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Form	99	0
COILLI		_

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

OMB No 1545-0047

2014

Inspection

Department of the Treasury Internal Revenue Service

Check if applicable

Address change

For the 2014 calendar year, or tax year beginning

C Name of organization Naveo Credit Union

Doing business as Naveo Credit Union

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

For Paperwork Reduction Act Notice, see the separate instructions.

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

▶ Do not enter social security numbers on this form as it may be made public.

2014, and ending

Open to Public

/31 , 20 14

D Employer identification number

04-1144988

12/31

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

01/01

abla	Name ch	nange	Number and street (or P O box if mail is not delivered to street address)	Room/suite		E Telephor	ne number						
	Initial ret	urn	493 Somerville Avenue				617-702-5128						
	Final retu	al return/terminated City or town, state or province, country, and ZIP or foreign postal code											
	Amende	ided return Somerville, MA, 02143-3246 G Gross receipts \$ 4,088,522											
$\bar{\sqcap}$		ion pending		•	H(a) Is this a or	oup return for	subordinates? ☐ Yes						
_	493 Somerville Ave, Somerville, MA 02145  H(b) Are all subordinates included?  Yes No												
_	Tay-aya	mpt status		527			ee instructions)						
÷	Website		w.naveo.org	<u> </u>	H(c) Group								
<u></u>				ar of formation		_	of legal domicile MA						
	art I			ar or formation	1920	W State	or regar dornicite IVIA						
	_	Summ	escribe the organization's mission or most significant activities.	Marriage	Theift 0 Ca								
•	1	Briefly de	ascribe the organization's mission of most significant activities.	. Wember	THE III & SE	rvice							
ĕ													
E	_			'		050/ -f	L l l .						
Š	2		nis box ▶☐ if the organization discontinued its operations or di			1 - 1							
Ğ	3						11						
οδ ()	4		of independent voting members of the governing body (Part VI				11						
Activities & Governance	5		mber of individuals employed in calendar year 2014 (Part V, line			5	37						
휹	6		mber of volunteers (estimate if necessary)			6	11						
ĕ	7a		, ,,			7a	0						
	b	Net unre	lated business taxable income from Form 990-T, line 34	· · · · · · · · · · · · · · · · · · ·		7b	0						
					Prior Ye	ar	Current Year						
<u>a</u>	8		itions and grants (Part VIII, line 1h)	· · 上			0						
ne Due	9	Program	,052,728	3,114,984									
Revenue	10	Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)	· · L	1	,124,053	973,538						
Œ	11	Other re	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .				0						
	12	Total rev	enue-add lines 8 through 11 (must equal Part VIII, column (A), lii	ne 12)	4	,176,781	4,088,522						
	13		and similar amounts paid (Part IX, column (A), lines 1-3)				0						
	14	Benefits	paid to or for members (Par X column (A), line 4)	374,553	271,841								
s	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines	5–10)	2	2,138,786	2,055,424						
Expenses	16a		onal fundraising, tees (Part IX, columb A), line 11e)				0						
<u> </u>	ь		ndraising expenses (Part IX Chumh (10), line 25)										
ŭ	17		penses (Part-IX, column (A), lines 19a-11d, 11f-24e)		•	,604,311	1,624,844						
	18		penses. Add lines 13 1/2 (must equat Part IX, column (A), line 25	5) . 🗀		1,117,650							
	19		e less expenses. Subtract line 18 from line 12			59,131	·						
<u> </u>					ginning of Cu		End of Year						
Net Assets or	20	Total as	sets (Part X, line 16)	–	112	2,129,787	112,644,020						
Ass	21		bilities (Part X, line 26)			3,741,225	· · · · · · · · · · · · · · · · · · ·						
ž	22		ets or fund balances. Subtract line 21 from line 20			3,388,562							
	art II		ture Block			,,,,,,,,,,	570 107000						
			ury, I declare that I have examined this return, including accompanying schedule	s and stateme	ents and to t	he best of	my knowledge, and belief it is						
			olete Declaration of preparer (other than officer) is based on all information of whi				my knomougo una sonon, k k						
		TN					-						
Si	gn	Sign	nature of officer		Da	ite	1/						
	ere	11				5	/14/2015						
			e or print name and title	_			1 1/						
_		<del></del>	ype preparer's name Preparer's signature	Date			PTIN						
	aid		, ropus a agraca	24.0		Check self-em	<b>□</b>						
	repare						pioyed						
U	se On	ly Firm's	name			n's EIN ▶							
		I Firm'e	address P		I Dha	na no							



