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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)

 \blacktriangleright Do not enter social security numbers on this form as it may be made public

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

OMB No 1545-0047

2014

Open to Public Inspection

A F	or the	2014 ca	endar year, or tax year beginning 01-01-2014 , and ending 12-31-2014				
B CI	neck if a	applicable	C Name of organization Jeanne D'Arc Credit Union		D Empl	oyer ide	ntification number
▼ Ad	ldress c	hange			04-1	23196	5
ΓN	ame cha	ange	% SUSAN HANNIGAN Doing business as				
┌ In	ıtıal retu	um					
	nal		Number and street (or P O box if mail is not delivered to street address) Room/suite	.	E Teleph	none num	ber
☐ re	turn/ter	rmınated	1 TREMONT PLACE Suite		(978)452-5	001
☐ Ar	nended	return	City or town, state or province, country, and ZIP or foreign postal code				
	plicatio	n pending	Lowell, MA 01854		G Gross	receipts \$	5 153,712,910
			F Name and address of principal officer	U(a) Ia th			£
			Susan Hannigan	H(a) Is the subo	rdinates?		Yes No
			1 TREMONT PLACE Lowell, MA 01854				
			Lowell, MA 01054	H(b) Are a		lınates	┌ Yes ┌ No
—— т Т.	ax-exer	mpt status	501(c)(3) ✓ 501(c) (14) ◀ (Insert no) ☐ 4947(a)(1) or ☐ 527	inclu If "N		h a list	(see instructions)
		•					
J V	Vebsit	e: F ww	w jdcu com	H(c) Grou	ıp exemp	tion nur	nber 🟲
K Fo	rm of o	rganızatıor	n	L Year of fo	rmation 1	912 M	State of legal domicile MA
Pá	art I	Sum	nmary				
	1	Briefly d	lescribe the organization's mission or most significant activities				
		JEANNE	E D'ARC CREDIT UNION IS A FULL SERVICE, MEMBER-OWNED comm	unity based	credit ui	nion	
<u>ပို</u>							
Œ							
<u>ş</u>	2	Check t	his box 🛌 if the organization discontinued its operations or disposed of	more than 2	5% of its	s net as	sets
Governance							
	3	Number	of voting members of the governing body (Part VI, line 1a) $$. $$. $$.			3	15
Activities &	4	Number	of independent voting members of the governing body (Part VI, line 1b)			4	14
Ĭ	5	Total nu	mber of individuals employed in calendar year 2014 (Part V, line 2a) .			5	246
্ব	6	Total nu	mber of volunteers (estimate if necessary)			6	14
			related business revenue from Part VIII, column (C), line 12			7a	71,931
	b	Net unre	elated business taxable income from Form 990-T, line 34			7b	-345,978
				Prio	r Year		Current Year
a,	8	Conte	ibutions and grants (Part VIII, line 1h)			0	0
Rayenue	9		am service revenue (Part VIII, line 2g)		27,028 6,524		30,597,629
ž	10	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)					4,712,048
							8,065,762
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		41,258	,084	43,375,439
	13		s and similar amounts paid (Part IX, column (A), lines 1–3)			0	0
	14		its paid to or for members (Part IX, column (A), line 4)			0	0
	15		es, other compensation, employee benefits (Part IX, column (A), lines		44457	705	15.034.600
\$		5-10			14,157	,/85	15,024,698
Expenses	16a	Profes	ssional fundraising fees (Part IX, column (A), line 11e)			0	0
훒	b	Total fu	undraising expenses (Part IX, column (D), line 25) ▶0				
ш	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		22,556	.948	23,382,272
	18		expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		36,714		38,406,970
	19		nue less expenses Subtract line 18 from line 12		4,543		4,968,469
<u></u>	-		······································	Beginning			
Not Assets or Fund Balances				1	'ear		End of Year
955 8.45 8.45	20	Total	assets (Part X, line 16)	1,0	026,005	,689	1,089,633,441
중	21	Total	liabilities (Part X, line 26)	9	944,490	,423	999,905,566
<u> </u>	22	Net a	ssets or fund balances Subtract line 21 from line 20		81,515	,266	89,727,875
Pa	rt II	Sigr	nature Block				
my k	cnowle	dge and	perjury, I declare that I have examined this return, including accompany belief, it is true, correct, and complete $$ Declaration of preparer (other than owledge				
		T k		l			
c:	_	**** Sign	*** ature of officer		015-08-13 ate		
Sig Her		1.		50			
	-		an J Hannigan SVP/CFO e or print name and title				
		17	Print/Type preparer's name Preparer's signature Da	te Cha	eck 🗀 ıf	PTIN	
Pai	d	<u> </u>	Michael J Rowe CPA Michael J Rowe CPA 20:	15-08-10 self	-employed		5831
	e pare	er	Firm's name WOLF & COMPANY PC	Fim	n's EIN 📂		
	e On		Fırm's address ▶ 99 HIGH STREET 21ST FLOOR	Pho	ne no (61	7) 439-97	700
U 3	o On	'' ^y	BOSTON, MA 02110				

