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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 For the 2	2013 cale	endar year, or tax year beginning	01-01-2013 , 2013, and ending	12-31-201	3		
Check if ap	•	C Name of organization VIRGINIA CREDIT UNION INC			D Empl	oyer identi	fication number
Address cha	_	Doing Business As			54-0	578719	
Name chan	_						
Initial return Terminated		Number and street (or P O box if ma PO BOX 90010	Il is not delivered to street address) Ro	om/suite	E Teleph	one number	-
- Amended re		City or town, state or province, count	ny and ZIP or foreign postal code		(804) 323-600	00
- Application		RICHMOND, VA 23225	ry, and zir or foreign postar code		6.6	rassints & 1/	51 F07 AAF
Application	pending	F Name and address of princ	unal officer	Ша		receipts \$ 16	
		JANE G WATKINS	inpar officer	II(a) Is this a group subordinates?		r
		PO BOX 90010 RICHMOND,VA 23225		H(b) Are all subord	inatos	┌ Yes ┌ No
					included?	mates	1 1651 110
Tax-exem	pt status	「 501(c)(3)	insert no) 4947(a)(1) or 523	7	If "No," attac	halist (s	ee instructions)
Website	: ⊢ WW	W VACU ORG		H(c) Group exemp	tıon numb	er ►
Form of org	janization	Corporation Trust Association	Other ►	L	ear of formation 1	928 M Sta	ate of legal domicile VA
Part I	Sum	mary					
S	STATE O	escribe the organization's mission HARTERED CREDIT UNION - S BERS, AND OTHER FINANCIAL P THEM GET AHEAD FINANCIA	EE SCHEDULE ODEPOSITS AR SERVICES ARE PROVIDED IN	E COLLEC ORDER TO	TED FROM MEM) PROMOTE TH	IBERS, LO RIFT AMO	ANS ARE MADE ONGST MEMBERS
2 2 C	Check th	ıs box ▶┌ ıf the organizatıon dısı	continued its operations or dispo	sed of more	e than 25% of its	s net asse	ts
s	Number	of voting members of the governir	ng body (Part VI, line 1a)			3	1:
4 1		of independent voting members of				4	1
5 ⊺	otal nur	nber of individuals employed in ca	alendar year 2013 (Part V, line 2	2a)		5	63
6		nber of volunteers (estimate if ne				6	2
		elated business revenue from Pa ated business taxable income fro	, , ,,			7a 7b	1,311,15
	vet unie	ated pusifiess taxable income inc	ini i onii 990-1, iiie 34		Prior Year	1 70 1	Current Year
8	Contril	outions and grants (Part VIII, line	e 1h)	🗀		0	(
ੂ 9		m service revenue (Part VIII, lin			114,642	,264	116,220,235
9 10 11	Invest	ment income (Part VIII, column	(A), lines 3, 4, and 7d)	\square	12,715	,667	11,134,749
11		revenue (Part VIII, column (A), l		· —		0	C
12		evenue—add lines 8 through 11 (127,357	,931	127,354,984
13		and sımılar amounts paıd (Part I				0	0
14		s paid to or for members (Part IX				0	0
g 15	Salarıe 5-10)	es, other compensation, employee	e benefits (Part IX, column (A), li	nes	39,459	,097	41,248,460
∯ 16a	Profes	sional fundraising fees (Part IX, c	olumn (A), line 11e)			0	C
S을 등 16a 바 (보)	Total fu	ndraısıng expenses (Part IX, column (D),	line 25) ► 0				
17		expenses (Part IX, column (A), lu			67,267	,460	64,046,687
18		xpenses Add lines 13-17 (mus			106,726		105,295,147
_ φ [,]	Reven	ue less expenses Subtract line 1	8 from line 12		20,631 eginning of Curre		22,059,837
900					Year		End of Year
S 20 20 21 22 22		ssets (Part X, line 16)			2,385,518		2,545,894,840
21 등		abilities (Part X, line 26)			2,188,883		2,323,675,004
Part II		sets or fund balances Subtract II ature Block	ne 21 from line 20		196,634	,857	222,219,836
nder pena	lties of plge and to sany kr	perjury, I declare that I have example lief, it is true, correct, and composite lief. ** ture of officer RT F WARREN JR SVP/CFO					
	<u> </u>	or print name and title					
		nnt/Type preparer's name IRGINIA R BELCHER	Preparer's signature	Date	Check If self-employed	PTIN P0042196	4
Paid		m's name	GARY & SHREAVESPC	•	Firm's EIN 🕨 !		
Prepare Use Onl		ım's address 🕨 PO BOX 32066			Phone no (80	4) 747-0000	

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

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			
TO E	BE OUR MEMBERS	'TRUSTED PROVIDER OF FIN	ANCIAL SERVICES, HELPING TH	HEM ACHIEVE GREATER SU	CCESS
2			ogram services during the year whi		┌ Yes ┌ No
	If "Yes," describe	e these new services on Schedu	le O		
3	_	ion cease conducting, or make	significant changes in how it condu	cts, any program	┌ Yes ┌ No
	If "Yes," describe	e these changes on Schedule O			
4	expenses Sectio		omplishments for each of its three inizations are required to report the program service reported		
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	WORTH RATIO GRE REACHED \$2 5 BILL APPLICATIONS TO M MORTGAGE PRODU MEET THE NEEDS O COST TO MEMBERS	W TO 9 18% FROM 8 89% AT THE EN ION VACU MEMBERS GAINED ACCESS IAKE IT EASIER FOR MEMBERS TO COI CTS INCLUDING VHDA LOANS TO HELP IF MEMBERS WITH SMALL BUSINESSES	FORDABLE LOANS TO MEET MEMBERS' NEE D OF 2012 THE NUMBER OF MEMBERS SEI TO NEARLY 60 FREE ATMS WITHIN THE ST APLETE APPLICATIONS ANYWHERE FROM A FIRST-TIME HOMEBUYERS SERVICE ENHA AND TRANSITIONING DEBIT CARDS TO MA ED \$814 MILLION IN LOANS TO MEMBERS A TION OFFERED BY VACU	RVED TOTALED MORE THAN 230,000 "ATE VACU ALSO STREAMLINED MOB "SMARTPHONE, TABLET OR PC VACU "INCEMENTS INCLUDED INTRODUCIN STERCARD TO OFFER MORE BENEFI	AND TOTAL ASSETS ILE AND ONLINE LOAN J OFFERED NEW G BUSINESS SERVICES TO TS AT NO ADDITIONAL
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program s	services (Describe in Schedule) (Revenue \$)
4e		ervice expenses ►	grants or p	, (Nevenue p	,