Yes No
Form **990** (2014)

Form 99	90 (2014)	Page 2
Part		
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	Member Thrift & Service	<b>-</b>
		·
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	
		No
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program	
3	_	1
	services?	NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	بنطامي
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to or the total expenses, and revenue, if any, for each program service reported.	thers,
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
	Maintenance of member share and deposit accounts, and the payment of dividends thereon with the purpose of lending to	
	members at competitive interest rates.	
		<b>-</b>
		••
4b	(Code: \(\( \)\( \)Expanses \( \)	
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
		<b></b>
	·····	
	'	<b></b>
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
		<b></b>
		<b>-</b>
		<b></b>
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)	
4e	Total program service expenses ▶ 0	

Form 990 (2014)

		0 (2014)			Page 3
P	art.	V Checklist of Required Schedules		V	
`	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	Yes	No
	2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
	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		/
	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		1
	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		1
	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		1
	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
	9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
1	0	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<i>'</i>
1	11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.	"		
	а	D. L. II	11a	1	
	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		1
	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		1
	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		1
		Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e	<b>√</b>	<b>√</b>
1	12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
	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		✓
-	13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>√</b> _
•	14 a		14a		✓_
	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		<b> </b> ✓
-	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	-	1
•	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? If "Yes," complete Schedule F, Parts III and IV.	16		1
•	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		1
•	18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
	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		1
:	20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part I	Checklist of Required Schedules (continued)		_	
			Yes	No
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		1
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		1
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? If "Yes," complete Schedule J	23	1	
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		<b>✓</b>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		_
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 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	1	
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		1
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):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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		1
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		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	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? <i>If "Yes," complete Schedule R, Part VI</i>	27		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	37	1	<del>  •</del>

Form **990** (2014)

Part				_
	Check if Schedule O contains a response or note to any line in this Part V	• •		
1a	Enter the grapher reported in Pay 2 of Form 1000 Fator 0 of not applicable		Yes	No
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
-	reportable gaming (gambling) winnings to prize winners?	1c	1	
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 2a 37			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
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		
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)?	4.5		1
h	If "Yes," enter the name of the foreign country:	4a		<u> </u>
b	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		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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		✓
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
7	gifts were not tax deductible?	6b		
7 a	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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year			ļ
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f	-	
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	715		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]  Section 501(c)(12) organizations. Enter:			
	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.)			
12a	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 year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	4.5		<b> </b> -
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	ļ	
ь	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
u	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	-	<u> </u>

Part '	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and i	for a.	""No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>	<u></u>	<u> </u>
Secti-	on 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 11	]		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			1
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		<b>/</b> _
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?	_	i	,
_		3		<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		/
5	Did the organization become aware during the year of a significant diversion of the organization's assets?.	5		<b>-</b>
6	Did the organization have members or stockholders?	6		├
7a	one or more members of the governing body?		,	
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a_		<del></del>
D	stockholders, or persons other than the governing body?	7b	✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	10		<del>                                     </del>
	the year by the following:			
а	The governing body?	8a	1	<b></b>
b	Each committee with authority to act on behalf of the governing body?	8b	<u></u>	$\vdash -$
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	-	•	
_	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	_	ode.)	<u> </u>
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	<b>√</b>	
þ	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	✓_	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓_	
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		<b>✓</b>
13	Did the organization have a written whistleblower policy?	13	<b>√</b>	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	✓	-
15	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?			
_		45-		
a	The organization's CEO, Executive Director, or top management official	15a	1	<del></del>
b	Other officers or key employees of the organization	15b	<b>√</b>	<del> </del>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
iva	with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100		-
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ MA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.	•		• ,
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	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 re	cords	. ▶	
	Kevin George, (617)702-5128			

Ρ	ane	7
•	aye	

_			
orm	990	1201	41

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employees."
- 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, and 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.

