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DLN: 93493316027345

OMB No 1545-0047

Open to Public

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

▶ 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>

Inspection

A Fo	or the	2014 cal	endar year, or tax year beginning 01-01-2014 ,and ending 12-31-201	4			
		applicable	C Name of organization NOVATION CREDIT UNION		D Emplo	yer iden	tification number
	dress ch me cha	_			41-08	00081	
	tial retu	_	Doing business as				
Fır	nal		Number and street (or P O box if mail is not delivered to street address) Room/su	ııte	E Telepho	ne numb	er
		mınated	500 Imperial Avenue		(651)	739-80	080
	nended	return n pending	City or town, state or province, country, and ZIP or foreign postal code Oakdale, MN 551287151		G Gross r	eceıpts \$	5,188,948
i Uh	plication	ir pending	F Name and address of principal officer	H(a) T-	Ab		£
			Krıstı Mukomela	1	this a group bordinates?	return i	TYes ▼ No
			500 Imperial Avenue Oakdale, MN 55128	 H(b) Ar	e all subordı	nates	┌ Yes ┌ No
				ine	cluded?		
		npt status	501(c)(3) ✓ 501(c) (14) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527	I f	"No," attach	a list ((see instructions)
J W	ebsite	e: 🕨 www	v novation org	H(c) G	roup exempt	ion num	nber ► 0708
K For	m of or	rganization	Corporation	L Year o	f formation 19	54 M 5	State of legal domicile
Pa	rt I	Sum	mary				
Governance		Novation solutions ATM/De	escribe the organization's mission or most significant activities of Credit Union is a not-for-profit financial cooperative providing 12,887 is including real estate and consumer loans, credit cards, savings, check bit Cards, ATMs, Online Banking, Mobile Banking, Bill Pay and more sis box I if the organization discontinued its operations or disposed	king, and ii	nvestments	A dditio	nal services include
	3	Number	of voting members of the governing body (Part VI, line 1a)			з	9
ë H	1		of independent voting members of the governing body (Part VI, line 1b			4	9
Activities &			mber of individuals employed in calendar year 2014 (Part V, line 2a)			5	31
			mber of volunteers (estimate if necessary)			6	0
	1		related business revenue from Part VIII, column (C), line 12			7a 7b	42,162
			•		rior Year		Current Year
gi.	8	Contri	butions and grants (Part VIII, line 1h)			0	0
enne	9	Progra	m service revenue (Part VIII, line 2g)		4,953,9	980	5,054,422
Revenue		Progra Invest			4,953,9 160,3	980	
Revenue	9 10	Progra Invest Other Total r	m service revenue (Part VIII, line 2g)		160,3	980	5,054,422 134,526 0
Revenue	9 10 11	Progra Invest Other Totalr 12) .	m service revenue (Part VIII, line 2g)			980	5,054,422 134,526
Revenue	9 10 11 12	Progra Invest Other Total r 12). Grants	m service revenue (Part VIII, line 2g)	e	160,3	980 368 0 348	5,054,422 134,526 0
	9 10 11 12	Progra Invest Other Total r 12) . Grants Benefi	m service revenue (Part VIII, line 2g)	e	160,3 5,114,3	980 368 0 348 0	5,054,422 134,526 0 5,188,948
	9 10 11 12 13 14	Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10)	m service revenue (Part VIII, line 2g)	е	5,114,3 278,9	980 368 0 348 0	5,054,422 134,526 0 5,188,948 0 201,720
	9 10 11 12 13 14 15	Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes	m service revenue (Part VIII, line 2g)	е	5,114,3 278,9	980 368 0 348 0	5,054,422 134,526 0 5,188,948 0 201,720 408,059
Expenses Revenue	9 10 11 12 13 14 15	Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes Total fui	m service revenue (Part VIII, line 2g)	e	5,114,3 278,9	980 368 0 348 0 987 429	5,054,422 134,526 0 5,188,948 0 201,720 408,059
	9 10 11 12 13 14 15 16a b	Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes Total full Other	m service revenue (Part VIII, line 2g)	e	3,705,6 4,351,	980 368 0 348 0 987 429 0	5,054,422 134,526 0 5,188,948 0 201,720 408,059 0 4,011,196 4,620,975
Expenses	9 10 11 12 13 14 15 16a b	Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes Total full Other	m service revenue (Part VIII, line 2g)	e	3,705,6 4,351,1	0 368 0 348 0 987 429 0 598 114	5,054,422 134,526 0 5,188,948 0 201,720 408,059 0 4,011,196 4,620,975 567,973
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes Total ful Other Total e	m service revenue (Part VIII, line 2g)	e	3,705,6 4,351,1 763,2 ning of Currel	980 368 0 348 0 987 429 0 598 114 234	5,054,422 134,526 0 5,188,948 0 201,720 408,059 0 4,011,196 4,620,975 567,973 End of Year
