Form 990

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

				<u>, , , , , , , , , , , , , , , , , , , </u>						
<u> </u>	For the	e 2018 calendar year, or tax year beginning January 1, 2019 , 2010, and end	ing Septemb							
В	Check i	applicable C Name of organization_Deer Valley Credit Union		D Emplo	yer identification number					
	Address	change Doing business as			23-7124924					
	Name c	hange Number and street (or P O box if mail is not delivered to street address) Room/	suite	E Telephone number						
	Initial re	turn 16215 N. 28th Avenue			602-375-7300					
Final return/terminated City or town, state or province, country, and ZIP or foreign postal code										
	Amende	d return Phoenix, AZ 85053		G Gross	receipts \$ 10,122,924					
	Applicat	ion pending F Name and address of principal officer Robert V Scott Jr	H(a) is this a g	roup return fo	r subordinates? Yes No					
	SAME AS C ABOVE									
1	Tax-exe	mpt status	If "N	lo," attach	a list (see instructions)					
J	Website	· · ·	H(c) Group	exemption	number ►					
ĸ	Form of	organization ☐ Corporation ☐ Trust ☐ Association ☐ Other ►			e of legal domicile AZ					
P	art I	Summary								
	1	Briefly describe the organization's mission or most significant activities:								
ą,]	CREDIT UNION OPERATED WITHOUT PROFIT FOR MUTUAL PURPOSES		·						
auc	i	SALEDIT ORIGINAL ELECTION OF E			***************************************					
Ē	2	Check this box ▶☐ if the organization discontinued its operations or disposed	of more than	25% of	its net assets.					
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	8					
ජ	4	Number of independent voting members of the government by the state of		4	8					
es	5	Total number of individuals employed in calendar year 2018 (Rart V, line 2a)	" [· · · ·	5	73					
ξ	6	Total number of volunteers (estimate if necessary)		6	11					
Activities & Governance	7a	Total unrelated business revenue from Part VIII, column (C) pline 12		7a						
_	b	Net unrelated business taxable income from Form 990-T, line 38		7b	22,254					
-	, D	Tret differenced business taxable income from 1 on 1 950-1, line 30	Prior Ye		-8,265 Current Year					
Revenue	8	Contributions and grants (Part VIII, line 1h) . OGDEN. UTAH								
	9	Program service revenue (Part VIII, line 2g)	11	,152,150	9,392,940					
ver	10	Investment income (Part VIII, column (A), lines 3, 4, and 3)		539,811	729,984					
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c Eah ED.		333,011	129,304					
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line (13)		1 004 004	40,400,004					
_		Grants and similar amounts paid (Part IX column (A) three of the column (A)	1	1,691,961	10,122,924					
	13	Chartes and similar amounts paid (rare ix, cologie (-xi) (-xi) (-32)								
	14	Benefits paid to or for members (Part IX, column (A), like 4)	<u> </u>	. 074 440	0.744.054					
Expenses	15	Salaries, other compensation, employee benefits (Part X, column (A), lines 3 (III)		5,071,148	3,744,654					
Ë	16a	Professional fundraising fees (Part IX, column (A), Since N). UT.	<u> </u>	•						
Ä	_ b	Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>							
_	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		5,792,750						
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	10),863 <u>,989</u>						
	19	Revenue less expenses. Subtract line 18 from line 12	Beginning of Cu	827,972						
ets or lances		T. 1-1 (D1.)/ 1 (O)	<u> </u>							
Sset	20	Total assets (Part X, line 16)		3,381,939						
Net Asse Fund Bala	21	Total liabilities (Part X, line 26)		7,379,640						
		Net assets or fund balances. Subtract line 21 from line 20	2	1,002,299	23,025,777					
_	art II	Signature Block			. .					
Un	der pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and stat t, and complete. Declaration of preparer (other man officer) is based on all information of which prepar	tements, and to the	ne best of I	my knowledge and belief, it is					
	c, concc	the somplete regulation of passages with the second of the	1	1/4	1200					
o:-				11/2	0/6017					
Sig		Signature of officer 4	Da	te						
He	re	notice Scoti, CCO								
		Type or print name and title			DTIN					
Pa	id	Print/Type preparer's name Preparer's signature [Date	Check						
Pre	epare	r		self-em	ployed					
Us	e Onl	y Firm's name ►	Firm	ı's EIN ▶						
		Firm's address ▶	Pho	ne no						
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)	<u></u>		🗌 Yes 🗌 No					
For	Paper	vork Reduction Act Notice, see the separate instructions. Cat	No 11282Y		Form 990 (2018)					

		age 2
Part	· · · · · · · · · · · · · · · · · · ·	
1	Check if Schedule O contains a response or note to any line in this Part III	
•	Briefly describe the organization's mission.	
	CREDIT UNION OPERATED WITHOUT PROFIT FOR MUTUAL PURPOSES	
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	
_	services?	No
	If "Yes," describe these changes on Schedule O.	•••
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	d by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other than the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other than the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other than the section 501(c)(4) organizations are required to report the amount of grants and allocations to other than the section 501(c)(4) organizations are required to report the amount of grants and allocations to other than the section 501(c)(4) organizations are required to report the amount of grants and allocations to other than the section 501(c)(4) organizations are required to report the amount of grants and allocations to other than the section 501(c)(4) organizations are required to report the section 501(c)(4) organizations are required to report the section 501(c)(4) organizations are required to report the section 501(c)(4) organization 501(c)(6) organization 501(c)(6) organization 501(c)(6) organization 501(c)(6) organization 501(ners
	the total expenses, and revenue, if any, for each program service reported.	
42	(Code.) (Expenses \$including grants of \$) (Revenue \$)	
74	THE CREDIT UNION PROVIDES DRAFT AND SHARE ACCOUNTS, CONSUMER LOANS, SHARE CERTIFICATES AND OTHER	
	EXEMPT FUNCTION ACTIVITIES TO ITS MEMBERS	
		_
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
	······································	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
	•	
4d	Other program services (Describe in Schedule O.)	—
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶	_