✓ Yes ☐ No

### Statement of Program Service Accomplishments Check if Schedule Contains a response or note to any line in this Part III	Form	990 (2014)				Page 2
WE OPENED OUR DOORS IN 1912 TO PROVIDE FINANCIAL STABILITY TO IMMISGRANTS WHO CAME HERE FROM ALL OVER THE WORLD TO MORKIN THE NILLS OUR GOALSTHEN WERE THE SAME AS THEY ARE NOW HELPING EACH MEMBER MAKES MART FINANCIAL CHOICES, HELPING PEOPLE SAVE FOR THEIR FUTURE, MAKING LOANS AVAILABLES OUR MEMBERS CAN REALIZE THE AMERICAN DREAM BY PURCHASING A HOME, BUYING A CAR OR EVEN STARTING THEIR OWN BUSINESS 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-EZ?	Par					
WORLD TO WORK IN THE MILLS OUR GOALS THEN WERE THE SAME AS THEY ARE NOW HELPING EACH MEMBERS MARE SMART STRINACIAL CHOICES, HELPING PEOPLE SAVE FOR THEIR FUTURE, MAKING LOANS AVAILABLE SO OUR MEMBERS CAN REALIZE THE AMERICAN OREAM BY PURCHASING A HOME, BUYING A CAR OR EVEN STARTING THEIR OWN BUSINESS 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-627	1	Briefly describe	e the organization's mission			
the prior Form 990 or 990-E27	WO R FI N A	LD TO WORK IN NCIAL CHOICE	THE MILLS OUR GOALS THEN S, HELPING PEOPLE SAVE FO	I WERE THE SAME AS THEY ARE I R THEIR FUTURE, MAKING LOAN	NOW HELPING EACH MEM S AVAILABLE SO OUR MEN	BER MAKE SMART 1BERS CAN REALIZE
Solution of the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported (Code) (Expenses \$ including grants of \$) (Revenue \$) Provide financial services to members as a licensed credit union (Code) (Expenses \$ including grants of \$) (Revenue \$) (Code) (Expenses \$ including grants of \$) (Revenue \$) (Code) (Expenses \$ including grants of \$) (Revenue \$) (Code) (Expenses \$ including grants of \$) (Revenue \$)	2				ch were not listed on	┌ Yes ┌ No
services?		If "Yes," descri	be these new services on Schedu	ıle O		
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 4a (Code) (Expenses \$ including grants of \$) (Revenue \$) Provide financial services to members as a licensed credit union 4b (Code) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)	3	services? .		significant changes in how it conduction.	cts, any program	┌ Yes ┌ No
Provide financial services to members as a licensed credit union (Code) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)	4	Describe the or expenses Sect	ganization's program service acc ion 501(c)(3) and 501(c)(4) orga	anizations are required to report the		·
4c (Code) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)	4a	•	, , ,) (Revenue \$)
4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)	4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)						
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(Expenses \$ including grants of \$) (Revenue \$)						
(Expenses \$ including grants of \$) (Revenue \$)						
4e Total program service expenses 🕒	4d	· -	•	·) (Revenue \$)
	4e	Total program	service expenses ►			

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	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? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV^{\square}	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic 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 or for domestic individuals 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), 501(c)(4), and 501(c)(29) 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 "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	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
D	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		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	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		No
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 $2 \cdot$	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note, All Form 990 filers are required to complete Schedule O	38	Yes	

	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 97,557			140
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0	_		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	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	5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	165	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
b	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	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	30		
	1. 1. Co, to the or on one organization meronin occorrence in the first in the firs	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
4	file Form 8282?	7c		
a	11 Yes, indicate the number of Forms 6262 filed during the year	-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	1_		
	contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7f		
y	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time			
	during the year?	8		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a			
	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 10b	1		
,	facilities	1		
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
l2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
L3	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		
b	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			
c	Enter the amount of reserves on hand			
l4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	i	Νo
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O	contains a res	nonse or no	te to anv	line in this Pa	rt V I	_	_	_	_	_	_	_	_	_	_	_	Ţ
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Se	ection A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year						
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O						
b	Enter the number of voting members included in line 1a, above, who are independent						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No			
4		4		No			
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No			
6	Did the organization have members or stockholders?	6	Yes				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			No			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	The governing body?	8a	Yes				
ь	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, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No			
organization's maining dudices. It ites, provide the names and dudicesses in schedule of the first testing to the second of the							
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	Reveni	ue Cod	e.)			
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	Revent	ue Cod Yes	e.) No			
	Did the organization have local chapters, branches, or affiliates?	10a					
10a	Did the organization have local chapters, branches, or affiliates?		Yes				
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes				
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes	No			
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes	No			
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes	No			
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10a 10b 11a 12a 12b	Yes Yes Yes	No			
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes Yes Yes	No			
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes	No			
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No			
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes Yes	No			
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No			
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes Yes	No			
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No			
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No			
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No			

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- 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 V 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, address, and telephone number of the person who possesses the organization's books and records
 ►SUSAN HANNIGAN

 15 ANNE DARG CHILL TREMONT PLACE

Form 990 (2014)	
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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or chiector	2/1099-MISC)	2/1099-MISC)	organization and related organizations

Form **990** (2014)

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

(A) Name and Title	(B) A verage hours per week (list any hours	more t	han d n is l	ne l both	box, an d	officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	•			
C	Total from continuation sheets to Part VII, Section A	• [
d	Total (add lines 1b and 1c)	<u> </u>	2,383,165	0	250,121

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►21

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule I for such individual	3		Νo
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
Soucy Industries Inc, 5 Dick Tracy Drive PELHAM, NH 03076	Construction	1,885,097
TREMONT YARD, 5 DICK TRACY DRIVE PELHAM, NH 03076	Property management	1,091,780
FIDELITY INFO SERVICES, PO BOX 4535 CAROL STREAM, IL 60197	banking software	1,719,036
Harvard Pilgrim Health, PO Box 97050 BOSTON, MA 02297	insurance services	1,249,864
Digital Insight, PO BOX 515306 LOS ANGELES, CA 90051	banking innovations	827,963
2 Total number of independent contractors (including but not limited to those listed a	bove) 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 ►33

Form 99								Page 9
Part V	/##	Statement o	f Revenue ule O contains a respon	se or note to any lu	ne in this Part VIII			_
		Check if Schedi	uie O contains a respon	se of flore to any fi	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated cam	paigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership du	es 1b					
Gr.	c	Fundraising eve	ents 1c					
Giffs, nilar An	d		zations 1d					
Gii ila								
ns, Sim	e	Government grant						
Contributions, and Other Sim	f	All other contribution similar amounts no	ons, gifts, grants, and 1f ot included above					
듚	g		ons included in lines					
ont nd -	h	1a-1f \$ Total. Add lines	s 1a-1f		0			
<u>S</u>		Totali / (dd iiii e.		B				
Ę	2a	INTEREST INCOME	:	Business Code	30,597,629	30,597,629		
ever	Ь	INTEREST INCOME	<u> </u>		30,397,029	30,397,029		
o G	c	-						
ř	d							
જુ	e							
Ē	f	All other progra	am service revenue					
Program Serwoe Revenue		Tetal Add line	s 2a – 2f	<u> </u>	20 507 620			
	g 3		ome (including dividence		30,597,629			
		and other simil	aramounts)	•	3,285,462			3,285,462
	4		stment of tax-exempt bond p	roceeds 🕨	0			
	5	Royalties	(1) Pool		0			
	6a	Gross rents	(ı) Real	(II) Personal				
	b	Less rental						
	l c	expenses Rental income	0	0				
	d	or (loss)	me or (loss)		0			
	"	Wee remar med	(i) Securities	(II) O ther				
	7a	Gross amount from sales of assets other	64,528,057	47,236,000				
	ь	than inventory Less cost or	64 225 424	46 402 250				
		other basis and sales expenses	64,235,121	46,102,350				
	С	Gain or (loss)	292,936	1,133,650	1 426 506		E 407	1 421 002
	d 8a	Net gain or (los Gross income f	(SS)		1,426,586		-5,407	1,431,993
Other Revenue	Ju	events (not inc \$ of contributions	ludings reported on line 1c)					
ı,		See Part IV, lin	ne 18 a l					
h F	ь	Less direct ex	penses b					
5	c	Net income or (loss) from fundraising e	vents 🛌	0			
	9a		rom gaming activities ne 19					
		See Parciv, III	a					
	ь	Less direct ex	penses b					
	С	Net income or (loss) from gaming activ	rities	0			
	10a	Gross sales of returns and allo						
		returns and and	a a					
	ь	Less cost of g	oods sold b					
	С	Net income or ((loss) from sales of inve	ntory 🛌	0			
		Miscellaneous	s Revenue	Business Code				
	11a	FEE INCOME		522100	8,085,109	7,988,424	96,685	
	Ь	PARTNERSHIP	PINVESTMENTS	525990	-19,347		-19,347	
	С							
	d		ue [
	e	Total. Add lines		🔸	8,065,762			
	12	Total revenue.	See Instructions	•	43,375,439	38,586,053	71,931	4,717,455