					C)			İ		
(A)	(B)	///			ition	e than c		(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for	box, office	unles er and	s pe	rson	is both or/trust	an	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	related organizations below dotted line)		Institutional trustee	cer	Key employee	Highest compensated employee	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
Maria L Santos	1									
Chairperson of the Board	0	] ✓						0	l o	(
Liberal T Batista	1									
1st Vice Chairman & Treasurer	0	] ✓						o	o	4,38
John C Feitor	1							1		
2nd Vice Chairman	0	] ✓						o	o	
Paulo J Ferreira	1									
Secretary/Clerk	0	] ✓						0	o	4,38
Joseph Cerqueira	1									
Board Member	0	] ✓						0	o	
Amilcar T Da Silva	1									
Board Member	0	✓						o	o	43
Isaac M Machado	1	]								
Board Member	0	✓						0	0	3,95
Leontina Mancini	1	]							:	
Board Member	0	✓						0	0	
Manuel Da Silva	1	]								
Board Member	0	✓						0	0	4,38
Carlos Montemor	1	]								
Treasurer	0	<b>✓</b>		_				0	0	(
Charles McCannon	1	]								
Director	0	<b>✓</b>			<u> </u>		L	0	0	
Rui F Domingos	40									
Chief Executive Officer	0	L_		✓	1	✓		181,164	0	27,40
James K Roy	40									
Chief Financial Officer	0				✓		L	40,306	0	5,50
Vırgil L Figueiredo	40	] _								
Vice President of Operations	0				1		1	106,572	o	13,99

Part	Section A. Officers, Directors, Trust	tees, Key E	mploy	/ees			lighe	st C	ompensated E	mployees (co	<u>ntinue</u>	<u>d)</u>	
	(A) Name and title		box, i	unles er and	Pos neck s pe d a d	rson irect	e than o	an ee)	(D)  Reportable compensation from	(E) Reportable compensation fi related		Estim amou oth	F) nated unt of her
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		from organi and re	nsation n the ization elated zations
Janet	M Cicerano	40											
Vice P	President of Human Resources	0				✓			75,293		0		3,006
	Pinho	40	ļ			١,			1				
VP Le	nding	0		_	_	<b>-</b>	-	_	113,170		0		15,760
													-
						<del>                                     </del>							
						_							
							<u> </u>	_			$\dashv$		
											+		
1b c	Sub-total	VII, Sectio			•			<b>&gt;</b>	516,505		0		83,222
<u>d</u>	Total (add lines 1b and 1c)  Total number of individuals (including but	t not limited	d to th					<u>►</u> e) w	516,505 ho received m	ore than \$100	0),000 d	of	83,222
	reportable compensation from the organ	ızatıon ► 3	1									<del></del>	- I N
3	Did the organization list any former of									•			Yes No
	employee on line 1a? If "Yes," complete										•	3	✓
4	For any individual listed on line 1a, is the organization and related organizations												
	individual	_										4	1
5	Did any person listed on line 1a receive of for services rendered to the organization											5	1
Section	on B. Independent Contractors	,								· · · ·		1 2	
1	Complete this table for your five highest compensation from the organization. Repyear.												n's tax
	(A) Name and business add	lress							(B) Description of s	ervices		(C) Compensa	ation
		· · · ·											
					•								
2	Total number of independent contractor received more than \$100,000 of compensations.							t	nose listed abo	ove) who			

Part	a VIII							
	<del></del>	Check if Schedule C	ocontains a res	ponse or note to	o any line in this (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
क क	1a	Federated campaigns	s <b>1a</b>			revenue		312-314
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues .						
	c	Fundraising events .			:			
ar /	d	Related organizations		<del></del>				
S, E	e	Government grants (cor						
io Si	f	All other contributions, g						
E E		and similar amounts not inc						
Ğ ğ	g	Noncash contributions include	ded in lines 1a-1f. \$	·				
a S	_	Total. Add lines 1a-1	f	▶	0			
e				Business Code				
Program Service Revenue	2a	interest earned on me	mber loans	522130	2,558,135	2,558,135	0	0
æ	b	fees earned for mainte		522130	556,849	556,849	0	0
<u>ië</u>	С	Credit Union		522130	0	0	0	0
Še	d							<u> </u>
Ē	е							
g	f	All other program ser		·				
Ę	g	Total. Add lines 2a-2	2f	>	3,114,984			
	3	Investment income						
		and other similar amo	ounts)	🕨	879,101	879,101	0	0
	4	Income from investmen	it of tax-exempt be	ond proceeds ►	0	0	0	0
	5	Royalties			0	0	0	0
			(i) Real	(ii) Personal				
	6a	Gross rents	<u></u>					
	b	Less: rental expenses						
	С	Rental income or (loss)	0	0				
	d	Net rental income or	<del></del>					
	7a	Gross amount from sales of	(i) Securities	(ii) Other		1		
	<u>.</u>	assets other than inventory	28,985	65,452		1		
	b	Less: cost or other basis		:		1		
		and sales expenses .	0	0				
	C	Gain or (loss)	28,985					
	d	Net gain or (loss) .		<u> ▶</u>	94,437	94,437	0	0
venue	8a	Gross income from fuevents (not including \$	undraising					
Other Reve	:	of contributions report. See Part IV, line 18 .						
돌	b	Less: direct expenses	s <b>b</b>			Ì		
_		Net income or (loss) f		events . >				
	9a	Gross income from ga						
			a			1	1	
		Less direct expenses						
		Net income or (loss) f		vities ▶				
		Gross sales of in returns and allowance	es a					
		Less: cost of goods s						
	<u> </u>	Net income or (loss) f					· · · · · · · · · · · · · · · · · · ·	
	<del> </del>	Miscellaneous F	Revenue	Business Code		·		
	11a							
	b							
	ب د	All other revenue						
	d	All other revenue .						
	е 12	Total. Add lines 11a- Total revenue. See ii			0			
		rai i - railiae, Occ ii		1	4.088.522	4.088.522	A.	Λ