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		1
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		1
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		1
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		√
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		√
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		>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		>
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	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	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		√
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	√	
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		✓
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	√	
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		✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	√	
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 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>√</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>✓</u>
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		✓
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		✓
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		√
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		✓
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		✓
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		√
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		✓
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		✓
		_	000	_

Part	IV Checklist of Required Schedules (continued)			
			Yes	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		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		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		_
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
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		√
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		✓
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		√
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	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	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		• <
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	V	4
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		√
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? If "Yes," complete Schedule R, Part I	33	_	√
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		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
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		✓
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	✓	
Part				
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	✓	

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			<u> </u>
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	<u></u>	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	1	
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	1	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,		-	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓
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).	l		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
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		1
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		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:	90		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter.			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which		İ	
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		
	If "Yes," see instructions and file Form 4720, Schedule N.			
	is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O			

Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			
Soci	Check if Schedule O contains a response or note to any line in this Part VI	• •		. 🗸
300	ROTA. Governing Body and Management	-	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a		1	1
	If there are material differences in voting rights among members of the governing body, or	1		
	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	_		1
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		<u></u>
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		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<u> </u>	1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1
6	Did the organization have members or stockholders?	6	1	
7a	-			
_	one or more members of the governing body?	7a	/	
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		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	<u> </u>	_
b	Each committee with authority to act on behalf of the governing body?	8b	1	
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		✓
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Rever	nue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
b	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	√	_
Ь	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,"	1		,
10	describe in Schedule O how this was done	12c	,	√
13 14	Did the organization have a written whistleblower policy?	13	/	
	, ,	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?			
a	The organization's CEO, Executive Director, or top management official	15a	✓	
b	Other officers or key employees of the organization	15b	✓	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		<u></u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	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	1.00		
17	List the states with which a copy of this Form 900 is required to be filed A7			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Other (explain in Schedule O)	,,,,,	,.	(~)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	oolicy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re ROBERT V SCOTT JR 16215 N 28TH AVENUE, PHOENIX, AZ 85053	cords	>	

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Form 990 (2018)

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 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, 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.

☐ Check this box if neither the organization no	r any relate	d org	aniz	atic	on c	ompe	ensa	ated any currer	it officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one n an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	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-MISC)	compensation from the organization and related organizations
(1) CHRISTOPHER URNESS	10									
CHAIRMAN	† <u></u>	1					ł	2,100		
(2) ROGER ZOLLINGER	10									
TREASURER	†i	✓						2,350		
(3) JANET BURGETT MARTIN	1 0							_,		
VICE CHAIRMAN		√						2,100		
(4) EDWARD FRICK	10									
DIRECTOR		✓						2,100		
(5) STEPHEN WOLFE	10									
DIRECTOR		✓						2,350		
(6) DENNIS MCDONALD	10	'								
DIRECTOR	_	✓						2,250		·
(7) JJ PETERSEN	10									
DIRECTOR		/						2,250		
(8) MELANIE MERRILL	10									
SECRETARY		✓		_				2,350		
(9) FRANK MARTINSON	10									
SUPERVISORY COMMITTEE MEMBER	_	✓						2,350		
(10) ALBERT DUBROWA	10								ì	
SUPERVISORY COMMITTEE MEMBER		√						750		
(11) HARSHAD DESAI	10									
SUPERVISORY COMMITTEE MEMBER		✓						850		
(12) ROBERT SCOTT	40									
CEO				<u> </u>	✓	✓		292,406	_	11,000
(13) GREGORY ALBANO	40									
SVP/CIO				<u> </u>				110,006		6,161
(14) RICHARD REILEY	40								ſ	
CLO				✓				93,365		3,231