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes Total fu Other Total e Reven	m service revenue (Part VIII, line 2g)	e	3,705,6 4,351,3 763,3 ning of Currer Year 99,853,0	0980 368 0 348 0 987 429 0 598 114 234 nt	5,054,422 134,526 0 5,188,948 0 201,720 408,059 0 4,011,196 4,620,975 567,973 End of Year 106,603,209
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes Total fu Other Total e Reven	m service revenue (Part VIII, line 2g)	e	3,705,6 4,351,3 763,3 ning of Currer Year 99,853,0	980 368 0 348 0 987 429 0 598 114 234 nt	5,054,422 134,526 0 5,188,948 0 201,720 408,059 0 4,011,196 4,620,975 567,973 End of Year 106,603,209 97,950,390
Not Assets or Expenses Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes Total fui Other Total e Reven Total I Net as	m service revenue (Part VIII, line 2g)	e	3,705,6 4,351,3 763,3 ning of Currer Year 99,853,0	980 368 0 348 0 987 429 0 598 114 234 nt	5,054,422 134,526 0 5,188,948 0 201,720 408,059 0 4,011,196 4,620,975 567,973 End of Year 106,603,209
not Assets of a Laborates of Laborates and Balances Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 rt III	Progra Invest Other Total r 12) . Grants Benefi: Salarie 5-10) Profes Total fui Other Total e Reven Total a Total I Net as Sign alties of p dge and b as any kr	m service revenue (Part VIII, line 2g)	Begini	3,705,6 4,351,1 763,2 ning of Currer Year 99,853,0 91,768,3 8,084,8	980 368 0 348 0 987 429 0 598 114 234 nt 1064 218 346	5,054,422 134,526 0 5,188,948 0 201,720 408,059 0 4,011,196 4,620,975 567,973 End of Year 106,603,209 97,950,390 8,652,819
Signature Section 1999 Section	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 rt III	Progra Invest Other Total r 12) . Grants Benefir Salarie 5-10) Profes Total ful Other Total e Reven Total a Total I Net as Sign alties of p dge and b as any kr	m service revenue (Part VIII, line 2g)	Begini	5,114,5 278,5 366,4 3,705,6 4,351,5 763,5 ning of Currer Year 99,853,0 91,768,5 8,084,8 dules and states is based on	980 368 0 348 0 987 429 0 598 114 234 nt 1064 218 346	5,054,422 134,526 0 5,188,948 0 201,720 408,059 0 4,011,196 4,620,975 567,973 End of Year 106,603,209 97,950,390 8,652,819
Signature Section 1999 Section	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 rt III	Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes Total fui Other Total e Reven Total I Net as Sign alties of p dge and i as any kr Signa Share Type	m service revenue (Part VIII, line 2g)	e Begini in the second of the	5,114,5 278,9 366,4 3,705,6 4,351,7 763,7 ning of Currer Year 99,853,0 91,768,7 8,084,8 lules and states based on	980 368 0 348 0 987 429 0 598 114 234 Int 1064 218 346	5,054,422 134,526 0 5,188,948 0 201,720 408,059 0 4,011,196 4,620,975 567,973 End of Year 106,603,209 97,950,390 8,652,819
Onder Head Balances Expenses Expenses Onder Head Balances	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 rt III	Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes Total fui Other Total e Reven Total I Net as Sign alties of p dge and b as any kr Signa Share Type	m service revenue (Part VIII, line 2g)	Begini Begini Anying scheck an officer)	5,114,5 278,5 366,4 3,705,6 4,351,5 763,5 ning of Currer Year 99,853,0 91,768,5 8,084,8 dules and sta is based on 2015-11-12 Date Check if self-employed	980 368 0 348 0 987 429 0 598 114 234 nt 1064 218 346	5,054,422 134,526 0 5,188,948 0 201,720 408,059 0 4,011,196 4,620,975 567,973 End of Year 106,603,209 97,950,390 8,652,819
A Paragraph of And Balances Expenses of Land Balances Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 rt III	Progra Invest Other Total r 12) . Grants Benefi Salarie 5-10) Profes Total fui Other Total e Reven Total I Net as Sign alties of p dge and b as any kr Signa Share Type P	m service revenue (Part VIII, line 2g)	Begini Begini Anying scheck an officer)	5,114,5 278,9 366,4 3,705,6 4,351,7 763,7 ning of Currer Year 99,853,0 91,768,7 8,084,8 lules and states based on	980 368 0 348 0 987 429 0 598 114 234 Int 1064 218 346	5,054,422 134,526 0 5,188,948 0 201,720 408,059 0 4,011,196 4,620,975 567,973 End of Year 106,603,209 97,950,390 8,652,819