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	Yes	
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? <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? <i>If "Yes," complete Schedule D, Part III</i> 2	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.	9	Yes	
10	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
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			
a	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
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	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
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	Yes	
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</i> "Yes," complete Schedule F, Parts III and IV	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 $11e^{7}$ 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		
C	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		No
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
c	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? If "Yes," complete Schedule L, Part IV	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		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 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	Yes	
34	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	
		F	orm 99 0	(2013)

	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	l No
а	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 97,222		165	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1 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	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	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	
l	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?	75		
	2. 105, to fine 54 of 55, and the organization meriorin 0000-1.	5c		_
ı	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).		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		N
	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		N
	If "Yes," indicate the number of Forms 8282 filed during the year	-/-		IV
	11 Fes, indicate the number of Forms 8282 filed 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)			
	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.	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		N
	If "Yes" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O	14h		

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	esponse or note to ar	v line in this Part 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	1a	11			
	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	11			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?		relationship with any	2		Νo
3	Did the organization delegate control over management duties customarily performed supervision of officers, directors or trustees, or key employees to a management cor	d by d		3		Νο
4	Did the organization make any significant changes to its governing documents since filed?		•	4		No
5	Did the organization become aware during the year of a significant diversion of the or	raanız	ation's assets?	5		No.
6	Did the organization have members or stockholders?			6	Yes	
	Did the organization have members, stockholders, or other persons who had the power more members of the governing body?		elect or appoint one or	7a	Yes	
h	Are any governance decisions of the organization reserved to (or subject to approval		nemhers stockholders	7b	Yes	
	or persons other than the governing body?					
	Did the organization contemporaneously document the meetings held or written action year by the following	ons ui	idertaken during the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
	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>	0.		9		Νo
Se	ection B. Policies (This Section B requests information about policies not i	requi	red by the Internal R	evenu	ue Cod	e.)
					V	NI -
					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 act affiliates, and branches to ensure their operations are consistent with the organization	ivitie	s of such chapters,	10a 10b	Yes	
b	If "Yes," did the organization have written policies and procedures governing the act	ivitie on's e	s of such chapters, xempt purposes?		Yes	
b 11a	If "Yes," did the organization have written policies and procedures governing the act 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 its	civitie on's e s gov	s of such chapters, xempt purposes? erning body before filing 	10b		
b 11a b	If "Yes," did the organization have written policies and procedures governing the act 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 its the form?	civitie on's e s gov • •	s of such chapters, xempt purposes? erning body before filing 	10b		
b 11a b 12a	If "Yes," did the organization have written policies and procedures governing the act 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 its the form? Describe in Schedule O the process, if any, used by the organization to review this Form 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	on's ess gov form s	s of such chapters, xempt purposes? erning body before filing	10b	Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the act 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 its the form? Describe in Schedule O the process, if any, used by the organization to review this Form 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 annuall rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with	civitie on's e s gov form 9	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b	Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the act 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 its the form? Describe in Schedule O the process, if any, used by the organization to review this F 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 annuall rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.	civitie on's e s gov form 9	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b	Yes Yes Yes	
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the act 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 its the form? Describe in Schedule O the process, if any, used by the organization to review this F 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 annuall 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?	civitie on's es gov form 9 ly inte the p	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the act 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 its the form? Describe in Schedule O the process, if any, used by the organization to review this F 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 annuall 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 revi	civitie on's es gov	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b	Yes Yes Yes	
b 11a b 12a c 13 14	If "Yes," did the organization have written policies and procedures governing the act 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 its the form? Describe in Schedule O the process, if any, used by the organization to review this F 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 annuall 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 revisindependent persons, comparability data, and contemporaneous substantiation of the	civitie on's e s gov form 9 ly inte the p lew ar e deli	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a	If "Yes," did the organization have written policies and procedures governing the act 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 its the form? Describe in Schedule O the process, if any, used by the organization to review this F 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 annuall 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 revisite organization of the organization of CEO, Executive Director, or top management official	civitie on's e s gov form 9 ly inte the p lew ar e deli	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a	If "Yes," did the organization have written policies and procedures governing the act 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 its the form? Describe in Schedule O the process, if any, used by the organization to review this F 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 annuall 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 revisite 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	civitie on's e s gov form 9 ly inte the p lew ar e deli	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the act 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 its the form? Describe in Schedule O the process, if any, used by the organization to review this F 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 annuall 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 revisite organization for 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)	civitie on's e s gov form 9 ly inte the p lew ar e deli	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14	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 act 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 its the form? Describe in Schedule O the process, if any, used by the organization to review this F 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 annuall 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 of taxable entity during the year?	civitie on's e s gov form 9 ly inte the p lew are e deli	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14	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 act 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 its the form? Describe in Schedule O the process, if any, used by the organization to review this F 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 annuall 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 revisindependent 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 of	civitie on's e s gov	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the act 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 its the form? Describe in Schedule O the process, if any, used by the organization to review this F 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 annuall 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. Of the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization point venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?	civitie on's e s gov	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the act 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 its the form? Describe in Schedule O the process, if any, used by the organization to review this F 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 annuall 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 of taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?	civitie on's e s gov	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No

- 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)
- 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
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►THE ORGANIZATION PO BOX 90010
 RICHMOND, VA 23225 (804) 323-6000

<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) A verage hours per week (list any hours	more pers	than on is	one bot	not box h an 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	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) BELINDA W BLANCHARD	5 00	х						2,315	0	0
DIRECTOR										
(2) RAY C GOODWIN DIRECTOR	5 00	x						0	0	0
(3) NEILA L GUNTER	5 00	X						2,324	0	0
DIRECTOR		L ^		L	L		L	2,324		
(4) ROBERT P MORRIS	5 00	х						2,518	0	0
DIRECTOR (5) HERBERT A PARR	5 00									
DIRECTOR	5 00	x						2,295	0	0
(6) ROSCOE C ROBERTS	5 00									
DIRECTOR		X						3,905	0	0
(7) ROBERT P SCHULTZE	5 00	Х						0	0	0
DIRECTOR (A) MARGARET E MULTE										
(8) MARGARET E WHITE DIRECTOR	5 00	x						1,876	0	0
(9) DONALD E WILLIAMS	5 00									
DIRECTOR		Х						0	0	0
(10) DEMERST B SMIT	5 00									
DIRECTOR		Х						2,183	0	0
(11) JANET W WIGGLESWORTH	5 00									
DIRECTOR		X						1,106	0	0
(12) JANE G WATKINS	55 00									
PRESIDENT/CEO				X				567,722	0	809,603
(13) ROBERT F WARREN JR	55 00			х				270 700	0	F. 6.49.0
SVP/CFO								270,788	0	56,489
(14) CHRISTOPHER SHOCKLEY	55 00				×			312,037	0	47,688
EVP/MS					Ĺ			312,037		47,000
(15) CHRISTOPHER N SANEDA	55 00					x		240,454	0	53,399
SVP/CIO					<u> </u>	<u> </u>		2.3,.31		
(16) JEAN HOLMAN	55 00					x		207,898	0	17,508
SVP/MARKETING								,		,
(17) WILLIAM DODL	55 00					×		200,018	0	57,480