Section A. Officers, Directors, Trus	tees, Ney E	mpio	yees	_		ugne	St C	ompensated E	mployees (con	inuea)	
(A) Name and title	(B) Average hours per	box,	ot che unless	s pei	tion more	e than is boti or/trus	h an	(D) Reportable compensation	(E) Reportable compensation fror	Est n ame	(F) mated ount of
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	comp fro orga and	ther ensation m the nization related nizations
(15) FRANCES BURAZIN CFO	40			√			İ	04 504			
(16) JENNIFER WADE	40			<u>,</u>				91,581			5,00 3,79
(17) SALLY EYMANN COO	40			1				70,037			3,82
(18) CHERYL SCOTT WIENTRITT CRO	40			✓				70,581	-		3,899
(20)											
(21)				İ							
(22)											
(23)											
(24)											
(25)											
1b Sub-total	-					•	>	819,292			36,907
d Total (add lines 1b and 1c) Total number of individuals (including but reportable compensation from the organi					ed a	above	e) wl	819,292 ho received mo	ore than \$100,0	00 of	36,907
3 Did the organization list any former of employee on line 1a? If "Yes," complete 5							mp	loyee, or high	est compensat	ed 3	Yes No ✓
4 For any individual listed on line 1a, is the organization and related organizations individual											—
5 Did any person listed on line 1a receive of for services rendered to the organization?									ation or individ	 	
Section B. Independent Contractors	<u> </u>							· · · · · · · · · · · · · · · · · · ·			
Complete this table for your five highest of compensation from the organization. Replyear.											n's tax
(A) Name and business addi	ress							(B) Description of se	ervices	(C) Compens	ation
FIS, PO BOX 4535, CAROL STREEM, IL 60197								STED IT SYSTE			366,472
CUBUS SOLUTIONS, 3049 INDEPENDENCE, LIVERI DBSI INC , 6950 W MORELOS PLACE, CHANDLER,	···	4551						BILE AND ONLI ANCH DESIGN A	ì		190,835 2,229,950
					_			p			
2 Total number of independent contracto	rs (ıncludın	g bul	t not	t lır	mite	ed to	tho	ose listed abo	ve) who		

received more than \$100,000 of compensation from the organization ▶

3

Par	t VIII	Statement of Revenue		-		_
		Check if Schedule O contains a response or note	e to 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
s, Grants Amounts	1a b c	Federated campaigns 1a Membership dues 1b Fundraising events 1c				
tions, Gift r Similar	d e f	Related organizations 1d Sovernment grants (contributions) All other contributions, gifts, grants,				
Contributions, Gifts, Grants and Other Similar Amounts	g	and similar amounts not included above Noncash contributions included in lines 1a–1f \$ Total. Add lines 1a–1f ▶				
		Business Code	9			
en (en	2a	INTEREST ON LOANS 522100	6,274,457	6,274,457		
æ	b	FEE INCOME 900099	3,118,483			
င်	С		0,110,100	0,000,222		
ēΖ	d			-		
E	е					
Program Service Revenue	f	All other program service revenue .				
Pro	g	Total. Add lines 2a–2f	9,392,940			
	3	Investment income (including dividends, interest and other similar amounts)	729,984	729,984		
	4	Income from investment of tax-exempt bond proceeds ▶				
	5	Royalties	•		_	
		(i) Real (ii) Personal	⊣ i			
	6a	Gross rents	_			
	b	Less: rental expenses	_			
	С	Rental income or (loss)				
	d	Net rental income or (loss) ▶				
	7a	Gross amount from sales of assets other than inventory (i) Securities (ii) Other				
	b	Less cost or other basis and sales expenses				
	С	Gain or (loss) .				
	d	Net gain or (loss)				
evenue	8a	Gross income from fundraising events (not including \$				
Other Reve		of contributions reported on line 1c). See Part IV, line 18 a				
ਰ		Less: direct expenses b				
		Net income or (loss) from fundraising events . Gross income from gaming activities. See Part IV, line 19				
			4			
		Less: direct expenses b				
		Net income or (loss) from gaming activities ▶ Gross sales of inventory, less returns and allowances				
		Less: cost of goods sold b				_
	С	Net income or (loss) from sales of inventory		<u> </u>		
[Miscellaneous Revenue Business Code				
	11a					
	b					
	C					
	d	All other revenue				
		Total. Add lines 11a–11d ▶				
	12	Total revenue. See instructions	10 122 024	10 100 670	22.254	1

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must con								
	Check if Schedule O contains a response or note to any line in this Part IX								
	ot include amounts reported on lines 6b, 7b, o, 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	819,292							
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	Other salaries and wages	2,171,237		<u>-</u>	-				
8	Pension plan accruals and contributions (include								
	section 401(k) and 403(b) employer contributions)	112,558							
9	Other employee benefits	404,927							
10	Payroll taxes	236,640							
11	Fees for services (non-employees):								
a	Management								
b	Legal	30,256							
d	Accounting	57,278							
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)								
12	Advertising and promotion	223,813							
13	Office expenses	56,905							
14	Information technology								
15	Royalties								
16	Occupancy	600,271							
17 18	Travel	62,776							
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings .								
20 21	Interest	625,478							
22	Depreciation, depletion, and amortization .	428,753							
23	Insurance	38,898							
24	Other expenses. Itemize expenses not covered	00,000			<u> </u>				
	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	OPERATIONS	2,030,557							
b	PROVISION FOR LOAN LOSSES	900,000							
G									
d	All other expenses								
е 25	Total functional expenses. Add lines 1 through 24e	8,799,639							
26	Joint costs. Complete this line only if the	0,7 33,039	 -						
	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 Par	t X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	13,176,305	1	17,730,239
	2	Savings and temporary cash investments [2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		_	
ets		organizations (see instructions) Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net	181,478,183		184,245,090
٩	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 19 966 561			
		19,300,301	· · · · · ·	 -	
	b	Less: accumulated depreciation	13,669,761	_	16,245,642
	11	Investments—publicly traded securities		11	
	12 13	Investments—other securities. See Part IV, line 11		12	
	14		36,312,115	13	28,803,978
	15	Intangible assets	2 745 575	_	7.404.400
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,745,575		7,121,406
	17	Accounts payable and accrued expenses	248,381,939 2,345,208		<u>254,146,355</u> 3,853,310
	18	Grants payable	2,343,206	18	3,000,010
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
တ္တ	22	Loans and other payables to current and former officers, directors,			1
Liabilities		trustees, key employees, highest compensated employees, and		ĺ	
ab.		disqualified persons Complete Part II of Schedule L		22	
=	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third	-		
		parties, and other liabilities not included on lines 17–24) Complete Part X			
		of Schedule D	225,034,431	25	227,267,268
_	26	Total liabilities. Add lines 17 through 25	227,379,639	26	231,120,578
ဖွ		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
ဦ		complete lines 27 through 29, and lines 33 and 34.			
ä	27	Unrestricted net assets	-	27	
<u>m</u>	28	Temporarily restricted net assets	_	28	
Ę,	29	Permanently restricted net assets		29	
Net Assets or Fund Balances	i t	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		ťЕ	
۲	32	Retained earnings, endowment, accumulated income, or other funds .	21,002,299	32~	^{\$} 23,025,777
Se	33	Total net assets or fund balances	21,002,299	33	23,025,777
)	34	Total liabilities and net assets/fund balances	248.381.939		254.146.355
		·	•		Form 990 (2018)