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete col	umn (A)
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	· / / / · · · / · · · · / · · · · · · ·				
	Check if Schedule O contains a response or note to any line in this	Part IX			<u> </u>
	ot include amounts reported on lines 6b, b, 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 domestic organizations and domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,486,799			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	10,472,890			
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	831,995			
9	Other employee benefits	1,294,083			
10	Payroll taxes	938,931			
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	169,741			
C	Accounting	622,363			
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	886,683			
12	Advertising and promotion	1,449,979			
13	Office expenses	1,170,240			
14	Information technology	3,036,856			
15	Royalties	0			
16	Occupancy	2,351,400			
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	141,784			
20	Interest	6,966,012			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	1,382,547			
23	Insurance	390,369			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	EQUIPMENT MAINTENANCE	1,142,056			
b	PROVISION FOR LOAN LOSSES	1,351,751			
c	CREDIT CARD PROCESSING FEES	1,175,711			
d	LENDING EXPENSES	153,662			
е	All other expenses	991,118			
25	Total functional expenses. Add lines 1 through 24e	38,406,970			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Раг	tΧ	Check if Schedule O contains a response or note to any line	ın thıs	Part X			
					(A)		(B)
	1				Beginning of year		End of year
	1	Cash-non-interest-bearing			8,807,935		13,165,564
	2	Savings and temporary cash investments			19,012,303		60,572,651
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			0	4	0
	5	Loans and other receivables from current and former officers key employees, and highest compensated employees. Compensated employees.	olete P	art II of	0	5	0
Assets	6	Loans and other receivables from other disqualified persons section $4958(f)(1)$), persons described in section $4958(c)(employers and sponsoring organizations of section 501(c)(96000000000000000000000000000000000000$	3)(B), 9) volu	and contributing ntary employees'	0	6	0
38	7	Notes and loans receivable, net			628,904,691	7	749,647,591
₹	8	Inventories for sale or use			0	8	0
	9	Prepaid expenses and deferred charges			1,641,294	9	2,087,982
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	30,469,186		_	
	ь	Less accumulated depreciation	10b	13,214,030	14,564,098	10c	17,255,156
	11	Investments—publicly traded securities	<u> </u>		339,788,332	11	225,452,899
	12	Investments—other securities See Part IV, line 11			0	12	0
	13	Investments—program-related See Part IV, line 11			0	13	0
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11			13,287,036	15	21,451,598
	16	Total assets. Add lines 1 through 15 (must equal line 34)			1,026,005,689	16	1,089,633,441
	17	Accounts payable and accrued expenses			4,838,818	17	7,787,289
	18	Grants payable			0	18	0
	19	Deferred revenue			98,604	19	0
	20	Tax-exempt bond liabilities			0	20	0
	21	Escrow or custodial account liability Complete Part IV of S			0	21	0
Liabilities	22	Loans and other payables to current and former officers, direkey employees, highest compensated employees, and disqu	ectors,				
qе		persons Complete Part II of Schedule L			О	22	0
	23	Secured mortgages and notes payable to unrelated third par	ties		80,000,000	23	75,000,000
	24	Unsecured notes and loans payable to unrelated third partie	s .		0	24	0
	25	Other liabilities (including federal income tax, payables to reand other liabilities not included on lines 17-24) Complete			859,553,001	25	917,118,277
	26	D			944,490,423	26	999,905,566
	20	Organizations that follow SFAS 117 (ASC 958), check here is			044,400,420	20	000,000,000
ė. S		lines 27 through 29, and lines 33 and 34.	- 4	na complete			
and	27	Unrestricted net assets			li	27	
<u> </u>	28	Temporarily restricted net assets				28	
핕	29	Permanently restricted net assets				29	
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check complete lines 30 through 34.	k here	► 🔽 and			
	30	Capital stock or trust principal, or current funds			О	30	0
Assets	31	Paid-in or capital surplus, or land, building or equipment fun-	d .		16,000,000	31	16,000,000
As	32	Retained earnings, endowment, accumulated income, or other	er fund	s	65,515,266	32	73,727,875
Šet	33	Total net assets or fund balances			81,515,266	33	89,727,875
2	34	Total liabilities and net assets/fund balances			1,026,005,689	34	1,089,633,441
	•				-		Form 990 (2014)

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	,		43.	375,439
2	Total expenses (must equal Part IX, column (A), line 25)				
_		2		38,4	406,970
3	Revenue less expenses Subtract line 2 from line 1	3		4,9	968,469
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) \cdot .	4		0.1.1	
5	Net unrealized gains (losses) on investments	-		81,3	515,266
J		5		3,2	244,140
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)				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	9			
	column (B))	10		89,	727,875
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. F
				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	ewed on			
	☐ 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 sepbasis, consolidated basis, or both	arate			
	▼ Separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of th	e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ne	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Software ID: Software Version:

EIN: 04-1231965

Name: Jeanne D'Arc Credit Union

(A) Average	Form 990, Part VII - Compensation Compensated Employees, and Inde				Tru	ste	es, k	(ey	Employees, Higl	nest	
Company Comp	(A)	(B) A verage hours per week (list any hours	Posit more th perso and a	ion (nan o n is b	do no ne b ooth a ctor/	ox, u an of /trus	nless ficer tee)		Reportable compensation from the organization (W-	Reportable compensation from related organizations (W-	Estimated amount of other compensation from the
100 100		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	compensat ee	Former	2/1033-1413-0	2/1033-1413-0	related
131 Perform 40			x						3,719	0	0
Present of LCC Obsector 0.00	(1) Mark Cochran										
Discretion	President/CEO/Director	I	X		×				508,790	0	44,453
33 George Enders	, ,		x						3,719	0	0
Comparison	Director (3) George Fliades										
General Machand			Х						3,719	0	0
Deector	(4) Henri Marchand	1 0	, , , , , , , , , , , , , , , , , , ,						2.710		
District	Director		×						3,719	0	U
10	(5) Carol McDonough		X						3,719	0	0
District	Director (6) Dorcas Griga Satio										
1			Х						3,719	0	0
Director	(7) Ellen Murphy Meehan		<u></u>						2.740		
Note	Director		X						3,719	0	0
19 William Soucy 10 X 3,719 0 0 0	(8) Joseph Randazza		X						2,099	0	0
Director	Director (deceased 7/14/14) (9) William Soucy										
10 Rehard Wau	Dona da a		Х						3,719	0	0
Chamman of the Board	(10) Richard Viau									_	_
Name	Chairman of the Board		X						3,719	0	0
10	(11) Naomı Prendergast		X						3,719	0	0
Director Director	Director (12) Susan Green										
(13) Mark Dionne eff 12114			Х						3,719	0	0
Director 0 0	(13) Mark Dionne eff 12114	1 0	, , , , , , , , , , , , , , , , , , ,						640		
Name	Director		^						648	0	0
(15) Peter Boyle retired 123114	(14) Joanne Yestramskı		X						648	0	0
X 209,802 0 36,350	Director (eff 12/1/14) (15) Peter Boyle retired 123114										
(16) Scott Flagg 40 0 X 169,802 0 28,870 Senior VP Member Services 0 0 X 169,802 0 28,870 Senior Vice President CFO 0 0 X 157,498 0 10,172 Senior Vice President CFO 0 0 X 168,388 0 30,198 Senior Vice President CFO 0 0 X 117,430 0 417 Senior Vice President CFO 0 0 X 117,430 0 417 Senior Vice President CFO 0 0 X 110,782 0 18,194 senior vice President CFO 0 0 X 110,782 0 18,194 senior vice president CFO 0 0 X 110,782 0 18,194 senior vice president CFO 0 0 X 203,850 0 32,449 Ver of Loan Originations 0 0 X 203,850 0 32,449 Ver of Loan Originations 0 0 X 166,100 0 2,102 Senior Loan Officer 0 0 X 170,008 0 4,474 senior Loan Officer 0 0 X 204,034 0 31,300						Х			209,802	0	36,350
Senior VP Member Services	(16) Scott Flagg	40 0							160.903	0	20.070
X 157,498 0 10,172	Senior VP Member Services	0 0							109,802	0	20,070
(18) Michelle Silveira						х			157,498	0	10,172
Senior VP Marketing	Senior Vice President CFO (18) Michelle Silveira										
117,430 0 417 117,430 0 417						Х			168,388	0	30,198
Senior Vice President CFO 0 0 X 110,782 0 18,194 (20) Carolyn Pelletier 40 0 X 110,782 0 18,194 senior vice president CIO 0 0 X 203,850 0 32,449 (21) Michael P Dubuque 40 0 X 203,850 0 32,449 VP of Loan Orginations 0 0 X 166,100 0 2,102 Senior Loan Officer 0 0 X 170,008 0 4,474 (24) Brian Sousa 40 0 X 204,034 0 31,300	(19) Susan Hannigan					V			117.430	0	417
X 110,782 0 18,194	Senior Vice President CFO	0 0							117,430	-	417
(21) Michael P Dubuque 40 0						х			110,782	0	18,194
VP of Loan Originations 0 0 Image: Control of the cont	senior vice president CIO (21) Michael P Dubuque	_									
(22) James Hirbour 40 0 Senior Loan Officer 0 0 (23) Keith Micavich 40 0 Senior loan officer 0 0 (24) Brian Sousa 40 0 X 170,008 X 204,034 0 31,300	•						X		203,850	0	32,449
Senior Loan Officer 0 0 Image: Control of the control	(22) James Hirbour						У		166 100	n	2 102
X 170,008 0 4,474	Senior Loan Officer	0 0					<u> </u>		100,100		2,102
(24) Brian Sousa 40 0 X 204,034 0 31,300							x		170,008	0	4,474
	senior Ioan officer (24) Brian Sousa										
	VP of residential lending		<u> </u>				X	L	204,034	0	31,300

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Pose to a person individual trustae or director	ion (nan o n is b	ne b oth	ox, u an of ⁄trus	Inless fficer tee)	Forme	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(26) Jason Dubois senior loan officer	40 0					х		152,377	0	11,142

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DLN: 93493226013125

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.

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

Open to Public

Nan	ne of the organization ne D'Arc Credit Union	,	Employer identification number
Pai	t I Organizations Maintaining Donor Advorganization answered "Yes" to Form 990,		unds or Accounts. Complete if the
	organization unswered res to rorm 550,	(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
	Did the organization inform all donors and donor adviso funds are the organization's property, subject to the organization		nor advised Yes No
	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benefic conferring impermissible private benefit?		
ar	Conservation Easements. Complete if	the organization answered "Yes" t	to Form 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the orga	anızatıon (check all that apply)	
	igcap Preservation of land for public use (e g , recreation	or education)	n historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation contribution in	the form of a conservation
			Held at the End of the Year
1	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified history	rıc structure ıncluded ın (a)	2c
	Number of conservation easements included in (c) acquired historic structure listed in the National Register	uired after 8/17/06, and not on a	2d
	Number of conservation easements modified, transferred the tax year ▶	ed, released, extinguished, or terminat	ed by the organization during
	Number of states where property subject to conservation	on easement is located ►	<u></u>
	Does the organization have a written policy regarding the enforcement of the conservation easements it holds?	he periodic monitoring, inspection, han	idling of violations, and Yes No
	Staff and volunteer hours devoted to monitoring, inspec	cting, and enforcing conservation ease	ments during the year
	Amount of expenses incurred in monitoring, inspecting,	, and enforcing conservation easement	s during the year
	Does each conservation easement reported on line 2(d and section 170(h)(4)(B)(ii)?) above satisfy the requirements of sec	ction 170(h)(4)(B)(ı)
	In Part XIII, describe how the organization reports conbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemer	e footnote to the organization's financia	
T	Organizations Maintaining Collections Complete if the organization answered "Ye	s of Art, Historical Treasures,	or Other Similar Assets.
•	If the organization elected, as permitted under SFAS 1: works of art, historical treasures, or other similar asset service, provide, in Part XIII, the text of the footnote to	16 (ASC 958), not to report in its reve ts held for public exhibition, education,	or research in furtherance of public
•	If the organization elected, as permitted under SFAS 12 works of art, historical treasures, or other similar asset service, provide the following amounts relating to these	ts held for public exhibition, education,	
	(i) Revenue included in Form 990, Part VIII, line 1		► \$
	(ii) Assets included in Form 990, Part X		▶ -\$
	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1		or financial gain, provide the
	Revenue included in Form 990, Part VIII, line 1		► \$
	Accets included in Form 990 Part V		b - ¢