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

	(A) Name and Tıtle	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box thar	checl (, unle n office ustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	,	(f Estim amount compei from	nated of other nsation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Keş emploşee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)		organi and re organiz	lated
[18]	DEBORAH WREDEN	55 00					х		165,930		0		47,831
	PRODUCT & DELIVERY JOHN STONE	50 00	1								+		
. ,	NANCIAL SERVICES	30 00					х		168,684		0		23,307
											T		
											T		
1b	Sub-Total			•		<u> </u>	P						
С	Total from continuation sheets to Part	VII, Section A		•	•								
d	Total (add lines 1b and 1c)		•	<u></u>	•		<u> </u>		2,152,053	0			1,113,305
2	Total number of individuals (including b \$100,000 of reportable compensation i				ea a	DOVE	e) wno	rec	eived more than				
												Yes	No
3	Did the organization list any former offi on line 1a? <i>If "Yes," complete Schedule J</i>					nploy •	yee, o	r hıg	ghest compensate	d employee	3		No
4	For any individual listed on line 1a, is the organization and related organizations of individual									om the	4	Yes	
5	Did any person listed on line 1a receive	or accrue com	pensat	ion f	rom	any	unrel	ated	d organization or i	ndıvıdual for	-	162	
	services rendered to the organization?										5		No
	ection B. Independent Contracto												
1	Complete this table for your five highes compensation from the organization Re											tax year	-
		(A)								(B)		(0	

(A)	(B)	(C)
Name and business address	Description of services	Compensation
ONLINE RESOURCES POA BOX 418410 BOSTON MA 02241	INFORMATION TECHNOLOGY	1,594,979
SYCOM TECHNOLOGIES LLC PO BOX 70909 RICHMOND VA 23255	INFORMATION TECHNOLOGY	1,453,535
TFA NATIONAL OPERATIONS AGENCY LLC 2944 FULLER AVENESUITE 200 GRAND RAPIDS MI 49504	LOAN SERVICES	801,795
ELEVATION LLC 9 WEST MAIN ST RICHMOND VA 23220	ADVERTISING	607,105
FIDELITY NATIONAL INFORMATION SERVICES PO BOX 18012 ASHBURN VA 20146	INFORMATION TECHNOLOGY	577,996
2. Total number of independent contractors (including but not limited to those listed above)	who received more than	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►20

Contributions, Giffs, Grants and Other Similar Amounts	1a
Program Serwice Revenue Co	2: li c c c c c c c c c c c c c c c c c c
venue	3 4 5 6 6 1 C C C C C C C C C C S 8 5
Other Re	t 9; 10;
	11a

Form 99								Page 9
Part V	4+1	Statement o Check if Schedu	f Revenue ule O contains a respons	se or note to any lu	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
~ £	1a	Federated camp	paigns 1a					
Grants mounts	ь	Membership du	es 1b					
المَّ فَي	С	Fundraising eve	ents 1c					
Giffs, nilar An	d	Related organiz	rations 1d					
imil	е	Government grants	s (contributions) 1e					
Contributions, Gifts, Grants and Other Similar Amounts	f	sımılar amounts no						
ontrik nd Ot	g h	Noncash contribute 1a-1f \$ Total. Add lines	ons included in lines					
<u>ਹ ਜ਼</u>	_"	Total. Add lines	5 1 4 - 1 1					
ne ne	2a	INTEREST ON LOAN	vs -	Business Code 522291	81,889,150	81,889,150		
Program Serwoe Revenue	ь	OTHER OPERATING		522100	19,961,096	18,727,451	1,233,645	
Se F	С	FEE INCOME		522100	14,369,989	14,369,989		
Xer v	d							
Ę.	е							
albo.	f	All other progra	am service revenue					
	g		s 2a – 2f		116,220,235			
	3		ome (including dividend ar amounts)		10,453,130		77,510	10,375,620
	4	Income from inves	stment of tax-exempt bond p	roceeds 🕨				
	5	Royalties	(1) Pool	(u) Darsanal				
	6a	Gross rents	(ı) Real	(II) Personal				
	ь	Less rental expenses						
	С	Rental income or (loss)						
	d		me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory		34,914,080				
	ь	Less cost or other basis and		34,232,461				
	c	sales expenses Gaın or (loss)		681,619				
	d	Net gain or (los	s)		681,619	681,619		
une.	8a	Gross income f events (not inc \$	luding					
Other Revenue		of contributions See Part IV, lin	reported on line 1c) le 18 a					
ţţ.	ь		penses b					
0	c 9a		(loss) from fundraising e rom gaming activities	vents				
	ь		penses b					
	c		(loss) from gaming activ	ities				
	10a	Gross sales of returns and allo	owances .					
	ь	Less cost of a	a oods sold b					
			(loss) from sales of inve	ntory				
		Miscellaneous	s Revenue	Business Code				
	11a							
	Ь							
	C d	All other reveni	ue .					
	e	Total. Add lines	L	🕨				
	12		See Instructions					
	l -			🏲	127,354,984	115,668,209	1,311,155	10,375,620

Grants and other assistance to individuals in the

Compensation of current officers, directors, trustees, and

Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)

and 403(b) employer contributions)

Other employee benefits

Accounting

Professional fundraising services See Part IV, line 17
Investment management fees
Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)

Pension plan accruals and contributions (include section 401(k)

Grants and other assistance to governments, organizations, and individuals outside the United

United States See Part IV, line 22

States See Part IV, lines 15 and 16 Benefits paid to or for members

key employees . . .

Other salaries and wages

Legal

Advertising and promotion . . .

Office expenses

Information technology

state, or local public officials

Payments to affiliates

Total functional expenses. Add lines 1 through 24e

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)

a PROVISION FOR LOAN LOSS

c LOAN SERVICING

e All other expenses

ATM, DEBIT, HOMEBANKING

d OTHER MISCELLANEOUS EXP

Conferences, conventions, and meetings

Depreciation, depletion, and amortization

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)

Payments of travel or entertainment expenses for any federal,

10

12

13

14 15

16 17

18

19

20

21

22 23

25

26

Royalties . .