-	90 (2018)			P.	age 12
Par	t 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			22,92
2	Total expenses (must equal Part IX, column (A), line 25)	2			99,63
3	Revenue less expenses. Subtract line 2 from line 1	3			23,28
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			02,299
5	Net unrealized gains (losses) on investments	5	_		00,193
6	Donated services and use of facilities	6	-		
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		23,02	25,777
Par	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>			. 🗆
				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," ex	plaın ın		İ	
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were com	oiled or			,
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed 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 accounts.		2c	✓	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın in			
_	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set				
	· ·		3a	\longrightarrow	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?	rgo the	امدا		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	Jaits.	3b		L

Form **990** (2018)

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number

DEER	VALLEY CREDIT UNION		23-7124924
Pa			s or Accounts.
	Complete if the organization answered "		(h) Funda and alban annual
1	Total number at end of year	(a) Donor advised funds	(b) Funds and other accounts
2	Total number at end of year		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets hel	Id in donor advised
•	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, ar		
-	only for charitable purposes and not for the benefit		
	conferring impermissible private benefit?		Yes 🗌 No
Par	Conservation Easements.		
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the o	organization (check all that apply).	
	Preservation of land for public use (for example, recre	ation or education) 🔲 Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization he	ld a qualified conservation contribution	
	easement on the last day of the tax year.		Held at the End of the Tax Year
a			
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified hi	, ,	
d	Number of conservation easements included in (historic structure listed in the National Register .		. 2d
3	Number of conservation easements modified, trans		
•	tax year ►	norrea, released, extinguished, or term	mated by the organization during the
4	Number of states where property subject to consen	vation easement is located ▶	
5	Does the organization have a written policy reg-	arding the periodic monitoring, inspe	ection, handling of
	violations, and enforcement of the conservation eas	sements it holds?	Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing c	onservation easements during the year
_	\$		
8	Does each conservation easement reported on line 2		
	(/ / / / / /		Lyes Lyo
9	In Part XIII, describe how the organization reports of balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easemer		iciai statements mat describes me
Part			Other Similar Assets
	Complete if the organization answered "		7.000.00
1a	If the organization elected, as permitted under FAS		statement and halance sheet works
	of art, historical treasures, or other similar assets		
	service, provide in Part XIII the text of the footnote to		
b	If the organization elected, as permitted under FAS	B ASC 958, to report in its revenue st	atement and balance sheet works of
	art, historical treasures, or other similar assets held	for public exhibition, education, or rese	
	provide the following amounts relating to these item	is.	
	(i) Revenue included on Form 990, Part VIII, line 1		, > \$
	(ii) Assets included in Form 990, Part X	• • • • • • • • • • • • • •	▶ \$
2	If the organization received or held works of art,	historical treasures, or other similar a	ssets for financial gain, provide the
	following amounts required to be reported under FA		
а	Revenue included on Form 990, Part VIII, line 1		· · · • • • • • • • • • • • • • • • • •
b	Assets included in Form 990, Part X		> 5