Part	Organizations Maintaining Col	<u>lections of Art</u>	, His	tori	<u>cal T</u>	reası	<u>ıres, or Ot</u>	her	<u>Similar As</u>	sets (c	ontinued)
3	Using the organization's acquisition, accession collection items (check all that apply)	on, and other record	ds, cl	neck			_		significant use	of its	
a	Public exhibition		d	Γ	Loan	orexc	:hange progra	ms			
b	Scholarly research		е	Γ	Othe	r					
C	Preservation for future generations										
4	Provide a description of the organization's col Part XIII	llections and expla	ın hov	w the	y furth	er the	organızatıon':	s ex	empt purpose ı	ın	
5	During the year, did the organization solicit or									-	-
Dar	assets to be sold to raise funds rather than to tall. Escrow and Custodial Arrange									Yes	│ No
Pal	Part IV, line 9, or reported an am						ii alisweleu	16	פי ונו דטוווו פ	,90,	
1a	Is the organization an agent, trustee, custodi included on Form 990, Part X?						or other asse	ts n	ot	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XIII	I and complete the	follov	wing t	able		_				
									An	nount	
C	Beginning balance						<u> :</u>	1c			
d	Additions during the year						<u> :</u>	Ld			
e	Distributions during the year						<u> </u>	Le			
f	Ending balance							1f			
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21,	for e	scrow	or cust	odial accoun	t lıal	bility?	│ Yes	□ No
ь	If "Yes," explain the arrangement in Part XIII										<u> </u>
Pa	t V Endowment Funds. Complete if									/-\F	
1a	Beginning of year balance	(a)Current year	(D) Prior	year	b (c)	wo years back	(a) i	hree years back	(e)Four	years back
b	Contributions										
c	Net investment earnings, gains, and losses										
_											
d	Grants or scholarships Other expenditures for facilities					1					
е	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent year end balanc	e (lır	ne 1g	, colun	nn (a))	held as				
а	Board designated or quasi-endowment ►										
b	Permanent endowment ▶										
c	Temporarily restricted endowment ►										
	The percentages in lines 2a, 2b, and 2c shou	ld equal 100%									
3a	Are there endowment funds not in the posses	sion of the organiza	ation	that	are hel	dand	admınıstered	for t	the		T
	organization by (i) unrelated organizations								3a(Yes	No
	(ii) related organizations		•						3a(
b	If "Yes" to 3a(II), are the related organization								3l		<u> </u>
4	Describe in Part XIII the intended uses of the	e organization's end	dowm	ent f	unds					•	
Par	t VI Land, Buildings, and Equipmer 11a. See Form 990, Part X, line 1		he o	rgar	ızatıo	n ans	wered 'Yes'	to I	Form 990, Pa	rt IV, l	ine
	Description of property	<u>0.</u>			Cost or		(b)Cost or oth basis (other)		(c) Accumulated depreciation	(d) B	ook value
	_and			+			3,856,4	190		+	3,856,490
	Buildings						10,749,0		3,458,76	6	7,290,285
	_easehold improvements						6,012,		2,611,28	+	3,401,285
	Equipment						3,009,	-	3,009,07	+	220
e	Other	<u></u>					6,841,	773	4,134,89	7	2,706,876
	. Add lines 1a through 1e <i>(Column (d) must eq</i>			ımn (B), lıne	10(c).)		🕨		17,255,156
									Schedule D	Form 9	990) 2014