10/m 330 (2013)				Page 10
Part IX Statement of Functional Expenses				
Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns A	ll other organızatı	ons must comp	lete column (A)	
Check if Schedule O contains a response or note to any line in this	Part IX			
Do not include amounts reported on lines 6b, 7b, 8b, 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				

2,082,848

29,834,870

3,383,016 3,651,647

2,296,079

422,653 38,342

109,500

2,158,660

5,223,110

3,574,243

2,274,999

390,713

276,360

16,030,940

4,308,644

10,388,109

8,963,056

5,933,191

1,996,878 1,633,279

105,295,147

324,010

Part X Balance Sheet

	T X	Check if Schedule O contains a response or note to any line in this Part X			· · · · <u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	39,881,767	1	23,350,589
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,915,589	4	2,143,418
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
Assets	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		6	
8	,	Notes and loans reservable not	1,375,792,201	7	1,481,091,804
⋖	7	Notes and loans receivable, net	1,575,792,201	8	1,401,091,004
	8	Inventories for sale or use	3,640,415		5,967,005
	9	Prepaid expenses and deferred charges	3,040,415	9	3,967,003
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 81,956,213			
	b	Less accumulated depreciation	48,076,364	10c	46,503,922
	11	Investments—publicly traded securities	844,293,266		909,833,014
	12	Investments—other securities See Part IV, line 11	8,552,410	12	11,534,200
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	63,366,123	15	65,470,888
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,385,518,135	16	2,545,894,840
	17	Accounts payable and accrued expenses	23,963,658	17	21,152,630
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Ø.	21	Escrow or custodial account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	1,853,576	21	2,342,556
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
æ		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	100,476,436	23	193,064,851
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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	2,062,589,608	25	2,107,114,967
	26	Total liabilities. Add lines 17 through 25	2,188,883,278	26	2,323,675,004
ě		Organizations that follow SFAS 117 (ASC 958), check here ► and complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets		27	
- B	28	Temporarily restricted net assets		28	
Ξ	29	Permanently restricted net assets		29	
Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 20 through 24			
5	20	complete lines 30 through 34.	o	30	0
ets	30 31	Capital stock or trust principal, or current funds	0	31	0
Assets	31	Paid-in or capital surplus, or land, building or equipment fund	196,634,857	32	222,219,836
d.		Retained earnings, endowment, accumulated income, or other funds	196,634,857		
Ş€	33	Total net assets or fund balances		33	222,219,836
	34	Total liabilities and net assets/fund balances	2,385,518,135	34	2,545,894,840

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				F
1	Total revenue (must equal Part VIII, column (A), line 12)				
	_	1		127,3	354,984
2	Total expenses (must equal Part IX, column (A), line 25)	2		105,2	295,147
3	Revenue less expenses Subtract line 2 from line 1	3		22,()59,837
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			 534,857
5	Net unrealized gains (losses) on investments	5		190,0	734,037
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)	9		3,5	525,142
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		222,2	219,836
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	ן ו		
	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 separasis, consolidated basis, or both	rate			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh 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	ı			
За	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?	į	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		

DLN: 93493321031314

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its

instructions is at www.irs.gov/form990.

Open to Public Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

organization answered "Ves" to Form 990 Part IV Line 5 (Proxy Tax) or Form 990 F7 Part V Line 35c (Proxy Tax) then

	me of the organization GINIA CREDIT UNION INC			Employer ide	ntification number
VIII	OINDY CREDIT ONION INC			54-0578719	e
Par	t I-A Complete if the or	ganization is exempt under	section 501(c) or is a section 52	7 organization.
1	Provide a description of the org	ganızatıon's dırect and ındırect polit	ical campaign act	tivities in Part IV	
2	Political expenditures			▶	\$
3	Volunteer hours				
Par	t I-B Complete if the or	ganization is exempt under	section 501(c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization ui	nder section 495	5	\$
2	Enter the amount of any excise	e tax incurred by organization mana	gers under sectio	n 4955 🕨	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form 47	20 for this year?		┌ Yes ┌ No
4a	Was a correction made?				┌ Yes ┌ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt under	section 501(c), except section 5	01(c)(3).
1	Enter the amount directly expe	ended by the filing organization for s	ection 527 exem	pt function activities 🕨	\$
2	Enter the amount of the filing of exempt function activities	rganization's funds contributed to c	ther organization	s for section 527 ▶	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	20-POL, line 17b ►	¢
4	Did the filing organization file F	Form 1120-POL for this year?			↑ — Yes No
5	organization made payments f amount of political contribution	nd employer identification number (I For each organization listed, enter t ns received that were promptly and political action committee (PAC) I	he amount paid fro directly delivered	om the filing organization's to a separate political org	funds Also enter the anization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Sch	nedule C (Form 990 or 990-EZ) 2013					Page 2
Pä	art II-A Complete if the organization	is exempt under	section 501(c)(3) and file	ed Form 5768	
_	under section 501(h)).		Link in Doub TV an	- h - 66:1: - h - d		a adduces FIN
٠.	Check ► If the filing organization belongs to a expenses, and share of excess lobb		iist in Part IV ea	ch amiliated gro	up members nam	e, address, EIN,
3	Check ► ☐ If the filing organization checked bo		l" provisions app	ly		
	Limits on Lobbying E (The term "expenditures" means ar		l .)		(a) Filing organization's totals	(b) Affiliated group totals
La	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
ь	Total lobbying expenditures to influence a legisl	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 1	o)		Γ		
d	O ther exempt purpose expenditures			Γ		
e	Total exempt purpose expenditures (add lines 1	c and 1d)		Γ		
f	Lobbying nontaxable amount Enter the amount is columns	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	000		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lir	ue 1f)				
h	Subtract line 1g from line 1a If zero or less, ent	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file	Form 4720 repo	orting	┌ Yes ┌ No
	(Some organizations that made a columns below. See t	he instructions fo	ection do not r lines 2a thro	havè to con ough 2f on p		ne five
	Lobbying Exp	enditures During	4-Year Avera ⊤	ging Period	1	1
	Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
C	Total lobbying expenditures					
d	Grassroots nontaxable amount					

e Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

or e			(a	1)	(b)	,)
ctiv	reach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ivity.			No	Amoi	unt
1	legislation, including any attempt t through the use of	nization attempt to influence foreign, national, state or local o influence public opinion on a legislative matter or referendum,				
a 	Volunteers?			ł		
b	Media advertisements?	compensation in expenses reported on lines 1c through 1i)?			1	
c d	Mailings to members, legislators, o	or the public?				
e e	Publications, or published or broad	h in the second of the second				
f	Grants to other organizations for lo	l l				
g		ir staffs, government officials, or a legislative body?				
9 h		conventions, speeches, lectures, or a registrative body.				
i i	Other activities?	To the state of th				
i	Total Add lines 1c through 1i					
,	_	ne organization to be not described in section 501(c)(3)?				
ь	If "Yes," enter the amount of any to					
c		ax incurred by organization managers under section 4912				
d		section 4912 tax, did it file Form 4720 for this year?				
aı	t III-A Complete if the org	anization is exempt under section 501(c)(4), section	501(c)(5), c	r secti	ion
	501(c)(6).					
	Ware substantially all (00% or ma	ca) dues reserved pendedustible by members?			Yes	s N
		re) dues received nondeductible by members?			2	+
	_	nouse lobbying expenditures of \$2,000 or less? over lobbying and political expenditures from the prior year?			3	+
		anization is exempt under section 501(c)(4), section !	501/6	\(5\) c		
<u>- 1</u>		her (a) BOTH Part III-A, lines 1 and 2, are answered "				
	Dues, assessments and similar am		1			
	Section 162(e) nondeductible lobb expenses for which the section 527	ying and political expenditures (do not include amounts of political 7(f) tax was paid).				
a	Current year		2a			
b	Carryover from last year		2b			
С	Total	6000(.)(4)(4)	2c			
		tion 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3			
		It on line 2c exceeds the amount on line 3, what portion of the excess yover to the reasonable estimate of nondeductible lobbying and				
	political expenditure next year?	yover to the reasonable estimate or nondeductible lobbying and	4			
;		litical expenditures (see instructions)	5			
P	irt IV Supplemental Infor	mation	'			
	vide the descriptions required for Pa t II-B, line 1 Also, complete this pa	art I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grount ort for any additional information	ıp lıst),	Part II	-A, line 2	2, an
ч	Return Reference	Explanation				
u						
	T I-A, LINE 1	AC CONTRIBUTION				
	T I-A, LINE 1 P	AC CONTRIBUTION				
	T I-A, LINE 1 P	AC CONTRIBUTION				

201104410 0 (101111 330 01 330 12) 2013	r age -		
Part IV Supplemental Information	on <i>(continued)</i>		
Return Reference	Explanation		

Schedule D (Form 990) 2013

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DLN: 93493321031314

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)

Open to Public

al Revenue Service and its in	structions is at <u>www.irs.gov/101111990</u> .	Inspection
nme of the organization RGINIA CREDIT UNION INC		Employer identification number
		54-0578719
	r Advised Funds or Other Similar F	unds or Accounts. Complete if the
organization answered "Yes" to Form		
Tabal according to a distance	(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		
	L	
Did the organization inform all donors and donor funds are the organization's property, subject to	the organization's exclusive legal control?	☐ 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)	in historically important land area i certified historic structure the form of a conservation
easement on the last day of the tax year	·	
		Held at the End of the Year
Total number of conservation easements		2a
Total acreage restricted by conservation easem		2b
Number of conservation easements on a certified	, ,	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 terminat	ed by the organization during:
Number of states where property subject to cons	ervation easement is located b	
Does the organization have a written policy regal enforcement of the conservation easements it ho	rding the periodic monitoring, inspection, har	
Staff and volunteer hours devoted to monitoring,	inspecting, and enforcing conservation ease	ements during the year
A mount of expenses incurred in monitoring, insp	ecting, and enforcing conservation easemen	ts 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 se	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 early	t of the footnote to the organization's financia	nd expense statement, and
t III Organizations Maintaining Collec	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	FAS 116 (ASC 958), not to report in its reve r assets held for public exhibition, education	, or research in furtherance of public
If the organization elected, as permitted under S works of art, historical treasures, or other similal service, provide the following amounts relating to	FAS 116 (ASC 958), to report in its revenue r assets held for public exhibition, education	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		▶ \$
	-	
Assets included in Form 990, Part X		▶ \$

Part	Organizations Maintaining Collections	of Art, Hi	stori	cal Tr	eası	ures, or Othe	er Similar A	ssets (d	continued)
3	Using the organization's acquisition, accession, and othe collection items (check all that apply)	er records, o	heck	any of th	he foll	lowing that are	a sıgnıfıcant us	e of its	
а	Public exhibition	d	Γ	Loan o	rexc	hange program	s		
b	Scholarly research	е	Γ	Other					
c	Preservation for future generations								
4	Provide a description of the organization's collections ar Part XIII	nd explain ho	w the	y furthe	r the	organızatıon's e	xempt purpose	ın	
5	During the year, did the organization solicit or receive do assets to be sold to raise funds rather than to be mainta						mılar	┌ Yes	┌ No
Par		Complete i	f the	organiz	zatıo		Yes" to Form	990,	
1a	Is the organization an agent, trustee, custodian or other included on Form 990, Part X?					or other assets	not	┌ Yes	√ No
b	If "Yes," explain the arrangement in Part XIII and comp	lete the follo	wing	able					
							Α	mount	
C	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 990, Pa	rt X, line 21	?					✓ Yes	┌ No
b	If "Yes," explain the arrangement in Part XIII Check he	re if the exp	lanatı	on has b	oeen p	provided in Part	: XIII		I✓
Pai	t V Endowment Funds. Complete if the organ	nızatıon an	swer	ed "Yes					
	(a)Current	year (I	Prior	year	b (c) ⊺	wo years back (d)Three years back	(e)Four	years 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 en	d balance (li	ne 1g	, columr	n (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 10	0%							
За	Are there endowment funds not in the possession of the	organızatıor	that	are held	and a	admınıstered fo	r the		
	organization by						-	Yes	No No
	(i) unrelated organizations				•			(i) (ii)	
ь	If "Yes" to 3a(II), are the related organizations listed as		Sched	· · · Iule R?	٠		· · · · · · · · · · · · · · · · · · ·	Bb	
4	Describe in Part XIII the intended uses of the organizati						<u> </u>	<u> </u>	
Par	Land, Buildings, and Equipment. Comp 11a. See Form 990, Part X, line 10.	lete if the	orgar	ızatıon	ans	wered 'Yes' to	Form 990, P	art IV, l	line
	Description of property			Cost or c s (investr		(b) Cost or other basis (other)	(c) Accumulate depreciation	d (d) B	Book value
1a	and					12,895,908	3		12,895,908
b F	Buildings					37,083,466			27,185,828
	easehold improvements					1 600 601	1 202 2	79	
	easenoid improvements				- 1	1,609,601	1,392,2	/°	217,323
c L	quipment					30,367,238		_	6,204,863
c L d E		· · · · · · · · · · · · · · · · · · ·						_	