schedule	D (Form	990)	2019

Page	2
raue	~

Par	t III Organizations Maintaining	Collections of	Art, Historica	l Treasures, o	r Other Similar As	sets (continued)
3	Using the organization's acquisition, collection items (check all that apply)		ther records, ch	neck any of the f	following that make s	ignificant use of its
а	☐ Public exhibition			an or exchange p		
b	Scholarly research		e 🗌 Oti	ner		
С	☐ Preservation for future generations					
4	Provide a description of the organization.	ition's collections	and explain how	w they further the	e organization's exer	npt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rathe					
Par	Escrow and Custodial Arra		arred as part of	the organization	S CONECTION	
Tai	Complete if the organization 990, Part X, line 21.	•	" on Form 990), Part IV, line 9), or reported an an	nount on Form
1a	Is the organization an agent, trustee included on Form 990, Part X? .				ns or other assets no	ot 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the following	g table:		
					A	mount
C	Beginning balance				1c	
d	Additions during the year				1d	
e	3 ,	• • • • • •			1e	
f 2a	Ending balance				1f	2 Vas V Na
	If "Yes," explain the arrangement in P				•	
	t V Endowment Funds.	art yam on on the	on the explana	donna boon pr		<u> </u>
	Complete if the organization	n answered "Yes	" on Form 990), Part IV, line 1	0.	
_		(a) Current year	(b) Prior year	(c) Two years b		(e) Four years 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	Ĺ				
2	Provide the estimated percentage of t			1g, column (a)) h	ield as:	
a	Board designated or quasi-endowme		%			
b	Permanent endowment ► Term endowment ► %					
C	The percentages on lines 2a, 2b, and		00%			
3a	Are there endowment funds not in the			that are held an	d administered for the	a
Oa	organization by	c possession or th	ie organization	triat are rield art	a administered for the	Yes No
	(i) Unrelated organizations					3a(i)
	(ii) Related organizations					3a(ii)
b	If "Yes" on line 3a(ii), are the related o	rganizations listed	as required on	Schedule R? .		3b
4	Describe in Part XIII the intended uses		n's endowmen	t funds		
Part						
	Complete if the organization					
	Description of property	(a) Cost or ot		st or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land			6,615,163		6,615,163
ь	Buildings	·	<u> </u>	11,799,134	3,224,203	8,574,931
C	Leasehold improvements					
d	Equipment	·		1,367,336	496,717	870,619
e Total.	Other	nust equal Form 99	90. Part X. colui	mn (B), line 10c.)		16.060.713

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on Fo	rm 990. Part IV. lin	ne 11b. See Form 990. Part X. line	12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	12.
(1) Financia	I derivatives	_		
(2) Closely I	neld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				-
Total. (Colu	mn (b) must equal Form 990, Part X, col (B) line 12.) . ▶			
Part VIII	Investments – Program Related.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11c. See Form 990, Part X, line	13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1) AVAILAE	BLE FOR SALE	25,676,841	MARKET VALUE	
(2) FEDERA	L HOME LOAN BANK STOCK	762,400	***	
(3) HOLD TO	O MATURITY	200,000		
(4) CORPOR	RATE CREDIT UNION CAPITAL	513,976		
(5) EQUITY	SECURITIES	1,650,761		
(6)	•			
(7)				
(8)				
(9)				
Total. (Colui	mn (b) must equal Form 990, Part X, col. (B) line 13)	28,803,978		
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11d. See Form 990, Part X, line	15.
	(a) Description	-	(b) Book value	
(1)				
(2)		==		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)		, ,		
(9)				
Total. (Colur	mn (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on Forline 25.	m 990, Part IV, line	e 11e or 11f. See Form 990, Part 2	Κ,
1.	(a) Description of liability		(b) Book value	
(1) Federal in			(3, 200) 14.00	
(2)				
	MARKET ACCOUNTS		30.0	27,708
	ND IRA SHARE CERTIFICATES	<u> </u>		76,382
	PRAFT ACCOUNTS			65,951
(6) SHARES				
(7)			90,4	97,227
(8)				
(9)		-		
	nn (b) must equal Form 990, Part X, col. (B) line 25.)			67 269
	uncertain tax positions In Part XIII, provide the text of the footnot	ote to the organization	's financial statements that reports the	,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
organization's	s liability for uncertain tax positions under FASB ASC 740. Check	here if the text of the	footnote has been provided in Part XIII	. 🗆

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_	ule D (Form 990) 2019		Page
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Return.	
1	Total revenue, gains, and other support per audited financial statements	111	<u> </u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
- а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities	-	
c	Recoveries of prior year grants	┥	
d	Other (Describe in Part XIII.)	1	
e	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 4a		
b	Other (Describe in Part XIII.)	1	
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments]	
C	Other losses] [
d	Other (Describe in Part XIII)		
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.)	<u> </u>	
C	Add lines 4a and 4b	4c	
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
	XIII Supplemental Information.		
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in		4, Part X, line
۷, ۱ ۵۱	. Al, lines 20 and 40, and Fart All, lines 20 and 40. Also complete this part to provide any additional in	normation	
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Schedule D (Fo	orm 990) 2019	Page .
Part XIII	Supplemental Information (continued)	
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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" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Name of the organization **DEER VALLEY CREDIT UNION** Employer identification number