Part IX Statement of Functional Expenses

Sectio.	n 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respons				
Do no 8b, 9b	t include amounts reported on lines 6b, 7b, , 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				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	271,841			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	1,625,830 51,417	-		
9	Other employee benefits	247,219		_	
10	Payroll taxes	130,958			
11	Fees for services (non-employees):				
a	Management	41,979			
b	Legal	5,257			<del>-</del>
c d	Accounting	79,974			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees		. —		
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) .	89,785			
12	Advertising and promotion	93,479			
13	Office expenses	57,207			<del></del>
14	Information technology	499,724			-
15	Royalties				
16	Occupancy	255,393			
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	46,523			
20	Interest				
21 22	Payments to affiliates	404.005	_		
23	Depreciation, depletion, and amortization . Insurance	191,065 33,029			
24	Other expenses. Itemize expenses not covered	33,023		` '	
	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	lending and collection expense	70,025			
b	community development	34,300			
C	postage	58,377			
d	bank service charges	31,372		<del> </del>	
e	All other expenses  Total functional expenses. Add lines 1 through 24e	37,355			<del></del>
<u>25</u> 26	Joint costs. Complete this line only if the	3,952,109	0	0	0
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here Infollowing SOP 98-2 (ASC 958-720)				

Form **990** (2014)

**Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X (B) End of year Beginning of year 9,498,656 1 7,267,415 1 2 21,518,120 2 21,450,682 Savings and temporary cash investments . . . . . Pledges and grants receivable, net . . . . . . . . 3 3 4 4 0 0 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 2,093,973 5 3,700,374 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . . . 6 0 7 49,783,667 52,955,231 8 Inventories for sale or use . . . . . . Prepaid expenses and deferred charges 130,212 9 159,650 Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10a 10b 969,260 10c Less: accumulated depreciation . . . . 2.139.256 844,207 11 Investments-publicly traded securities . . . . 26,384,814 11 24,394,118 12 Investments-other securities. See Part IV, line 11 . 12 13 Investments - program-related. See Part IV, line 11. 13 14 14 15 1,751,085 15 1,872,343 Total assets. Add lines 1 through 15 (must equal line 34) . . . 112,129,787 16 16 112,644,020 17 17 Accounts payable and accrued expenses . . . . . . 429,357 493,878 18 18 19 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . 22 Secured mortgages and notes payable to unrelated third parties . . . 23 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 103,311,868 103,209,177 25 26 Total liabilities. Add lines 17 through 25 103,741,225 26 103,703,055 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets . . . . . . 27 27 28 28 Temporarily restricted net assets . . . . . . 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . . . . . . . . . 30 0 0 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 0 0 32 Retained earnings, endowment, accumulated income, or other funds. 32 8.388.562 8.940.965 33 33 8,388,562 8,940,965 34 Total liabilities and net assets/fund balances . . . . 112,129,787 112,644,020