Part VII Investments—Other Securities. Co	omplete if the organization	answered 'Yes' to Form 990, Part IV, line 11b.
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 (b) must equal Form 990, Part X, col (B) line 12)	F	
Part VIII Investments—Program Related.		□ In answered 'Yes' to Form 990. Part IV. line 11c
See Form 990, Part X, line 13.		
(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)	<u>*</u>	
Part IX Other Assets. Complete if the organization (a) Description		0, Part IV, line 11d See Form 990, Part X, line 15 (b) Book value
(4) 5030	ption	(b) Book value
Tabal (Caluma (b) master and Fame 2000 Bart V and (B) has	45.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the organization.		
Form 990, Part X, line 25.		
1 (a) Description of liability	(b) Book value	
Federal income taxes		
MEMBERS' SHARES	2,107,114,967	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	2 107 111 007	
1 Linkshith for months to be seen to the see Mark (COI (D) lille 25)	2,107,114,967	

Par		Revenue per Audited Financial State wered 'Yes' to Form 990, Part IV, line 12		ts With Revenue	per R	eturn Complete if
1	Total revenue, gains, and oth	er support per audited financial statements			1	
2	Amounts included on line 1 b	ut not on Form 990, Part VIII, line 12				
а	Net unrealized gains on inves	tments	2a			
b	Donated services and use of	facılıtıes	2b			
c	Recoveries of prior year gran	ts	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 9	90, Part VIII, line 12, but not on line 1				
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b .	4a			
ь	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b .				4c	
5	Total revenue Add lines 3 ar	d 4c. (This must equal Form 990, Part I, line :	12).		5	
Part		Expenses per Audited Financial States		nts With Expense	es per	Return. Complete
1	Total expenses and losses pe	er audited financial statements			1	
2	Amounts included on line 1 b	ut not on Form 990, Part IX, line 25				
а	Donated services and use of	facilities	2a			
b	Prior year adjustments		2b			
c	Otherlosses		2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d .				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$				3	
4	Amounts included on Form 99	90, Part IX, line 25, but not on line 1:				
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
C	Add lines 4a and 4b				4c	
5		and 4c. (This must equal Form 990, Part I, line	18)		5	
Part	Supplemental In	formation				
Part	ride the descriptions required fo V, line 4, Part X, line 2, Part X mation	r Part II, lines 3, 5, and 9, Part III, lines 1a a I, lines 2d and 4b, and Part XII, lines 2d and 4	ind 4 , I 4 b Als	Part IV , lines 1b and ; so complete this part (2b, to provi	de any additional
	Return Reference	Explanation				
PART	IV, LINE 2B	TRADITIONAL ESCROW ACCOUNTS ON CHECKING ACCOUNT FOR EARNEST MO SUBSIDIARY				
PART	X, LINE 2	THE CREDIT UNION EVALUATED ITS TA POSITIONS EXIST AS OF DECEMBER 31 THROUGH 2013 TAX YEARS ARE OPEN FAUTHORITIES	,2013	AND 2012 THE CR	EDIT U	NION'S 2010

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

Schedule D (Form 990) 2013

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DLN: 93493321031314

OMB No 1545-0047

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Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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.

Name of the organization VIRGINIA CREDIT UNION INC

Employer identification number

54-0578719

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding the			
	First-class or charter travel Housing allowance or residence for person	onal use		
	▼ Travel for companions Payments for business use of personal response	esidence		
	Tax idemnification and gross-up payments Health or social club dues or initiation fe	es		
	Discretionary spending account Personal services (e.g., maid, chauffeur,	chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payme reimbursement or provision of all of the expenses described above? If "No," complete Part III to expl		Yes	
2	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 lin	20.122	.,	
	unectors, trustees, onicers, including the CLO/Executive Director, regarding the items checked in his	2 2	Yes	
3	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			
	▼ Compensation committee ▼ Written employment contract			
	Form 990 of other organizations Approval by the board or compensation of	:ommittee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filior a related organization	ng organization		
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Par	tIII		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	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			
а	The organization?	5a		
b	• 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, line $1a$, did the organization pay or accrue any compensation contingent on the net earnings of			
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, line 1a, did the organization provide any non-fixe payments not described in lines 5 and 6? If "Yes," describe in Part III	ed 7		
8	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		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Feetion 53 4958-6(c)?	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	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
(1)JANE G WATKINS PRESIDENT/CEO	(i) (ii)	465,483 0	75,680 0	26,559 0	791,191 0	18,412	1,377,325	0
(2)ROBERT F WARREN JR SVP/CFO	(i) (ii)	216,163 0	33,600 0	21,025 0	48,153 0	8,336 0	327,277	0
(3)CHRISTOPHER SHOCKLEY EVP/MS	(i) (ii)	266,381 0	41,600 0	4,056 0	27,376 0	20,312	359,725	0
(4)CHRISTOPHER N SANEDA SVP/CIO	(i) (ii)	206,878 0	32,320 0	1,256 0	34,787 0	18,612 0	293,853	0
(5)JEAN HOLMAN SVP/MARKETING	(i) (ii)	160,921 0	23,800	23,177 0	9,041	8,467 0	225,406	0
(6)WILLIAM DODL SVP/HR	(i) (ii)	173,317 0	24,900	1,801 0	49,536 0	7,944 0	257,498 0	0
(7)DEBORAH WREDEN SVP/PRODUCT & DELIVERY	(i) (ii)	141,921 0	22,788	1,221	30,273 0	17,558 0	213,761	0
(8)JOHN STONE VP/FINANCIAL SERVICES	(i) (ii)	150,997 0	17,312 0	375 0	16,440 0	6,867 0	191,991	0

Schedule J (Form 990) 2013

Part IIII 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 1A	VACU POLICY IS TO PAY FOR THE TRAVEL EXPENSES FOR ONE COMPANION FOR BOARD MEMBERS ATTENDING OUT OF TOWN
	CONFERENCES OR MEETINGS IN ACKNOWLEDGEMENT OF THE NUMBER OF HOURS THEY PUT IN SERVING THE CREDIT UNION IN 2013,8
	DIRECTORS RECEIVED THIS BENEFIT WHICH WAS REPORTED AS TAXABLE COMPENSATION ON THE 1099-MISC

Schedule J (Form 990) 2013

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DLN: 93493321031314

OMB No 1545-0047

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.