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)	<u>*</u>	
Part VIII Investments—Program Related. C See Form 990, Part X, line 13.	complete if the organizati	on answered 'Yes' to Form 990, Part IV, line 11c.
(a) Description of investment	(b) Book value	(c) Method of valuation
	``	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	*	
Part IX Other Assets. Complete if the organization	on answered 'Yes' to Form 99	
	on answered 'Yes' to Form 99	90, Part IV, line 11d See Form 990, Part X, line 15 (b) Book value
Part IX Other Assets. Complete if the organization	on answered 'Yes' to Form 99	
Part IX Other Assets. Complete if the organization	on answered 'Yes' to Form 99	
Part IX Other Assets. Complete if the organization	on answered 'Yes' to Form 99	
Part IX Other Assets. Complete if the organization	on answered 'Yes' to Form 99	
Part IX Other Assets. Complete if the organization	on answered 'Yes' to Form 99	
Part IX Other Assets. Complete if the organization	on answered 'Yes' to Form 99	
Part IX Other Assets. Complete if the organization	on answered 'Yes' to Form 99	
Part IX Other Assets. Complete if the organization	on answered 'Yes' to Form 99	
Part IX Other Assets. Complete if the organization	on answered 'Yes' to Form 99	
Part IX Other Assets. Complete if the organization	on answered 'Yes' to Form 99	
Part IX Other Assets. Complete if the organization	on answered 'Yes' to Form 99	
Part IX Other Assets. Complete if the organization	on answered 'Yes' to Form 99	
Part IX Other Assets. Complete if the organization (a) Description (a) Description (b) Description (c) Descrip	on answered 'Yes' to Form 99	
Part IX Other Assets. Complete if the organization (a) Described in the organization (a) Described in the organization (b) Described in the organization (a) Described in the organization (b) Described in the organization (b) Described in the organization (a) Described in the organization (b) Described in the organization (b) Described in the organization (c) Described in the or	n answered 'Yes' to Form 99 ription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the organization (a) Description (b) Part X Other Liabilities.	n answered 'Yes' to Form 99 ription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the org Form 990, Part X, line 25.	ription 15.) anization answered 'Yes' to Form 99	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the org Form 990, Part X, line 25. 1 (a) Description of liability	n answered 'Yes' to Form 99 ription 15.) anization answered 'Yes' (b) Book value	(b) Book value
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 Federal income taxes	n answered 'Yes' to Form 99 ription 15.) anization answered 'Yes' (b) Book value	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the org Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	n answered 'Yes' to Form 99 ription 15.) anization answered 'Yes' (b) Book value	(b) Book value
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 Federal income taxes	n answered 'Yes' to Form 99 ription 15.) anization answered 'Yes' (b) Book value	(b) Book value
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 Federal income taxes	n answered 'Yes' to Form 99 ription 15.) anization answered 'Yes' (b) Book value	(b) Book value
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 Federal income taxes	n answered 'Yes' to Form 99 ription 15.) anization answered 'Yes' (b) Book value	(b) Book value
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 Federal income taxes	n answered 'Yes' to Form 99 ription 15.) anization answered 'Yes' (b) Book value	(b) Book value
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 Federal income taxes	n answered 'Yes' to Form 99 ription 15.) anization answered 'Yes' (b) Book value	(b) Book value
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	n answered 'Yes' to Form 99 ription 15.) anization answered 'Yes' (b) Book value	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the org Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	n answered 'Yes' to Form 99 ription 15.) anization answered 'Yes' (b) Book value	(b) Book value
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 Federal income taxes	n answered 'Yes' to Form 99 ription 15.) anization answered 'Yes' (b) Book value	(b) Book value
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 Federal income taxes	n answered 'Yes' to Form 99 ription 15.) anization answered 'Yes' (b) Book value	(b) Book value
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 Federal income taxes	n answered 'Yes' to Form 99 ription 15.) anization answered 'Yes' (b) Book value	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the org Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	n answered 'Yes' to Form 99 ription 15.) anization answered 'Yes' (b) Book value	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the org Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	n answered 'Yes' to Form 99 ription 15.) anization answered 'Yes' (b) Book value	(b) Book value to Form 990, Part IV, line 11e or 11f. See

Part		evenue per Audited Financial Statements With Revenue presend 'Yes' to Form 990, Part IV, line 12a.	er R	Return Complete If
1	<u>-</u>	r support per audited financial statements	1	43,287,000
2	Amounts included on line 1 bu	t not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses)	on investments 2a		
b	Donated services and use of fa	acilities 2b		
С	Recoveries of prior year grants	s		
d	Other (Describe in Part XIII)			
e	Add lines 2a through 2d .		2e	-88,439
3	Subtract line 2e from line 1 .		3	43,375,439
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1		
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b . 4a		
ь	Other (Describe in Part XIII)	4b		
С			4c	
5		4c. (This must equal Form 990, Part I, line 12)	5	43,375,439
Part	XII Reconciliation of E	xpenses per Audited Financial Statements With Expenses	per	
1		swered 'Yes' to Form 990, Part IV, line 12a.	1	38,318,000
				30,310,000
2		t not on Form 990, Part IX, line 25		
a		collities		
b	· -			
С				
d			_	
е	-		2e	-88,970
3			3	38,406,970
4		O, Part IX, line 25, but not on line 1:		
а		uded on Form 990, Part VIII, line 7b 4a		
b		<u>4b</u>		
С	Add lines 4a and 4b		4 c	
5	•	nd 4c. (This must equal Form 990, Part I, line 18)	5	38,406,970
	XIII Supplemental Inf			
Part \		Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to $\frac{1}{2}$		de any additional
	Return Reference	Explanation		
Schedu	ule D, Part XI, line 2d	Expenses netted in audited report Indirect Loan Expenses (51,002) Oth	ner pro	ofessional services
	are 5,1 are XI, line 2a	(8,242) Certificate Early Withdrawal Penalties (29,538) Total (adjustment (188)		
Sched	ule D, Part XI, line 2d	Expenses netted in audited report Indirect Loan Expenses (51,002) Oth (8,242) Certificate Early Withdrawal Penalties (29,538) Total (adjustment 343		
Uncert	ain tax positions	The Credit Union is exempt under IRC 501(c)(14), from federal and state products and services provided by select state chartered credit unions h Internal Revenue Service (IRS), in technical advice memorandums (TAM unrelated to the specific entity's exempt purpose. As presented in the tememorandums, the net taxable income from these products and services taxes. Credit Unions have litigated against the IRS positions noted in the successful in having courts declare in 2009 and 2010 that revenue from members, helping them protect their financial wellbeing, qualifies as exert to the IRS position in the TAMs. The Credit Union filed its annual 990 ta indicates that Credit Union had no unrealized business income tax. The tability to assess taxes, penalties and interest for any years for which no opinion of management, any liability resulting from taxing authorities imponent taxable income from activities potentially deemed to be unrelated to purpose is not expected to have a material effect on the Credit Union's financial of December 31, 2014, and 2013. The credit Union's 2011 throughout the content of the credit Union's 2011 throughout the content of the credit Union's 2011 throughout the credi	ave bos) relochnicate would be TAM insurate put axing tax recosing the Cranciano uno	een deemed by the eased in 2007, to be all advice if be subject to income is and have been ance products sold to irpose income, contrary rn for 2013, which authorities have the turn was filed. In the income taxes on the redit Union's exempt all position or result of certain tax positions.

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

Schedule D (Form 990) 2014

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DLN: 93493226013125

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990.