rorm 95					Pa	ige 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			4,08	8,522
2	Total expenses (must equal Part IX, column (A), line 25)	2			3,95	2,109
3	Revenue less expenses. Subtract line 2 from line 1	3				6,413
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			8,38	8,562
5	Net unrealized gains (losses) on investments	5			41	5,990
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10			8,94	0,965
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>	<u></u> ,		
			_		Yes	No
1	Accounting method used to prepare the Form 990:   Cash  Accrual  Other		_ 1			1
	If the organization changed its method of accounting from a prior year or checked "Other," ex	olain	in			
	Schedule O.		ļ			
2a	The state of the s			2a		✓_
	If "Yes," check a box below to indicate whether the financial statements for the year were com	oiled i	or			
	reviewed on a separate basis, consolidated basis, or both:		ŀ			
_	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?	•		2b	✓	<del>-</del>
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on	a			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent account		_	_	_	
	·			2c	✓	
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	pıaın	ın			
2-		fauth	<u>.                                    </u>			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	iortn				
L-	If "Yes," did the organization undergo the required audit or audits? If the organization did not under			3a		<b>✓</b>
b	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a			2h		
	required addit of addits, explain why in confedure o and describe any steps taken to undergo such a	auits.		3b	000	
				Forn	コッサリ	(2014)

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#### **SCHEDULE D** (Form 990)

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. OMB No 1545-0047 201

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number **Naveo Credit Union** 04-1144988 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . . 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year . . . . . . 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No Conservation Easements. Part II Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area ☐ Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements . . . . 2a Total acreage restricted by conservation easements . . . . . 2b Number of conservation easements on a certified historic structure included in (a) . . . . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the

#### Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
  - (i) Revenue included in Form 990, Part VIII, line 1 ightharpoons
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- For Paperwork Reduction Act Notice, see the Instructions for Form 990.

b Assets included in Form 990, Part X .

organization's accounting for conservation easements.

Page	2

Schedule	D (Form	990)	2014
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Part	Organizations Maintaining								
3	Using the organization's acquisition, collection items (check all that apply):	accession, and oth	her recoi	ds, chec	k any of th	e follov	wing that are a s	ignificant u	se of its
а	Public exhibition		d		or exchang				
b	Scholarly research		е	☐ Other	· 				
C	Preservation for future generations		and avale	الد سمط من		<b>4</b> h.a			Dt
4	Provide a description of the organization of the organization.								e in Part
5	During the year, did the organization								_
Dod	assets to be sold to raise funds rather  V Escrow and Custodial Arra		ined as p	art of the	organizati	on's co	Direction?	☐ Yes	<u> </u>
Part	Complete if the organization 990, Part X, line 21.	answered "Yes'					•		orm
1a	Is the organization an agent, trustee included on Form 990, Part X?							ot 🗌 Yes	□ No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	llowing ta	able:			_	
							Aı	nount	
С	Beginning balance					10	;		
d	Additions during the year					10			
e	Distributions during the year					16			<u></u>
f	Ending balance					11		0 T V	
2a	If "Yes," explain the arrangement in P								□ No
	Endowment Funds.	art Air. Offect fier	<u> </u>	(pia <u>n</u> atioi	THAS DEEN	provid	eu III Fait XIII .	• • •	
	Complete if the organization	answered "Yes'	' to Forr	n 990. P	art IV. line	10.			
		(a) Current year	(b) Pri		(c) Two year		(d) Three years back	(e) Four year	ars back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships						-		
е	Other expenditures for facilities and programs								
f	Administrative expenses								_
g	End of year balance								
2	Provide the estimated percentage of		id balanc	e (line 1g	, column (a	)) held	as:		
a	Board designated or quasi-endowme		%						
b	Permanent endowment	% %							
U	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2	<sup>70</sup> Oc should equal 10	n0%						
3a	Are there endowment funds not in th			zation tha	at are held	and ad	lministered for th	e	
	organization by:	- 1	J						s No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(II), are the related organ		•					3b	
4	Describe in Part XIII the intended use		on's endo	wment fu	unds.				
Part			<del>-</del>						
	Complete if the organization			1					
	Description of property	(a) Cost or ot (investm			or other basis ther)		Accumulated epreciation	(d) Book va	alue 
1a	Land	·	209,790		0	,			209,790
b	Buildings	·	1,917,064		0		1,495,714		421,350
C	Leasehold improvements		0.55.000		0		0		0
d	Equipment	·	856,609		0		643,542		213,067
Total	Other	nust equal Form 0	0 O Part	Y column	0 (R) line 10	)c 1	0		0 944 207
i otal.	Add lifes ta titrough re. (Column (a) r	nust equal FUIII 9	o, rail	, column	(D), IIIIe TC	<i>ic.)</i> .			844,207