23-7124924

Tes No. Tes No. Tes No. No.	Par	Questions Regarding Compensation				
990, Part VII, Section A, line 1a Complete Part III to prowde any relevant information regarding these items First-class or charter travel					Yes	No
Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Personal services (such as maid, chauffeur, chef)	1a					
Tax indemnification and gross-up payments Peath or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chaffeur, chef)		☐ First-class or charter travel	☐ Housing allowance or residence for personal use			
Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the organization used to establish the compensation of the programization of the CEO/Executive Director, but explain in Part III. □ Compensation committee □ Independent compensation consultant □ Form 990 of other organizations □ Receive a severance payment or change-of-control payment? □ Participate in, or receive payment from, a supplemental nonqualified retirement plan? □ Participate in, or receive payment from, a supplemental nonqualified retirement plan? □ Participate in, or receive payment from, a supplemental nonqualified retirement plan? □ Participate in, or receive payment from, a supplemental nonqualified retirement plan? □ Participate in, or receive payment from, a supplemental nonqualified retirement plan? □ Participate in, or receive payment from, a supplemental nonqualified retirement plan? □ Participate in, or receive payment from, a supplemental nonqualified retirement plan? □ Participate in, or receive payment from, a supplemental nonqualified retirement plan? □ Participate in, or receive payment from, a supplemental nonqualified retirement plan? □ Participate in, or receive payment from, a supplemental nonqualified retirement plan? □ Participate in, or receive payment from, a supplemental nonqualified retirement plan? □ Participate in, or receive payment from, a supplemental nonqualified retirement plan? □ Participate in, or receive payment from, an equity-based compensation payments for each item in Part III. □ Participate in, or receive p			☐ Payments for business use of personal residence			
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization consultant organization used to establish compensation of the CEO/Executive Director between the explain in Part III. 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization of the CEO/Executive Director between the explain in Part III. 4 Organization or organization consultant organization used to establish compensation consultant organization or a related organization. 5 Portion a related organization or a related organization. 6 Participate in, or receive payment from, an equity-based compensation arrangement? 7 If "Yes" on any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 9 Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 9 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? 1 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? 1 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 7 For persons listed on Form 990, Part VII, Secti						
or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply, Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. 2 Compensation committee 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III. 3 Indicate which, if any, of the following the organization of the CEO/Executive Director, but explain in Part III. 4 Organization to establish compensation of the CEO/Executive Director, but explain in Part III. 5 Participate in compensation consultant 6 Participate in, or receive payment from, an equity-based compensation arrangement? 7 Participate in, or receive payment from, an equity-based compensation arrangement? 8 Participate in, or receive payment from, an equity-based compensation arrangement? 9 Participate in, or receive payment from, an equity-based compensation arrangement? 1 "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 1 Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of. 5 Participate in part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Innes 5 and 67 If "Yes," describe in Part III. 7 For persons listed on		☐ Discretionary spending account	Personal services (such as maid, chauffeur, chef)			
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☑ 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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a ✓ a Receive a severance payment or change-of-control payment? 4b ✓ b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4c ✓ c Participate in, or receive payment from, an equity-based compensation arrangement? 4c ✓ if "Yes" to any of lines 4a-c, list the persons and 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. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation? 5a b Any related organization? 5b if "Yes" on line 5a or 5b, describe in Part III. 6a 6a Any related organization? 6a b Any related organization? 6b if "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 <	3	organization's CEO/Executive Director. Check all the related organization to establish compensation of the stable	hat apply. Do not check any boxes for methods used by a			
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During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? dti "Yes" to any of lines 4a-c, list the persons and 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. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of. a The organization? b Any related organization? if "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? if "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.						
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b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	6		on A, line 1a, did the organization pay or accrue any			
If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	а	The organization?		6a		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	b	Any related organization?		6b	Î	_
payments not described on lines 5 and 6? If "Yes," describe in Part III		If "Yes" on line 6a or 6b, describe in Part III.				
payments not described on lines 5 and 6? If "Yes," describe in Part III	7	For persons listed on Form 990, Part VII. Section	on A, line 1a, did the organization provide any nonfixed			
to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		payments not described on lines 5 and 6? If "Yes,"	describe in Part III	7		
ın Part III	8					
·			-			
0 If "Voo" on line 9 did the experience also fallow the valuable of the control o				8	\dashv	
The sould like at did the organization also tollow the repulitable presumption procedure described in the state of the sta	9	If "Yes" on line 8, did the organization also foll	low the rebuttable presumption procedure described in	— -	 -	

Regulations section 53.4958-6(c)?

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

For each individual whose compensation must be reported on 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 aren't listed on Form 990, Part VII

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable		(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(E) Total of columns (B)(I)–(D)	in column (B) reported as deferred on pnor Form 990
CHRISTOPHER URNESS 1CHAIRMAN	(i) (ii)	2 100					2,100	
ROGER ZOLLINGER 2TREASURER	© (E)	2,350					2,350	
JANET BURGETT MARTIN 3VICE CHAIRMAN	(i) (ii)	2,100					2,100	
EDWARD FRICK 4DIRECTOR	(i) (u)	2,100					2,100	
STEPHEN WOLFE 5DIRECTOR	(i) (ii)	2,350					2,350	
DENNIS MCDONALD 6DIRECTOR	(i) (ii)	2,250					2,250	
JJ PETERSEN 7DIRECTOR	(i) (ii)	2,250					2,250	
MELANIE MERRILL 8SECRETARY	(i) (ii)	2,350					2,350	
FRANK MARTINSON 9SUPERVISORY COMMITTEE MEM	(i) (u)	2,350	-				2,350	
ALBERT DUBROWA 10SUPERVISORY COMMITTEE CHAI	(n) (i)	750					750	
HARSHAD DESAI 11SUPERVISORY COMMITTEE MEM	(i) (ii)	850					850	
ROBERT SCOTT 12CEO	(i) (ii)	258,780	33,626	•••••	11,000	3,600	307,006	
GREGORY ALBANO 13SVP/CIO	(E) (E)	95,457	14,549		6,161		116,167	
RICHARD REILEY 14CLO	(i)	81 065	12,300		3,231		96,596	
FRANCES BURAZIN 15CFO	(i) (u)	79,469	12,112		5,002		96,583	
JENNIFER WADE 16CMO	(i) (u)	60,429	9 087		3,793		73,309	