┌ Yes ┌ No

Form	990 (2014)				Page						
Par		ent of Program Service . Schedule O contains a response	Accomplishments e or note to any line in this Part III								
1	Briefly describe	the organization's mission									
ınclu	dıng real estate a		perative providing 12,887 member of s, savings, checking, and investmen dore								
2	Did the organiza	, , ,	program services during the year whi	ch were not listed on	┌ Yes ┌ No						
	•	be these new services on Sched			i les i lio						
3	•		significant changes in how it condu-	cts, any program	┌ Yes ┌ No						
	If "Yes," describ	be these changes on Schedule (
4	expenses Secti		complishments for each of its three l ganizations are required to report the n program service reported								
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)						
			s, Student Loans and other loans for over \$2 member owners (12,887 member owners)	8 8 million to member owners, and a	llso processed over						
4b	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)						
	Provided compete	tive Savings and Investment opportuni	ties, and Retirement Planning Services to me	ember owners (12,887 member owne	ers)						
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)						
	Checking services that include ATM, Debit Cards, Direct Deposit, online banking, BillPay, and ACH to member owners (12,887 member owners)										
	See Additional	Data									
44	Other program	sarvicas (Dascriba in Schadula	ν O)								

0) (Revenue \$

0 including grants of \$

0

(Expenses \$

Total program service expenses ►

0)

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? <i>If "Yes," complete Schedule C, Part III</i>	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? 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? <i>If "Yes," complete Schedule D, Part II</i>	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		Νo
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		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			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
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
	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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		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		N o
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		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <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 .	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 0	(2014)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	<u></u>	
1 2	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 3,091		Yes	No
	Enter the number of Forms W-2G included in line 1a Enter-0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1c	Yes	
·u	Tax Statements, filed for the calendar year ending with or within the year covered by this return			
)	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		No
a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
а	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)			
а	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?			No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b		
_	II 165, to line 3a of 30, and the organization line rottin 0000-17	5c	<u> </u>	
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
a	If "Yes," indicate the number of Forms 8282 filed during the year			
2	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
Ī	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
J	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as 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		
	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		
a	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		
	Section 501(c)(7) organizations. Enter			
3	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		
	Section 501(c)(12) organizations. Enter			
3	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)			
а	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			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	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			
2	Enter the amount of reserves on hand	1		
а	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14b	 	

Section A. Governing Body and Management

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

Check if Schedule O contains a response or note to any line in this Part VI							.IZ

			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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	re Cod Yes	e.) No
	Did the organization have local chapters, branches, or affiliates?	10a		
10a				No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b		No No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a		No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b		No 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 in Schedule O how this was done.	10a 10b 11a 12a 12b	Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes	No 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	No 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	No 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 14	Yes Yes Yes	No 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	No No

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed►MN
- 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 Vupon 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
 - ►Sharon Hansen
 - 500 Imperial Avenue
 - Oakdale, MN 551287151 (651)739-8080