Part VII	Investments—Other Securities				
	Complete if the organization ans	swered "Yes" to Form	990, Part IV, line	11b. See Form 99	0, Part X, line 12.
`	(a) Description of security or categor (including name of security)	ry	(b) Book value	(c) Method Cost or end-of-y	of valuation vear market value
(1) Financial	derivatives				
(2) Closely-h	neld equity interests	[		-	
(3) Other	•••••				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	(b) must equal Form 990, Part X, col (B) line 12.) 🕨				
Part VIII	Investments—Program Relate				
	Complete if the organization and	swered "Yes" to Form		11c. See Form 99	0, Part X, line 13.
	(a) Description of investment		(b) Book value		of valuation ear market value
<u>(1)</u>					
(2)					-
(3)					
(4)					·-
(5)					
(6)					
<u>(7)</u>				<del>_</del>	
(8)				<del></del>	
	(b) must equal Form 990, Part X, col. (B) line 13)				1 · /
Part IX	Other Assets.				· · · · · · · · · · · · · · · · · · ·
	Complete if the organization ans	swered "Yes" to Form	990. Part IV. line	11d. See Form 99	0. Part X. line 15.
	<u> </u>	(a) Description	, , , , , , , , , , , , , , , , , , ,		(b) Book value
(1)					
(2)					
(3)			•	· -	
(4)					
(5)					
(6)					
(7)					
(8)					<u> </u>
(9)			_		
	ımn (b) must equal Form 990, Part X, o	col. (B) line 15.)	· · · · · · ·	<u> ▶   </u>	
Part X	Other Liabilities. Complete if the organization and line 25.	swered "Yes" to Form	990, Part IV, line	11e or 11f. See Fo	orm 990, Part X,
1.	(a) Description of liability	(b) Book value		······	
(1) Federal II	ncome taxes		0		
(2) total me	ember share deposits	102,906	,677		
(2)	ate escrow		,500		
(4)			·		
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column	(b) must equal Form 990, Part X, col (B) line 25 ) ▶	103,209	,177		
2 Liability fo	or uncertain tax positions. In Part XIII. prov	vide the text of the footno	te to the organization's	financial statements	that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part				Page
	Reconciliation of Revenue per Audited Financial Statem		r Return.	•
-	Complete if the organization answered "Yes" to Form 990, F Total revenue, gains, and other support per audited financial statements		1	
1 2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	<b>⊣</b>	
c	Recoveries of prior year grants	2c	7	
d	Other (Describe in Part XIII.)	2d	7	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b		_	
b	Other (Describe in Part XIII.)			
C	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			
Part	Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" to Form 990, F		oer Return.	
1	Total expenses and losses per audited financial statements		11	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	$\dashv$	
C	Other losses	2c	7 1	
d	Other (Describe in Part XIII.)	2d	7	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
С	Add lines <b>4a</b> and <b>4b</b>			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information.	e 18.)	5	
	de the describtions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4: Part IV. lines 1b and 2	b: Part V. line 4.	Part X. line
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional	information.	
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional	information.	
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional	information.	
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional	information.	
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional	information.	
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional	information.	
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional	information.	
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional	information.	
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional	information.	
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional	information.	
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional	information.	
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional	information.	
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional	information.	
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional	information.	
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional	information.	
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional	information.	
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional	information.	
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional	information.	
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional	information.	
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional	information.	
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional	information.	

#### **SCHEDULE J** (Form 990)

Compensation Information

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

▶ Complete if the organization answered "Yes" on 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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