Open to Public Inspection

Name of the or VIRGINIA CREDIT							E	Employ	er ident/	ificatio	n numbe	er				
D- 12 5 -	D C	· -	•	L F04/-\/	2)	- F04/-\/4\			78719							
Part I Exce					3) and sectio 90, Part IV, line						40h					
	e of disqualif				n disqualified	(c) Des					(d) Corrected?					
- ` `	·			on and organ			•				Yes	No				
												-				
												=				
												=				
		+										-				
2 Enter the a	amount of tax	cincurred by a	organization	managers or	disqualified pe	rsons durina t	he vea	r unde	rsection	n		-				
4958									F \$							
3 Enter the a	amount of tax	c, if any, on lin	e 2, above,	reimbursed b	y the organizat	ion			> \$							
Part II Lo	ans to an	d/or From	Intoroct	ad Darcan												
					5. 990-EZ, Part \	/ . lıne 38a. or	Form 9	90.P	art IV . lı	ne 26.	or if the					
					line 5, 6, or 22			, .	,	,						
(a) Name of	(b)	(c)	(d) Loai		(e)Original	(f)Balance	(g) In		(h)		(i)Wr					
ınterested person	Relationship Purpos with loan		of or from organizat		principal amount	due	defaul	t?	A pprov	/ed	agreer	ment?				
person	organizatio		or garnizar		announc				board							
									or	++002						
			To From		-		Ves	Yes No		No	Yes	No				
			10	113			1		Yes	 	1	1				
											_					
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-		<u> </u>							1		\neg					
Total Part III Gra	onto or Ac	sistansa P	onofittin	. Intoroct	ed Persons.											
					n Form 990, P	art IV, line 2	27.									
(a) Name of ir		(b) Relations			ınt of assıstanc			ıstano	:e (e) Purpo:	se of ass	sistance				
perso	n	ınterested pe		ne												
		organı	zation													
				ı												

Part IV Business Transactions I					
Complete if the organization	<u>n answered "Yes" on I</u>	<u>Form 990, Part IV, lın</u>	e 28a, 28b, or 28c.		
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sh of organiz reveni	ation's
				Yes	No
(1) PSCU	VACU CEO JANE WATKINS SERVES AS DIRECTOR	5,694,461	PLASTIC CARD PROCESSING SERVICES		No
(2) CREDIT UNION SERVICE COMPANY OF VA LLC	VACU CEO JANE WATKINS SERVES AS DIRECTOR	470,683	SHARED BRANCHING		No
(3) PSCU	VACU CEO JANE WATKINS SERVES AS DIRECTOR	214,342	PATRONAGE DIVIDEND	Yes	

Part V Supplemental Information

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

Return Reference	Explanation
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Schedule L (Form 990 or 990-EZ) 2013

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

 $\label{lem:complete} \textbf{Complete to provide information for responses to specific questions on } \\$ 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.

OMB No 1545-0047

DLN: 93493321031314

Inspection

	www.irs.gov/form990.	
Name of the organization VIRGINIA CREDIT UNION INC		Employer identification number 54-0578719
990 Schedule O, Supplementa	l Information	
Return Reference	Explanation	
FORM 990, PART VI, SECTION A, LINE 6	ALL MEMBERS ARE CONSIDERED EQUAL AND EACH HAS ONE OLD TO VOTE	EVOTE A MEMBER MUST BE 16 YEARS
FORM 990, PART VI, SECTION A, LINE 7A	MEMBERS ELECT THE BOARD OF DIRECTORS AS THEIR TERMS ON AMEND	
TORRING DARTIN OFOTION A	MENTS TO THE ARTICLES OF INCORPORATION OR DISSOLUTION	
FORM 990, PART VI, SECTION A, LINE 7B	MEMBERS ELECT THE BOARD OF DIRECTORS AS THEIR TERMS ON AMEND MENTS TO THE ARTICLES OF INCORPORATION OR DISSOLUTION	
FORM 990, PART VI, SECTION B, LINE	PRIOR TO FILING WITH THE IRS, THE BOARD OF DIRECTORS IS	PROVIDED WITH A COPY OF THE 990
11	RE TURN PREPARED BY AN EXTERNAL CPA FIRM THE RETURN IS MANAGEMEN T PRIOR TO FILING	; ALSO REVIEWED BY MEMBERS OF
FORM 990, PART VI, SECTION B, LINE	ALL INDIVIDUALS ARE GIVEN THE STATEMENT OF OUR FRAUD	D AND STANDARDS OF CONDUCT
12C	POLICIES UPO N EMPLOYMENT OR AFFILIATION WITH THE VACU OFFICIAL FA FAMILY M	
	EMBERS MUST SIGN THIS STATEMENT AT THIS TIME, AND ANN	NUALLY THEREAFTER,
1	ACKNOWLEDGING THEIR RECEIPT AND UNDERSTANDING OF THESE POLICIES BY SIGNII	ING THE FRAUD AND STANDARDS OF
	CONDUC T POLICY STATEMENT THEY ARE ALSO STATING THAT THEY	HAVE NOT COMMITTED ANY CONDUCT
	IN VIOLA TION OF THE VACU FRAUD OR STANDARDS OF CONDUCT POL OTHERS WHO	
	ARE DOING SO, OR HAVE PREVIOUSLY DONE SO UNDER THE	ESTANDARDS OF CONDUCT,
	EMPLOYEES AND OF FICIALS SHALL REFRAIN FROM ANY PRIVATE BUSINESS OR P HAVING AN	ROFESSIONAL ACTIVITY OR FROM
	HAVING AN Y DIRECT OR INDIRECT FINANCIAL INTEREST THAT WOULD PL/ IS	ACE THEM IN A POSITION WHERE THERE
	CONFLICT BETWEEN THEIR PRIVATE INTEREST AND THE INTEREMPLOYEES A	REST OF THE CREDIT UNION
	ND OFFICIALS SHALL NOT ENGAGE IN ANY PRIVATE BUSINES ENTER IN	
	TO ANY FINANCIAL TRANSACTION FOR THEIR PRIVATE GAIN, FAMILY,	
	ANOTHER EMPLOYEE, OR ASSOCIATE WHICH INVOLVES THE APPEARANCE OF	
	USE, OF INSIDE INFORMATION "INSIDE INFORMATION" MEANS THE J OB THAT IS NOT PUBLIC KNOWLEDGE, EMPLOYEES AND OFFI	
	POSITIONS IN ANY WAY TO INDUCE OR COERCE, OR TO GIVE THE APPEARA	
	EMPLOY EE, PERSON OR GROUP TO PROVIDE ANY FINANCIAL BENEFIT	•
	GROUP WI TH WHOM THEY ARE ASSOCIATED ALL POTENTIAL CONFLICT	
	CONFLICT S WHICH ARE NOT INTENTIONAL, RESULTING FROM EITHER BL	JSINESS OR PERSONAL
	RELATIONSHIPS WITH MEMBERS, VENDORS, BUSINESS ASSOCIATES, OR COMPETITO THE EMP	ORS OF VACU MUST BE REPORTED BY
	LOYEE OR AGENT OR ATTORNEY INVOLVED TO THE PRESIDE CONFLI	ENT WITHIN 48 HOURS ANY POTENTIAL
	CT OF INTEREST ON THE PART OF AN OFFICIAL MUST BE REPOBOARD WI THIN 48 HOURS	ORTED TO THE CHAIRMAN OF THE
FORM 990, PART VI, SECTION B, LINE 15A	PERIODICALLY, THE BOARD OF DIRECTORS ENGAGES AN OUINDEPENDE	ITSIDE CONSULTANT TO CONDUCT AN
10/1	NT REVIEW OF EXECUTIVE COMPENSATION AND BENEFITS TO) ENSURE THE APPROPRIATENESS OF
1	TOTAL CO MPENSATION LEVELS THIS EVALUATION LOOKS AT THE AVE	ERAGE COMPENSATION AND BENEFITS
	OF EXECU TIVES AT FINANCIAL INSTITUTIONS OF COMPARABLE SIZE, INC	ICLUDING BANKS AND CREDIT UNIONS
	THI S PHILOSOPHY RECOGNIZES THAT THE EXTENT TO WHICH WE	E ACHIEVE AND MAINTAIN THIS GOAL
	MUST BE BALANCED WITH THE OVERALL FINANCIAL HEALTH OF THE C	
	A CO MPENSATION PHILOSOPHY OF PAYING SALARIES AND BENEF	
	EMPLOYERS IN THE SURROUNDING METROPOLITAN AREAS AND WITH PEET	RS IN THE CREDIT UNION AND
	FINANCIAL IND USTRIES ANNUALLY, EMPLOYEES RECEIVE PERFORMANCE R	REVIEWS WHICH DETERMINE MERIT
	INCREASES THE PRESIDENT/CEO COMPENSATION IS APPROVED BY THE BE	30ARD EVERY YEAR
FORM 990, PART VI, SECTION C, LINE		_
19	PUBLIC FINAN CIAL STATEMENTS ARE AVAILABLE THROUGH THE POSTING	