<u>Part VIII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- ♦ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h ar	check , unle n office ustee	ss er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) John McNamara Board Member	1	х						1,200	0	0
(2) Shawn Schow Board Member	1	х						1,200	0	0
(3) Matt Juhl Board Member	1	Х						1,000	0	0
(4) Rhonda Graves 	1 0	Х						1,000	0	0
(5) Ken Bozevich Board Member	1 0	Х						1,200	0	0
(6) Dolf Moon Chairman	1 0	Х						1,200	0	0
(7) Mary Edinger Board Member	0	Х						1,200	0	0
(8) Dan Carlson Board Member	1 0	Х						1,100	0	0
(9) Thomas Hangge Board Member	1 0	х						1,200	0	0
(10) Kristi Mukomela President	50			х		х		163,402	0	87,320
(11) Sharon Hansen Chief Financial Officer	50 0			х				101,917	0	34,281

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

(A) Name and Tıtle	(B) A verage hours per week (list any hours	more t perso	han d n is l	ne l both	oox, 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	۲			
C	Total from continuation sheets to Part VII, Section A	•			
d	Total (add lines 1b and 1c)	•	275,619	0	121,601

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►2

			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 J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	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 I for such person	5		Νo

Coction	D	Tada		Contractors
Section	В.	Tuae	penaent	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)	(B)	(C)
Name and business address	Description of services	Compensation
Takal mankan dan dan dan dan kanadan dan dan dan dan dan dan dan dan d	and a second second bloom	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►0

Part V		Check if Schedule O contain		nse or note to any lu	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
क रू	1a	Federated campaigns	1 a					
ani	ь	Membership dues	. 1b					
يَ ق	c	Fundraising events	1c					
ffs, F. ∆	d	Related organizations	. 1d					
i5 i2	e	Government grants (contributions)						
Contributions, Giffs, Grants and Other Similar Amounts	f	All other contributions, gifts, grants	s, and 1f					
夏	a	Noncash contributions included in I			-			
Contri and O		1a-1f \$ Total. Add lines 1a-1f			0			
				Business Code				
Program Serwoe Revenue	2a	Real Estate Lending		522291	1,756,497	1,756,497	o	0
e Ke	ь	Consumer Lending		522291	1,569,107	1,569,107	0	0
o G	_c	Investment Center		523000	323,127	323,127	0	0
'n.	d	Insurance related activities						-
ď		-		524298	47,941	35,534	12,407	0
Ē	e	Depository Credit Intermediation		522100	1,357,750	1,327,995	29,755	0
Š	f	All other program service re	venue		0	0	0	0
<u>*</u>	g	Total. Add lines 2a-2f .		🛌	5,054,422			
	3	Investment income (includii			134,526	134,526	0	0
	4	and other similar amounts) Income from investment of tax-ex			0	0	0	0
	5	Royalties		Nocecus	0	0	0	0
		(I) Rea		(II) Personal				
	6a	Gross rents		(,				
	ь	Less rental						
	_c	expenses Rental income	0	0				
	_	or (loss) Net rental income or (loss)						
	d			·				
	7a	Gross amount from sales of assets other	lies	(II) Other				
		than inventory Less cost or						
	"	other basis and						
	l c	sales expenses Gain or (loss)	0	0				
	d	Net gain or (loss)						
ψ	8a	Gross income from fundraisi	r	<u> </u>				
Other Revenue		\$ of contributions reported on See Part IV , line 18	line 1c)					
ř.			a					
the	l	Less direct expenses .	L					
0	C	Net income or (loss) from fu	ndraising 6	events 🛌				
	9a	Gross income from gaming a See Part IV, line 19						
	ь	Less direct expenses .	ь					
	С .	Net income or (loss) from ga	amıng actıv	vities				
	10a	Gross sales of inventory, les returns and allowances .	ss a					
	ь	Less cost of goods sold .	. ь					
		Net income or (loss) from sa	L	entory 🛌				
		Miscellaneous Revenue		Business Code				
	11a							
	ь	-						
	c							
	d	All other revenue						
		Total. Add lines 11a-11d	L	🕨				
	12	Total revenue. See Instruct			0			
	**	iotai ievenue. See Instruct		· · · · •	5,188,948	5,146,786	42,162	О

	Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complete all columns. All	other organizati	one must some	Note column (A)	
Section	Check if Schedule O contains a response or note to any line in this			nete column (A)	·
	ot include amounts reported on lines 6b, p, 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	5.,po.,ssc	general expenses	опротосо
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	201,720			
5	Compensation of current officers, directors, trustees, and key employees	10,300			
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	0			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	72,620			
9	Other employee benefits	213,254			
10	Payroll taxes	111,885			
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	0			
c	Accounting	20,500			
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	119,701			
13	Office expenses	125,209			
14	Information technology	448,400			
15	Royalties	0			
16	Occupancy	266,760			
17	Travel	6,296			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	5,029			
20	Interest	2,690			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	215,478			
23	Insurance	37,947			
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	Doherty Employment Group Service Fees	1,536,151			
b	ATM/debit card and machine expense	515,248			
c	Loan Servicing	427,765			
d	Loan Loss Provision	153,040			
e	All other expenses	130,982			
25	Total functional expenses. Add lines 1 through 24e	4,620,975	0	0	0
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

		Check if Schedule O contains a response or note to any line in this	Part	x	(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			1,820,151	1	1,563,989
	2	Savings and temporary cash investments		_	16,214,726	2	14,627,260
	3	Pledges and grants receivable, net		_		3	, ,
	4	Accounts receivable, net		•		4	
	5	Loans and other receivables from current and former officers, direct employees, and highest compensated employees. Complete Part II Schedule L	tors,	trustees, key		-	
sts	6	Loans and other receivables from other disqualified persons (as de section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, a employers and sponsoring organizations of section $501(c)(9)$ volumbeneficiary organizations (see instructions) Complete Part II of Sc	nd c ntary	ontributing employees'		6	
4ssets	7	Notes and loans receivable, net			75,295,422	7	83,928,549
⋖	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			452,014	9	473,619
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D		5,937,430			
	ь	Less accumulated depreciation 10	,	3,079,083	2,980,853	10c	2,858,347
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			3,089,898	15	3,151,445
	16	Total assets. Add lines 1 through 15 (must equal line 34)			99,853,064	16	106,603,209
	17	Accounts payable and accrued expenses			569,093	17	833,456
	18	Grants payable			0	18	<u> </u>
	19	Deferred revenue		_	0	19	
	20	Tax-exempt bond liabilities			0	20	
_	21	Escrow or custodial account liability Complete Part IV of Schedule	. D	•	0	21	
lities	22	Loans and other payables to current and former officers, directors, key employees, highest compensated employees, and disqualified					
Liabili		persons Complete Part II of Schedule L			О	22	
Ï	23	Secured mortgages and notes payable to unrelated third parties			0	23	
	24	Unsecured notes and loans payable to unrelated third parties .			0	24	
	25	Other liabilities (including federal income tax, payables to related tand other liabilities not included on lines 17-24) Complete Part X	hırd	parties,			
		D			91,199,125	25	97,116,934
	26	Total liabilities. Add lines 17 through 25		•	91,768,218	26	97,950,390
S e S		Organizations that follow SFAS 117 (ASC 958), check here ► □ allines 27 through 29, and lines 33 and 34.	nd co	omplete			
a B	27	Unrestricted net assets				27	
ස ස	28	Temporarily restricted net assets				28	
Ξ	29	Permanently restricted net assets				29	
Assets or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here to complete lines 30 through 34.	► V	and			_
S.	30	Capital stock or trust principal, or current funds			0	30	0
Ř	31	Paid-in or capital surplus, or land, building or equipment fund .			0	31	0
	32	Retained earnings, endowment, accumulated income, or other funds	5		8,084,846	32	8,652,819
ž	33	Total net assets or fund balances			8,084,846	33	8,652,819
2	34	Total liabilities and net assets/fund balances			99,853,064	34	106,603,209

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,:	188,948
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,6	520,975
3	Revenue less expenses Subtract line 2 from line 1	3		į	567,973
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) \cdot .	4		8,0	084,846
5	Net unrealized gains (losses) on investments	5			0
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		8,6	652,819
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	a 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 range a separate basis, consolidated basis, or both	eviewed or	1		
	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 sbasis, consolidated basis, or both	separate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for over audit, review, or compilation of its financial statements and selection of an independent accountant?	sıght of th	e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explosions of the control o	ain in			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Single Audit Act and OMB Circular A-133?		За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo		3b		

Additional Data

Software ID: 14000267

Software Version: v1.00

EIN: 41-0800081

Name: NOVATION CREDIT UNION

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ including grants of \$) (Revenue \$

Credit Union Programs Other Banking Services - Prepaid Travel & Gift Cards, Money Orders, and Wire Transfers - to member owners (12,887 member owners) efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493316027345

OMB No 1545-0047

SCHEDULE D (Form 990)

► 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.