**Naveo Credit Union** 

**Employer identification number** 

04-1144988

Part	Questions Regarding Compensation				
				Yes	No
1a		rovided any of the following to or for a person listed in Form provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use			
	▼ Travel for companions	Payments for business use of personal residence			
	☐ Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	☐ Discretionary spending account	Personal services (e.g., maid, chauffeur, chef)			
b		the organization follow a written policy regarding payment spenses described above? If "No," complete Part III to			
	explain	· ·	1b	✓	
2		or to reimbursing or allowing expenses incurred by all cO/Executive Director, regarding the items checked in line	2	<b>√</b>	
			_	<u> </u>	
3	organization's CEO/Executive Director Check all t	ganization used to establish the compensation of the that apply. Do not check any boxes for methods used by a the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee	Written employment contract	ľ		
	Independent compensation consultant	✓ Compensation survey or study			
	Form 990 of other organizations	✓ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990 organization or a related organization:	, Part VII, Section A, line 1a, with respect to the filing			
а	Receive a severance payment or change-of-control	ol payment?	4a		1
b	Participate in, or receive payment from, a supplem	nental nonqualified retirement plan?	4b		✓
C	Participate in, or receive payment from, an equity-		4c		<b>✓</b>
	If "Yes" to any of lines 4a-c, list the persons and p	provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29)	organizations must complete lines 5–9	ŀ		
5	For persons listed in Form 990, Part VII, Section A		ľ	l	1
•	compensation contingent on the revenues of:	,			1
а	The organization?		5a		
b			5b		
	If "Yes" to line 5a or 5b, describe in Part III.				
6	For persons listed in Form 990, Part VII, Section A	, line 1a, did the organization pay or accrue any			
_	compensation contingent on the net earnings of:				
а	_		6a		
b	•		6b		
	If "Yes" to line 6a or 6b, describe in Part III.		l		
7	For persons listed in Form 990 Part VII Section	on A, line 1a, did the organization provide any non-fixed			<del> </del>
•	•	describe in Part III	7		
8	• •	paid or accrued pursuant to a contract that was subject	<u> </u>	<del>                                     </del>	<del>                                     </del>
_		Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	· · · · · · · · · · · · · · · · · · ·		8		
9	If "Yes" to line 8, did the organization also fo	llow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?		9	]	

Page 2

Schedule J (Form 990) 2014

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

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

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

Note: The sum of columns (b)(1)—(iii) for each instead individual must equ	ğ 5	Chilisted Individual me	Brookdown of W.2 and/or 1000 MISC components	Julit of Forms 330, FA	and the total allibuilt of Form 330, Fait VII, Section A, Illie 19, applicable column (b) and (c) and (c) and (d)	a, applicable coluin	ii (D) aiiu (E) aiiiouiis	IOI tilat liidividual.
		(b) Dieandowii o	וואיב מווט/טו וטפפ-ואווא	oc compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable	other deferred compensation	benefits	(B)(I)+(D)	in column (B) reported as deferred in prior
				compensation				Form 990
Rui F Domingos, Chief Executive	8	181,164	0	8,895	7,412	11,096	208,567	201,385
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Schedule J (Form 990) 2014

Part III Supplemental Information
rovide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, ba, 6b, 7, and 8, and for Part II. Also complete this part
or any additional information.
schedule J, Part I, Line 1a - The Credit Union has a written policy approved by the Board of Directors that specifically allows for the C.E.O to be accompanied by his spouse on two
official business trips per calendar year.
schedule J, Part I, Line 3 - An annual compensation survey is referenced for all positions in the organization including all members of senior management
Schedule J (Form 990) 2014

#### **SCHEDULE L** (Form 990 or 990-EZ)

**Transactions With Interested Persons** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 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 <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name o	f the organization		•		-				Emplo	yer ide	ntificat	ion nu	mber		
Naveo	Credit Union										04-	11449	88		
Part	Excess Benefice Complete if the	fit Transaction e organization	ns (section 501 answered "Ye	(c)(3), s" on	section Form 99	501(c)(4), a 0, Part IV, l	nd 50 ine 25	1(c)(29) c a or 25b	rganiz , or Fo	ations rm 99	only) 0-EZ,	Part	V, line	40b.	
	4 3 3 1		(b) Relationship be	etween o	disqualified	person and		(-) 0						(d) Con	rected?
1	(a) Name of disqualified	person		organiz	ation			( <b>c</b> ) D	escriptio	n or trai	nsactio	л		Yes	No
(1)															
(2)															
(3)															
(4)															
(5)															
(6)							<u></u>								
2	Enter the amount under section 4958		by the organ	nizatio	n manaç			ied perso		rıng t 	he ye l	ar ►	\$		
3	Enter the amount o	f tax, if any, on	line 2, above,	reimb	oursed by	the organi	zatio	n			!	▶ \$	\$		
Part	Complete if the organization re	or From Interie organization eported an am	answered "Ye ount on Form 9	s" on 990, P	art X, lin	e 5, 6, or 22	2.			I		<u> </u>	_	I	
(a) N	ame of interested person	(b) Relationship with organization	(c) Purpose of loan	fro	oan to or om the nization?	(e) Ongir principal am		(f) Baland	ce due	(g) In o	default?	by bo	proved oard or nittee?		ritten ment?
				То	From					Yes	No	Yes	No	Yes	No
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(2)											✓				
_(3)											✓				
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(5)										<b>L</b>			<u> </u>		
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(9)			<del> </del>							ļ			<b></b>		
(10) Total		<u></u>	<u></u>					\$ 3.7					<u> </u>		
Part	III Grants or Ass	sistance Bene ne organization (b) Relation	answered "Ye	ed Pe s" on ested	<b>rsons.</b> Form 99		ine 27		700,374		(e)	) Purpo	ose of a	ssistan	ce
(1)		person	and the organization	on		_									
(2)	· ·-														
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	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	ation's
					Yes	No
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٧	Supplemental Information Provide additional information	for responses to questions of	on Schedule L (see	instructions).		
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### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to 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.