WEBSITE AUD

 $\mathsf{MAY}\ \mathsf{A}$

FORM 990, PART XI, LINE 9

ITED FINANCIAL STATEMENTS CAN BE VIEWED AT THE HEADQUARTERS IN ADDITION, THE PUBLIC

NET CHANGE IN UNREALIZED LOSS ON DEFINED BENEFIT PENSION PLAN COSTS 3,525,142

CCESS 5300 (CALL REPORT) INFORMATION FROM THE NCUA WEBSITE

DLN: 93493321031314

SCHEDULE R (Form 990)

Name of the organization

VIRGINIA CREDIT UNION INC

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990. ► See separate instructions.

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

OMB No 1545-0047

2013

Open to Public Inspection

Employer identification number

54-0578719

Part I Identification of Disregarded Entities Complete	ıf the organization	answered "Yes" on	Form 990, Part	IV, line 33.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity			
(1) VIRGINIA CREDIT UNION FINANCIAL SERVICES LLC PO BOX 90010 RICHMOND, VA 23225 20-4223173	FINANCIAL SERVICES	VA	774,841	521,367	N/A			
(2) VIRGINIA CU INSURANCE SERVICES LLC PO BOX 90010 RICHMOND, VA 23225 26-0379385	INSURANCE AGENCY	VA	124,454	25,643	VIRGINIA CREDIT UNION FINANCIAL SERVICES LLC			
(3) VIRGINIA CU REALTY LLC PO BOX 90010 RICHMOND, VA 23225 27-2826524	REAL ESTATE AGENCY	VA	572,877	259,548	VIRGINIA CREDIT UNION FINANCIAL SERVICES LLC			
Part II Identification of Related Tax-Exempt Organiza or more related tax-exempt organizations during the	tions Complete ıf t tax year.	he organization an	swered "Yes" o	n Form 990, Pai	rt IV, line 34 becaus	se it had o	one	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity sta (if section 501(c)		ing Section (13)	(g) ction 512(t 3) controlle entity?	
						Yes	No	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 5013	35 Y		Schedule R	, Form 990)	2013	

(a) Name, address, and EIN of related organization		(b) Primary activit	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets		prtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging :ner?	(k) Percentag ownersh
					314)			Yes	No	1	Yes	No	
V Identification of Related Org								were	d "Yes	" on Form	990,	Part	IV,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct controllin entity	(e) Type of entit (C corp, S corp, or trust)	y Share of income	total Share e of	(g) e of end- year ssets		(h) ercentage ownership	Section (b) cont	i) on 512 (13) rolled tity?	!
					1	<u> </u>			_		Yes		No
					_	+			_				+

Part V	Transactions With Related Organizations Complete if the organization answer	ered "Yes" on Form	n 990, Part IV, line	34, 35b, or 36.			
Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 During	the tax year, did the organization engage in any of the following transactions with one or more re	lated organizations li	sted in Parts II-IV?				
a Red	eipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		
b Gif	, grant, or capital contribution to related organization(s)				1b		
c Gıft	, grant, or capital contribution from related organization(s)				1c		
d Loa	ns or loan guarantees to or for related organization(s)				1d		
e Loa	ns or loan guarantees by related organization(s)				1e		
f Div	dends from related organization(s)				1f		
g Sal	e of assets to related organization(s)				1g		
h Pur	chase of assets from related organization(s)				1h		
i Exchange of assets with related organization(s)							
j Lea	j Lease of facilities, equipment, or other assets to related organization(s)						
k Lea	se of facilities, equipment, or other assets from related organization(s)				1k		
I Per	ormance of services or membership or fundraising solicitations for related organization(s)				11		
m Per	ormance of services or membership or fundraising solicitations by related organization(s)				1m		
n Sha	ring of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		
o Sha	ring of paid employees with related organization(s)				1o		
p Rei	mbursement paid to related organization(s) for expenses				1 p		
q Rei	mbursement paid by related organization(s) for expenses				1q		
r Oth	er transfer of cash or property to related organization(s)				1r		
s Oth	er transfer of cash or property from related organization(s)				1s		
	e answer to any of the above is "Yes," see the instructions for information on who must complete	T					
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amou	unt inv	volved	

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) all partners section 501(c)(3) anizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations ⁷	_	(i) Code V ² UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	_	(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1	
													_
			<u> </u>				l					<u> </u>	

Schedule R (Form 990) 2013

Part VII Supplemental Information

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

Return Reference Explanation

Schedule R (Form 990) 2013