Supplemental Financial Statements

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

	ne of the organization		Emp	ployer identification number
١UV	ATION CREDIT UNION		41-	0800081
aı	organizations Maintaining Donor Advorganization answered "Yes" to Form 990			
	organization anomered Teo to Form 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 advisor funds are the organization's property, subject to the or			rsed Yes No
	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benef conferring impermissible private benefit?			
ar	t II Conservation Easements. Complete if	the organization answered "Ye	es" to Forr	
	Purpose(s) of conservation easements held by the organization of land for public use (e.g., recreation in Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education) Preservation Preservation	of a certifie	d historic structure
	easement on the last day of the tax year			
	Total number of conservation easements		22	Held at the End of the Year
	Total acreage restricted by conservation easements		2a 2b	
	Number of conservation easements on a certified histo	ric structure included in (a)	2b 2c	
	Number of conservation easements included in (c) acq historic structure listed in the National Register	• •	2d	
	Number of conservation easements modified, transferr	ed, released, extinguished, or term	inated by t	he organization during
	Number of states where property subject to conservation to the organization have a written policy regarding the enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspec	he periodic monitoring, inspection,		☐ Yes ☐ No
	A mount of expenses incurred in monitoring, inspecting • \$, and enforcing conservation easer	ments durın	g the year
	Does each conservation easement reported on line 2 (c) and section $170(h)(4)(B)(II)$?	l) above satisfy the requirements o	of section 1	70(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 easeme	e footnote to the organization's fina nts	incial state	ments that describes
	Complete if the organization answered "Y	es" to Form 990, Part IV, line	8.	
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide, in Part XIII, the text of the footnote t	ts held for public exhibition, educa	tion, or rese	earch in furtherance of public
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide the following amounts relating to these	ts held for public exhibition, educa		
	(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			•
	Revenue included in Form 990, Part VIII, line 1			► \$
	Assets included in Form 990, Part X			<u></u> -
	million and the second s			• т

Part	Organizations Maintaining Coll	ections of Art,	<u>, His</u>	tori	<u>cal Tr</u>	easu	res, or Oth	<u>ier S</u>	<u>Similar As</u>	sets (c	ontinued)
3	Using the organization's acquisition, accessio collection items (check all that apply)	n, and other record	ds, ch	neck	any of t	he foll	owing that are	a sıç	gnıfıcant use	of its	
а	Public exhibition		d	Γ	Loan	orexc	hange prograr	ns			
b	Scholarly research		е	Γ	Other	-					
c	Preservation for future generations										
4	Provide a description of the organization's coll Part XIII	ections and explai	ın hov	w the	y furthe	er the c	organızatıon's	exem	npt purpose i	n	
5	During the year, did the organization solicit or							ımıla		_	_
Do	assets to be sold to raise funds rather than to							!!\/ '		Yes	☐ No
Par	Escrow and Custodial Arrange Part IV, line 9, or reported an amo						i answered	res	to Form 9	90,	
1a	Is the organization an agent, trustee, custodia included on Form 990, Part X?						or other asset	s not		┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XIII	and complete the	follov	wing t	able						
									An	nount	
С	Beginning balance						10	С			
d	Additions during the year						10	d			
е	Distributions during the year						10	_			
f	Ending balance						11	f			
2a	Did the organization include an amount on For	m 990, Part X, line	21,	for e	scrow o	rcust	odıal account	lıabıl	ıty?	│ Yes	□ No
ь	If "Yes," explain the arrangement in Part XIII										
Pa	rt V Endowment Funds. Complete if										
1a	Beginning of year balance	(a)Current year	(b) Prior	year	b (c)⊺	wo years back (d) Thre	ee years back	(e)Four y	ears back
b	Contributions										
c	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 the curre	nt year end balanc	e (lır	ne 1g	, colum	n (a)) l	held as		•		
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment ▶										
c	Temporarily restricted endowment ▶										
	The percentages in lines 2a, 2b, and 2c should	d equal 100%									
За	Are there endowment funds not in the possess	ion of the organiza	tion	that	are held	d and a	ıdmınıstered f	or the	e		
	organization by									Yes	No
	(i) unrelated organizations		•	•					3a(+
b	If "Yes" to 3a(II), are the related organizations								3t		
4	Describe in Part XIII the intended uses of the	<u>=</u>									
Par	t VI Land, Buildings, and Equipmer 11a. See Form 990, Part X, line 10		he o	rgan	ıızatıor	n ansv	vered 'Yes'	to Fo	rm 990, Pa	rt IV, I	ine
	Description of property). 			Cost or is (inves		(b)Cost or other)		c) Accumulated depreciation	(d) B	ook value
	_and			+		0	899,9	56		+	899,956
	Buildings					0	3,044,5	_	1,405,00	1	1,639,586
	Leasehold improvements					0	143,9	_	52,06	_	91,859
	Equipment					0	1,724,0	_	1,551,91	_	172,149
	 					0		_	70,10	_	54,797
	I. Add lines 1a through 1e <i>(Column (d) must equ</i>		(, colu	ımn (B), line	10(c).)			•		2,858,347
									Schedule D	Form '	990) 2014