Schedule J (Form 990) 2019

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 on 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 aren't 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

(B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (E) Total of columns (F) Compensation (D) Nontaxable

(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
Sally Eymann 1COO	(i) (ii)	60,882	9,155		3,821		73,858	
Cheryl Scott Weintritt 2CRO	(i) (u)	61,426	9,155		3,899		74,480	
3	(i) (ii)							
4	(1)							
5	(i) (ii)							
6	(i) (ii)							
7	(n) (i)							
8	(II)							
9	(II)							
10	(u) (i)				-			
	(ii)							
12	(n) (i)							
13	(n) (i)				_			
	(n)							
16	(u) (i) (u)							
10	1 (11)						1	

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019
Schedule J (Form 990) 2019 Page 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
PART I, LINE 1A
IN GENERAL, ALL EXPENSES RELATED TO TRAVEL AND CONFERENCES (INCLUDING TRAVEL DAYS BEFORE AND AFTER EVENT) ARE REIMBURSABLE TO THE EMPLOYEE
OR DIRECTOR. THE EXPENSE MUST BE USUAL AND CUSTOMARY INCLUDING AIRFARE, GROUND TRANSPORTATION EXPNESE WHILE AT THE MEETING SUCH AS TAXI/SHUTTLE/
CAR RENTAL/UBER PARKING, TELEPHONE, TIPS FOOD AND ENTERTAINMENT (THAT IS PART OF THE ORGANIZED EVENT) SPOUSAL EXPENSES ARE REIMBURSEABLE FOR
DIRECTORS AND SENIOR MANAGERS TRAVEL AND ARE TREATED AS TAXABLE INCOME
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Schedule J (Form 990) 2019

(Form 990 or 990-EZ) **SCHEDULE N**

Department of the Treasury Internal Revenue Service Name of the organization

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32, or Form 990-EZ, line 36. Attach certified copies of any articles of dissolution, resolutions, or plans.

Attach to Form 990 or 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

201 Open to P

OMB No 1545-0047

Employer identification number

Part I Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-EZ, line 36. 23-7124924 **Deer Valley Credit Union**

Part I can be duplicated it additional space is needed	ditional space i	s needed.				
1 (a) Description of asset(s) distributed or transaction expenses pard	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
Loans	10/1/2019	183,879,490	Present value of 183,879,490 future cash flows	86-6050693	Canyon State Credit Union 3440 W Deer Valley Rd, Phoenix, AZ 85027	501c14
Investments	10/1/2019	25,676,841	25,676,841 Market pricing	86-6050693	Canyon State Credit Union 3440 W Deer Valley Rd, Phoenix, AZ 85027	501c14
Fixed assets	10/1/2019	14,944,518	14,944,518 Appraised value	86-6050693	Canyon State Credit Union 3440 W. Deer Valley Rd, Phoenix, AZ 85027	501c14
Other assets	10/1/2019	14,119,587	Present value of 14,119,587 future cash flows	86-6050693	Canyon State Credit Union 3440 W Deer Valley Rd, Phoenix, AZ 85027	501c14
Cash and equiv.	10/1/2019	17,730,239	17,730,239 Cost basis	86-6050693	Canyon State Credit Union 3440 W. Deer Valley Rd, Phoenix, AZ 85027	501c14
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DANACA	, W, Q					
MAD OSC COAPES	SSC COARES					
000	2020					
UEN, UTAL	76					

Did or will any officer, director, trustee, or key employee of the organization

Become a director or trustee of a successor or transferee organization? **д**

Become an employee of, or independent contractor for, a successor or transferee organization? . . .

Become a direct or indirect owner of a successor or transferee organization?

Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?

e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III

Yes

2b **2**a

Pâge 2) \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		_				>			wered	on of) (if ir type					Yes No	1.		>	>	
)	1.	ۍ د	4a <	4b /	2	e9	9		tion ans	(g) IRC section of recipient(s) (if iax-exempt) or type of entity					7	2a /	2b /	22	2d	
	Liquidation, Termination, or Dissolution (continued) Note: If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26			uidate, or terminate?		•		of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?	ine 6b, explain in Part III.	Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.	(f) Name and address of recipient (a									lisposition of assets?	volved and explain in Part III . ▶
	Part X, column (B),		" describe in Part III .	ral or other appropriate state official of its intent to dissolve, liquidate, or terminate?	•			year in accordance with t	liabilities. If "No" on I	nsfer of More Than 25% of the Organization's Assets. Complete this 990-EZ, line 36. Part II can be duplicated if additional space is needed	(e) EIN of recipient									nization's significant c	name of the person in
	ear, then Form 990,		instrument(s)? If "No,"	ate state official of its		state laws?	ear?	liabilities during the tax y	herwise settled these	an 25% of the Org	(d) Method of determining FMV for asset(s) distributed or transaction expenses							insferee organization		s a result of the orgar	ugh 2d, provide the r
	(continued) ets during the tax y		ce with its governing	neral or other appropr	• •	les in accordance with	standing during the y	all of its tax-exempt bong	ization defeased or ot	ansfer of More Th m 990-EZ, line 36. F	(c) Fair market value of asset(s) distributed or amount of transaction expenses					4	yee or the organization feree organization?	for, a successor or tra	transferee organizatio	ıer sımılar payments a	stions on lines 2a thro
	or Dissolution ed all of its ass		ssets in accordan	the attorney ger	e such notice?	ay all of its liabiliti	xempt bonds out	scharge or defease	III how the organ	on, or Other Tr , line 32, or Fori	(b) Date of distribution						tee, or key emplo accessor or trans	ndent contractor	of a successor or	npensation or oth	to any of the que
Schedule N (Form 990 or 990-EZ) 2019	Liquidation, Termination, or Dissolution (continued) Note: If the organization distributed all of its assets during the organization distributed all of its assets during the organization distributed all of its assets during the organization distributed all of the organization distributed all organization distributed all organization distributed all of the organization distributed all organization	(Total liabilities), should equal -0	Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III.	Is the organization required to notify the attorney gener	If "Yes," did the organization provide such notice?	Did the organization discharge or pay all of its liabilities in accordance with state laws?	Did the organization have any tax-exempt bonds outstanding during the year?	If "Yes" to line 6a, did the organization discharge or defease all	If "Yes" on line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No" on line 6b, explain in Part III.		(a) Description of asset(s) distributed or transaction expenses paid					South a south of the south of t	Did or will any officer, director, trustee, or key employee of the organization? Become a director or trustee of a successor or transferee organization?	Become an employee of, or independent contractor for, a successor or transferee organization?	Become a direct or indirect owner of a successor or transferee organization?	Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?	If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III
Schedule	Part I	_	ო	4a	۵	2	6 a	٩	Ö	Part II	-					İ	, e	۵			യ