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

Open to Public Inspection

Name of the organization Jeanne D'Arc Credit Union

Employer identification number

04-1231965

Pai	TEL Questions Regarding Compensation					
					Yes	No
1a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel		Housing allowance or residence for personal use			
	▼ Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the org reimbursement or provision of all of the expenses de			1b	Yes	
2	Did the organization require substantiation prior to redirectors, trustees, officers, including the CEO/Exec			2	Yes	
					165	
3	Indicate which, if any, of the following the filing organ organization's CEO/Executive Director Check all the used by a related organization to establish compensation	at apply	y Do not check any boxes for methods			
	✓ Compensation committee	▽	Written employment contract			
	☐ Independent compensation consultant	~	Compensation survey or study			
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, P or a related organization	art VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control p	aymen	t?	4a	Yes	
b	Participate in, or receive payment from, a supplemen	tal non	qualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-ba	sed co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	vide th	e applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizat	ions mı	ust complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, compensation contingent on the revenues of					
а	The organization?			5a		
ь	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, compensation contingent on the net earnings of	lıne 1a	, did the organization pay or accrue any			
а	The organization?			6a		
b	Any related organization?			6b		
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," do			7		
8	Were any amounts reported in Form 990, Part VII, pa	aid or a	ccured pursuant to a contract that was			
	subject to the initial contract exception described in		•			
	ın Part III			8		
9	If "Yes" to line 8, did the organization also follow the section 53 $4958\text{-}6(c)$?	rebutta	able presumption procedure described in Regulations	9		

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

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

Note. The sum of columns (B)(1)-(111) 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 o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation in
	(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	column(B) reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2014

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
Travel for Compianions	Spouses or guests are welcome to accompany directors, but is limited to no more than two times per calendar year Spouse or guest expenses which are reimbursable include, but are not limited to air travel, meals, and organized entertainment such as event dinners, golf outings or other conference related outings Spouse and guest travel expenses may not exceed \$1,200 per year Spouse or guest expenses which are not reimbursable include, but are not limited to separate lodging or non-conference related personal expenses
Nonqualified Retirement Plan	The Credit Union has a non-qualified deferred compensation plan (section 457(f)) with a member of executive management. Under the terms of the plan, the participant is entitled to the earnings and appreciation on the deferred compensation plan's benchmarking investments. The investments are presented at fair value as part of other assets on the Statements of Financial Condition. At both years ending December 31, 2014, and 2013, the Credit Union's liability amounted to \$542K.
Schedule J, Part I, Line 4a - Severance Pavment	Susan Gruber received \$100,00 severance payment in 2014

Schedule J (Form 990) 2014

Additional Data

Software ID: Software Version:

EIN: 04-1231965

Name: Jeanne D'Arc Credit Union

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

(A) Name and Title		(B) Breakdown of (i) Base Compensation	f W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation	SC compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
1 Peter Boyle retired 123114, Senior Vice President CIO	(I) (II)	197,449	0	12,353	24,241	12,109	246,152	0
1 Mark Cochran, President/CEO/Director	(I) (II)	1	0	21,042	34,344 0	12,109	555,243 0	0
2 Scott Flagg, Senior VP Member Services	(I) (II)		0	13,216 0	16,761 0	12,109 0	198,672 0	0
3 Susan Gruber till Feb 2014, Senior Vice President CFO	(I) (II)	1	0	438 0	1,546 0	8,626 0	167,670 0	0
4 Michelle Silveira, Senior VP Marketing	(I) (II)	I I	0	11,958 0	18,089 0	12,109	198,586 0	0
5 Michael P Dubuque, VP of Loan Originations	(I) (II)		0	2,592 0	20,340 0	12,109 0	236,299 0	0
6 James Hirbour, Senior Loan Officer	(I) (II)	· · ·	0	0	0	2,102 0	168,202 0	0
7 Keith Micavich, senior loan officer	(I) (II)		0	419 0	3,473 0	1,001 0	174,482 0	0
8 Brian Sousa, VP of residential lending	(I) (II)		0	2,592 0	19,191 0	12,109 0	235,334 0	0
9 Jason Dubois, senior loan officer	(I) (II)	152,093	0	284	0	11,142 0	163,519 0	0

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DLN: 93493226013125

Employer identification number

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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

OMB No 1545-0047

Open to Public Inspection

				501(c)(3), section 501(in Form 990, Part IV, line							
(a) Nam	ne of disqualified	erson (b)		ip between disqualified	(c) Desc	cription of transact		nsaction		(d) Corr	ected
			person	and organization	ion					Yes	No
	amount of tax inc			anagers or disqualified pe	rsons during t	he yea	r unde	rsection			
	· · · · · · amount of tax, if a				ion	 	 	▶ \$			
art II oans to an omplete of the	nd/or From I	ny, on line 2, nterested I swered "Yes" 0, Part X, line	Persons. on Form 9 2 5, 6, or 2	90-EZ, Part V, line 38a, 2 I to (e)Origina principal		Part IV	In	▶ \$	ved d or	anızatıor (i)Wrı agreen	tten
TETII Dans to an omplete of the ported an ar	nd/or From I e organization ar mount on Form 99 (b) Relationshi	ny, on line 2, nterested I swered "Yes" 0, Part X, line 0 (c) n Purpose of	Persons. on Form 9 5,6,or 2 (d) Loan or from t	90-EZ, Part V, line 38a, 2 I to (e)Origina principal	or Form 990,	(g)	In	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ved d or	(i)Wrı	tten
Enter the a	nd/or From I e organization ar mount on Form 99 (b) Relationshi with organizatio	ny, on line 2, nterested I swered "Yes" 0, Part X, line 0 (c) n Purpose of loan	Persons. on Form 9 5, 6, or 2 (d) Loan or from t organizat	90-EZ, Part V, line 38a, 2 I to (e) Origina principal amount	or Form 990,	(g) defa	In ult?	\$ \$ 26, or if A pprov by boar commit	ved d or tee?	(i)Wrı agreen	tten nent?
Enter the strain of the strain	nd/or From I e organization ar mount on Form 99 (b) Relationshi with organization	ny, on line 2, nterested I swered "Yes" 0, Part X, line 0 (c) 1 Purpose of Ioan	Persons. on Form 9 5, 6, or 2 (d) Loan or from t organizat To	90-EZ, Part V, line 38a, 2 to (e)Origina principal amount	or Form 990, (f)Balance due	(g) defa Yes	In ult?	\$ \$ 26, or if A pprov by boar commit	ved d or tee?	(i)Wrı agreen	tten nent?

Part IV Business Transactions Involving Interested Persons.