Part VII Investments—Other Securities. Com	plete if the organization	answered 'Yes' to For	m 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category (including name of security)	(b)Book value	(c) Method of va	
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Cor See Form 990, Part X, line 13.	npiete if the organizatio	n answered 'Yes' to Fo	orm 990, Part IV, line 11c.
(a) Description of investment	(b) Book value	(c) Method of va	aluation
		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), Part IV, line 11d See I	
(a) Descrip	tion		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Part X Other Liabilities. Complete if the organ			uno 110 or 115 Coc
Form 990, Part X, line 25.	iization answered res t	.0 FOITH 990, Part IV, I	ille 11e of 11f. See
1 (a) Description of liability	(b) Book value		
Federal income taxes			
Regular shares	30,124,082		
Checking accounts	37,022,011		
All other Shares and Deposits	29,970,841		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	97,116,934		

Par		evenue per Audited Financial Stat vered 'Yes' to Form 990, Part IV, line 1		is with Revenue	рег к	eturn Complete i
L		er support per audited financial statements			1	
	Amounts included on line 1 bu	ıt not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses)	on investments	2a			
b	Donated services and use of f	acılıtıes	2b			
С	Recoveries of prior year grant	s	2c			
t	Other (Describe in Part XIII)		2d			
•	Add lines 2a through 2d .				2e	
	Subtract line ${f 2e}$ from line ${f 1}$.				3	
	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1				
3	Investment expenses not incl	uded on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII)		4b			
2	Add lines 4a and 4b				4c	
	Total revenue Add lines 3 and	d 4c. (This must equal Form 990, Part I, line	12).		5	
art		xpenses per Audited Financial Sta		nts With Expense	s per	Return. Comple
		swered 'Yes' to Form 990, Part IV, line				T
	·	raudited financial statements			1	
		it not on Form 990, Part IX, line 25	1 -	I		
1		acılıtıes	2a			
)	· -		2b			
0			2c			
d	Other (Describe in Part XIII)		2d			
9	<u>-</u>				2e	
					3	
		0, Part IX, line 25, but not on line 1:		ı		
3	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	4a			
)	Other (Describe in Part XIII)		4b			
2					4c	
		nd 4c. (This must equal Form 990, Part I, lin	e 18)		5	
	Supplemental Inf					
art		Part II, lines 3, 5, and 9, Part III, lines 1a , lines 2d and 4b, and Part XII, lines 2d and				de any addıtıonal
	Return Reference	Explanation				

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Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
l		
-		

Schedule D (Form 990) 2014

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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 NOVATION CREDIT UNION