OMB No 1545-0047

 Department of the Treasury Internal Revenue Service ► 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.

Open to Public Inspection

Name of the organization	Employer identification number
Naveo Credit Union	04-1144988
Form 990, Part VI, Section A, Line 6 - The credit union is owned by its members who qualify for members	ership, and maintain a membership
share account in good standing.	
Form 990, Part VI, Section A, Line 7a - Members of the Board of Directors are all members in good sta	making that are manuscript and
elected by the general membership to perform their fiduciary obligations and role in the corporate go	vernance function.
Form 990, Part VI, Section A, Line 7b - Decisions of the governing body are guided by the credit union	by-laws which are reviewed annually
and approved by vote at the annual meeting of the membership.	
Form 990, Part VI, Section B, Line 11b - The Audit Committee reviews the Form 990 tax return.	
Form 990, Part VI, Section B, Line 15 - An annual compensation survey is referenced for all positions	in the organization including all
members of senior management.	
Form 000 Bod W. Contine C. Line 40. The financial etalements are published morthly and contact in	- Ab bear black as The second
Form 990, Part VI, Section C, Line 19 - The financial statements are published monthly and posted in	
results from operations are made available at the end of each fiscal year in the annual report which is	published and distributed to the
membership.	
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Schedule L, Part V, Statement 1

Form Schedule L

Page. 1

Line Number: Part II

Naveo Credit Union 04-1144988

#### Description of Loans to and/or From Interested Persons

Name of interested person	Relationship with organization	Purpose of Ioan	Loan to Loan fr.	OPA	Due	Dflt.	Appr.	Writt.
Liberal Batista	Director	mortgage	Yes	120,000	96,069	No	Yes	Yes
Joseph Cerqueira	director	mortgage	Yes	100,000	47,336	No	Yes	Yes
Joseph Cerqueira	director	mortgage	Yes	223,000	165,772	No	Yes	Yes
Olivraquel Inc dba Atasca	director owns business	commercial loc	Yes	100,000	89,359	No	Yes	Yes
Olivraquel Inc dba Atasca	director	commercial mortgage	Yes	410,000	405,456	No	Yes	Yes
Manuel DaSilva	director	mortgage	Yes	91,700	70,930	No	Yes	Yes
John Feitor	director	mortgage	Yes	205,000	160,352	No	Yes	Yes
Paul Ferreira	director	mortgage	Yes	405,000	383,075	No	Yes	Yes
49-55 7th Street Realty Trust	director owns business	commercial mortgage	Yes	960,000	886,751	No	Yes	Yes
Cambridge Printing	director owns business	commercial	Yes	40,000	30,912	No	Yes	Yes
Cambridge Printing	director owns business	commercial	Yes	281,250	266,796	No	Yes	Yes
Leontina Mancini	director	mortgage	Yes	474,000	459,765	No	Yes	Yes
Carlos Montemor	director	mortgage	Yes	445,000	389,544	No	Yes	Yes
Mana Santos	director	mortgage	Yes	250,000	248,257	No	Yes	Yes

Total:

Loan to = Loan to organization?

Loan fr = Loan from organization?

OPA = Original principal amount

Due = Balance due

Dflt = In default?

Appr = Approved by board or committee?

Writt = Written agreement?

3,700,374