Complete if the organizat	<u>on answered "Yes" on I</u>	Form 990, Part IV, lın	e 28a, 28b, or 28c.		
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh of organiz reven	f zation's
				Yes	No
(1) William Soucy	Dır, owner of CU's buildg	1,091,780	Rental		No
(2) William Soucy	Dir, Pres of Construtor	1,878,046	construction		No

Part V Supplemental Information

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

Return Reference	Explanation
Director Loans	Some of the officers and directors have loans outstanding with the credit union These loans were obtained in the normal course of business of the credit union with the same terms and conditions available to all members. As per instructions for schedule I, these loans are not to be listed on schedule L
Party Transaction	Director Soucy owns the building which the credit union leases and houses its administrative and back-office staff Director Soucy excused himself for all Board of Director discussing regarding the decision to enter into the lease for the building Additionally, a third-party commercial real estate firm, National Commercial Brokers, Inc. conducted a market survey for the credit union to ensure the credit union was paying a fair market lease rate and other pertinent conditions. Finally, the office of the Commissioner of Banks of Massachusetts reviewed the business transaction and had no negative comments on the transaction and approved the expenditure of funds. Director Soucy is the president of Soucy Industries which the Credit Union conducted ordinary business with during 2014. director Soucy excused himself from all board of director discussions regarding the decision of selection of a building contractor for the credit union.

Schedule L (Form 990 or 990-EZ) 2014

DLN: 93493226013125

OMB No 1545-0047

Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

SCHEDULE 0

(Form 990 or 990-EZ)

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

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

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

	04-1231965
90 Schedule O, Supplemental Information	
Return Reference	Explanation
PAGE 6 PART VI SECTION B LINE 11 - BOARD REVIEW OF FORM 990	
PAGE 6 PART VI SECTION B LINE 12C - WRITTEN CONFLICT OF INTEREST	Each year the Code of Ethics, which incorporates the Conflict of Interest Policy, is updat
	ed and ratified by the Board of Directors The Code of Ethics pertains to employees as wel I as the Board of Directors Annually, all employees and Board Members sign an
	acknowledge ment that they have received and read the Code of Ethics Further, all employees
	and Board Members must identify, in writing, all deposits and loan accounts in which they have a re
	lated interest. Loans granted to senior management, Directors, or their related parties mu
	st be approved by the Board If the loan is for a Board Member or his/her related interest, the Board Member is recused from the vote
PAGE 6 PART VI SECTION B LINES 15 A & B	Board review of Officer Compensation The credit union's Board of Directors assigns
	respons ibility to the Board's Personnel Committee for the preparation of a written performance ev
	aluation of the credit union's President The Personnel Committee is comprised of independ
	ent directors The Personnel Committee will then present the written evaluation to the
	I board, along with a recommendation for compensation. The compensation level is based on a combination of the President's perceived value to the credit union and job.
	performance Based on the Personnel Committee's recommendation, the full Board approves the
	President's compensation For members of senior management, written performance
	evaluations are prepa red by the President and reviewed with the Board's Chairman No other Board Directors are
	involved in the compensation discussions for senior management. Compensation is based on t
	he value to the credit union and job performance
PAGE 6 PART VI SECTION C LINE 19 - Availability of goverance documents	The credit union's Bylaws, Code of Ethics, Conflict of Interest Policy, etc. are available
	for inspection at the credit union's annual meeting or available at anytime upon a member
	's request The credit union's Privacy Policy is mailed to each member annually The credit union's Call Report (5300) data is available to the general public via the NCUA's
	w ebsit
PAGE 12 PART XI LINES 2B & 2C - Financial statement audit review	THE JEANNE D'ARC CREDIT UNION STATEMENTS ARE AUDITED BY CliftonLarsonAllen LLP, A CERTIFIE
	D PUBLIC ACCOUNTING FIRM THE FINANCIAL STATEMENT YEAR END IS DECEMBER 31st THE JEANNE D'
	ARC CREDIT UNION BY-LAWS REQUIRE An audit COMMITTEE MADE UP OF BOARD MEMBERS TO REVIEW THE
	AUDITED AUDITORS ARE IMPLEMENTED
PAGE 6 PART VI SECTION A LINES 6 7A - Members	Jeanne D'Arc Credit Union Membership is available to anyone who lives, works, or attends s
	chool in Middlesex or Essex counties, the cities or towns of Fitchburg, Leominster, Harvar
	d, Lunenburg or Lancaster, or the New Hampshire counties of Hillsborough or Rockingham Th e members vote for the board of directors at the Annual meeting and vote on any
	business b

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493226013125

OMB No 1545-0123

Sequence No 12A

(h)

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

▶ Information about Form 8949 and its separate instructions is at www.irs.gov/form8949. ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Social security number or taxpayer identification number

Before you check Box A, B, or C below, check whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either may show your basis (usually your cost) even if your broker did not report it to the IRS. Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later).

Part I Short-Term. Transactions involving capital assets you held 1 year or less are short term. For long-term transactions, see page 2.

Note. You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which NO adjustments or codes are required. Enter the total directly on Schedule D, line 1a; you are not required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

┌(B)	Short-term transactions re Short-term transactions re Short-term transactions no	ported on Form	n(s)1099-Bsh	nowing basis was		
1	(a) Description of property	(b)	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds (sales price) (see instructions)	Cost or other basis See the Note below and see <i>Column (e)</i>	enter a	in amount in column (g), code in column (f) parate instructions	Gain or (loss). Subtract column (e) from column (d)	
(Example 100 sh XYZ Co)	(Mo dou un)	disposed (Mo , day, yr)		in the separate instructions	(f) Code(s) from	(g) Amount of adjustment	from column (d) and combine the result with column (g)	
,								
2 Totals Add the amounts in colum (subtract negative amounts) Enter include on your Schedule D, line 18 checked), line 2 (if Box B above is C above is checked)	r each total her O(If Box A abov checked), or lir	e and e ıs ı e 3 (ıf Box						

Note. If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis See Column (g) in the separate instructions for how to figure the amount of the

Page **2**

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on other side learne D'Arc Credit Union

Social securitynumber or taxpayer identification number 04-1231965

Before you check Box D, E, or F below, check whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either may show your basis (usually your cost) even if your broker did not report it to the IRS. Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later).

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note. You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which NO adjustments or codes are required. Enter the total directly on Schedule D, line 8a; you are not required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E) Long-term transactions reported on Form(s) 1099-B showing basis was **not** reported to the IRS
- (F) Long-term transactions not reported to you on Form 1099-B

(a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed (Mo,day,yr)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f) See the separate instructions		(h) Gain or (loss). Subtract column (e) from column (d)
					SALES OF INV		
ADJUSTED LOS				(25,124)			-25,124
2 Totals Add the amounts in colum							
(subtract negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is							
checked), line 9 (If Box E above Is checked), or line 10 (If							
Box F above is checked)		<u>►</u>	64,528,057	(64,229,714)			298,343
Note. If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and							