Employer identification number

41-0800081

Pa	rt I Questions Regarding Compensation		·			
					Yes	No
1a	Check the appropriate box(es) if the organization provi 990, Part VII, Section A, line 1a Complete Part III t					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	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 organism reimbursement or provision of all of the expenses des			1b		
2	Did the organization require substantiation prior to redirectors, trustees, officers, including the CEO/Execu			2		
3	Indicate which, if any, of the following the filing organiorganization's CEO/Executive Director Check all that used by a related organization to establish compensa	t appl	y Do not check any boxes for methods			
	∇ Compensation committee	Γ	Written employment contract			
	Independent compensation consultant	굣	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, Pa or a related organization	art VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control pa	aymen	nt?	4a		No
b	Participate in, or receive payment from, a supplement	al non	qualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-bas	sed co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and prov	vide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organization	ons m	ust complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, I compensation contingent on the revenues of					
а	The organization?			5a		
	Any related organization?			5b		
	If "Yes," to line 5a or 5b, describe in Part III			55		
6	For persons listed in Form 990, Part VII, Section A, I compensation contingent on the net earnings of	ıne 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, I payments not described in lines 5 and 6? If "Yes," de			7		
8	Were any amounts reported in Form 990, Part VII, pa	ıd or a	accured pursuant to a contract that was			
	subject to the initial contract exception described in F					
	ın Part III			8		
9	If "Yes" to line 8, did the organization also follow the section 53 $4958-6(c)$?	rebutt	able presumption procedure described in Regulations	9		

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

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

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

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MISC compensation		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990
1 Kristi Mukomela, President (i)		12,480	0	71,990	0	235,392	0
(ii	0	0	0	0	0	0	0

Schedule J (Form 990) 2014

Part III Supplemental Information

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

Return Reference **Explanation**

Schedule J (Form 990) 2014

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OMB No 1545-0047

2014

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 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
NOVATION CREDIT UNION

Employer identification number
41-0800081

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part I, Line 5	
Form 990, Part V, Line 2a	Effective 01/01/12, Novation Credit Union entered into a Client Service Agreement with Doh erty Employment Group, Inc. As a result, Doherty is the employer for the purpose of paying wages. Doherty also remits all taxes and files all returns under their name and EIN 41-13 73641. Doherty is a PEO (Professional Employer Organization) and provides human resource s ervices to their clients.
Form 990, Part V, Line 2b	Effective 01/01/12, Novation Credit Union entered into a Client Service Agreement with Doh erty Employment Group, Inc. As a result, Doherty is the employer for the purpose of paying wages. Doherty also remits all taxes and files all returns under their name and EIN 41-13. 73641. Doherty is a PEO (Professional Employer Organization) and provides human resource services to their clients.
Form 990, Part VI, Section A, Line 6	Credit Union with 12,887 member owners
Form 990, Part VI, Section A, Line 7a	Credit Union with 12,887 member owners elect the volunteer board members in an annual election
Form 990, Part VI, Section A, Line 7b	Certain provisions by Credit Union Bylaw's require the approval of full membership
Form 990, Part VI, Section B, Line 11b	Form 990 is reviewed by management. Management and board discuss the process used to create the Form 990.
Form 990, Part VI, Section B, Line 15	A compensation committee reviews survey data and progress on credit union goals and recomm ends CEO compensation changes to the full board for approval. The CEO reviews survey data and progress on credit union goals in determining management and other employee compensation.
Form 990, Part VI, Section C, Line 19	Financial statements are posted in the credit union lobby. Governing documents are available upon request
Form 990, Part IX, Line 7	Effective 01/01/12, Novation Credit Union entered into a Client Service Agreement with Doh erty Employment Group, Inc. As a result, Doherty is the employer for the purpose of paying wages. Doherty also remits all taxes and files all returns under their name and EIN 41-13. 73641. Doherty is a PEO (Professional Employer Organization) and provides human resource services to their clients.
Form 990, Part IX, Line 10	Effective 01/01/12, Novation Credit Union entered into a Client Service Agreement with Doh erty Employment Group, Inc. As a result, Doherty is the employer for the purpose of paying wages. Doherty also remits all taxes and files all returns under their name and EIN 41-13. 73641. Doherty is a PEO (Professional Employer Organization) and provides human resource services to their clients.
Form 990, Part IX, Line 24a - 24d	Effective 01/01/12, Novation Credit Union entered into a Client Service Agreement with Doh erty Employment Group, Inc. As a result, Doherty is the employer for the purpose of paying wages. Doherty also remits all taxes and files all returns under their name and EIN 41-13 73641. Doherty is a PEO (Professional Employer Organization) and provides human resource s ervices to their clients.