnanatia	na (coctu	n F01/a)/2	\ and costion	2 E01/2\/4\			17806	`				
	olete if the orga										40b			
	e of disqualifie			ship between		(c) Des					<b>(d)</b> Cori	rected?		
				n and organiz			·				Yes	No		
												•		
												•		
												•		
										-				
2 Enterthe	amount of tax 11	ncurred by or	nanization r	nanagers or o	lisqualified ne	rsons durina t	he vear	runde	rsectini	n		•		
4958 .		· · · ·	• • •			• • •			<b>&gt;</b> \$					
<b>3</b> Enter the a	amount of tax, i	fany, on line	2, above, re	eimbursed by	the organizat	ion			<b>►</b> \$					
Down III		/ a F a T		d D										
	ans to and/ mplete if the or					/ line 38a or	Form 9	90 P:	art IV li	ine 26 d	rifthe			
	janization repo							, , , ,		20, 3	, till t			
(a) Name of	(b)	(c)	(d) Loan		(e)Original	(f)Balance	(g) In		(h)	_	(i)Wr			
ınterested person	Relationship with	Purpose of loan	or from th		principal amount	due	defaul	t?	A pprov	/ed	agreen	nent?		
person	organization	loan	organizatio	,,,,	dinounc				board					
									or					
			То	From	1		Yes	No	commi	No No	Yes	No		
			10	110111			163	140	163	110	163	110		
											_			
										1	_			
											_			
											_			
									ļ		_			
Total		<b>▶</b> \$			_									
	ants or Assi mplete if the					art IV ling 1	7							
(a) Name of II		<b>b)</b> Relationsh			nt of assistanc			ıstanc	a (a	) Purnos	e of acc	sistance		
perso		iterested per			ic or assistant	(4) 1 9 5	. 01 433	istant	.   (	y r dipos	oc or ass	, is talled		
		organiza	ation											
	+													
	+													
				1										

Pairt W Business Transactions II	nvolving Interested	rersons.			
Complete if the organization	n answered "Yes" on F	form 990, Part IV, lin	e 28a, 28b, or 28c.		
(a) Name of interested person	Complete if the organization answered "Yes" on Following Interested  [ame of interested person	(c) A mount of transaction	(d) Description of transaction	(e) Sh organiz reven	f zation's ues?
				Yes	No
(1) PSCU	CU CEO is on the BOD	1,295,633	Electronic processing services		Νo

#### Part V Supplemental Information

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

Return Reference	Explanation
Schedule L, Part II	The Credit Union grants loans to interested person (officers, directors, trustees, key employees and the five highest compensated employees) at the same terms and conditions as offered to other members of the credit union Per Schedule L instruction, these loans should not be disclosed
Schedule L, Part IV	Eugene J Foley, the president & CEO, also serves on the board of PSCU which does business with the Credit Union Mr Foley abstains from any credit union decisions pertaining to PSCU and does not participate in contract negotiations

Schedule L (Form 990 or 990-EZ) 2013

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493155001124

**Employer identification number** 

04-6017806

SCHEDULE O (Form 990 or 990-EZ)

Name of the organization

Harvard University Employees Credit Union

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.

2013

OMB No 1545-0047

Open to Public Inspection

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 3	The Credit Union rolled out a new line of checking account products designed to provide greater accessibility to ATMs across the globe. Members utilizing our checking products can use any other financial institution's ATM and wie will refund their fees monthly. In addition, the Credit Union offers Remote Deposit Capture, allowing members to utilize their smartphones to capture a picture of their checks and transmit it electronically for deposit. This new service provides greater flexibility for members who may not be able to make it into a physical branch.
From 990, Part VI, Section A, Line 6	The Credit Union has approximately 41,000 members in its field of membership. From 990, Part VI, Section A, Line 7a Each member has one voting right to cast at the annual meeting to elect the members of the Board of Directors. Five of fifteen directors are voted in each year. From 990, Part VI, Section A, Line 7b any by law changes must be approved by the members at the annual meeting. A special meeting may also be called to vote on a by law change.
From 990, Part VI, Section B, Line 11b	The 990 is prepared by the outside accounting firm and then reviewed by the CFO of the Credit Union. The 990 is then presented to the Audited Committee for final review prior filing with the IRS.
From 990, Part VI, Section B, Line 12c	The credit union has a conflict of interest policy in place. The board of directors review the conflict of interest policy annually
From 990, Part VI, Section B, Lines 15a & 15b	Each year the executive committee and personnel committee review the performance and position of the President/CEO Independent credit union compensation data is referenced and utilized, as well as engaging independent compensation consultants, in determining compensation. The final salary recommendation is presented and approved by the Board of Directors.
From 990, Part VI, Section C, Line 19	Bylaws, conflicts of interest policy, and financial statements are available upon request. Financial statements are posted in each branch monthly