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Part III	Supplemental Information. Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.
PART 1 2A	
ALL DIREC	TORS BECAOME DIRECTORS AT CANYON STATE CREDIT UNOIN
PART 1 2B	
ALL EMPL	OYEES BECAME EMPLOYEES AT CANYON STATE CREDIT UNION.
PART 1 2D	
NO DIREC	TOR OR EMPLOYEE WAS ENTITLED TO COMPENSATOIN BECAUSE OF THE MERGER, HOWEVER ALL EMPLOYEES AND
DIRECTOR	S MAINTAINED THEIR POSITIONS AND CONTINUED TO RECEIVE NORMAL COMPENSATION.
••••	

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.

2019

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

DEER VALLEY CREDIT UNION	23-7124924
FORM 990, PART VI, SECTION A, LINE 6	
MEMBERS ELECT THE BOARD OF DIRECTORS-ONE MEMBER EQUALS ONE VOTE	
GOVERNING BODY (BOARD OF DIRECTORS) MAKES SIGNIFICANT DECISIONS	
FORM 990, PART VI, SECTION A, LINE 7A	
MEMBERS ELECT BOARD OF DIRECTORS, EACH MEMBER HAS ONE VOTE	·
FORM 990, PART VI, SECTION B, LINE 11	`
THE RETURN IS PREPARED BY THE CEO	
FORM 990, PART VI, SECTION B, LINE 15	
THE BOARD RESEARCHES APPROPRIATE CEO COMP BY EXAMINING INDUSTRY STATS AND	
OTHER COMPARABLE CREDIT UNION DATA FOR CREDIT UNIONS OF SIMILAR MEMBERSHIP	
AND METRO SIZE THE BOARD VOTES TO DETERMINE THE CEO'S COMPENSATION, MINUTES	
ARE KEPT FOR THIS ANNUAL COMPENSATION MEETING AND REVIEW THIS PROCESS IS	•••••
ONGOING THROUGH THE YEAR WITH THE HELP OF A COMPENSATION CONSULTANT	
THE CEO DETERMINES THE SENIOR MANAGER'S COMPENSATION THE CEO UTILIZES	
SOFTWARE FROM A THIRD PARTY COMPENSATION CONSULTANT TO HELP DETERMINE	
APPROPRIATE COMPENSATION FOR SENIOR TEAM MEMBERS AT ALL LEVELS THE CEO	
ALSO EXAMINES AGREED UPON PERFORMANCE PLANS, GOALS AND RESULTS	
	·

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization	Employer identification number
DEER VALLEY CREDIT UNION	23-7124924
FORM 990, PART VI, SECTION C, LINE 19	
FINANCIAL STATEMENTS ARE POSTED ONLINE AND IN THE BRANCH LOBBIES	
	•••••
FORM 990, PART IX, LINE 24A, OTHER EXPENSES	
OTM 339, FAIN W, LINE 244, OTHER EXCENSES	
226,149 LOAN SERVICING	•
18,258 REGULATOR FEES	
911 MISC OPERATING EXPENSES	
MIGG OF ENATING EXPENSES	•
90,275 TELEPHONE RELATED	
61,892 POSTAGE AND RELATED	
15,856 CUFN EXPENSES FOR MEMBER FINANCIAL PLANNING SERVICES	
10,000 COTTN EAT ENGES FOR MEMBERT INANCIAL F EARWING SERVICES	
75,776 BANK SERVICE CHARGES	
55,999 DEBIT CARD	
752,485 INFORMATION TECH	
554,824 VISA CARD RELATED	
2,505 IRA ADMIN	·····
3,208 ATM RELATED	
16,575 SHARED BRANCHING	
20,844 SHARE DRAFTS	
2,030,557 TOTAL OPERATING EXPENSES	
	•••••••••••••••••••••••••••••••••••••••
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