## REJECTED ELECTRONIC RETURN 11/8/19

Form **990** 

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

Department of the Treasury

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

OMB No 1545 0047 2018

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

Open to Public

		venue Serviçe	<del></del>	irs gov/Form990 for instruc			rmation	11014	Inspection	
		<del>_</del>	dar year, or tax year begin	ning	, 2018, a	ınd ending			,	
В	Check	if applicable	C				7	D Employer ident	ification number	
		ddress change	CANVAS CREDIT UN				ĺ	84-6023	137	
	[]N	ame change	9990 PARK MEADOW				[	E Telephone num	ber	
	[]in	utial return	LONE TREE, CO 80	124				303-691	-2345	
	E	nal return/terminated					1			
	$\vdash$	mended return		·		1 6	•	G Gross receipts	\$ 348,312,	528.
	$\vdash$	pplication pending	F Name and address of principa	officer Darryl T Ma	nkahanni	<del>. 101 н</del>	a) Is this a	group return for sul		XNo
	LJ^	ppca.io pa.iog	Same As C Above	Dailyl 1 Ma	rksperry	, <b>)</b> 'H(	b) Are all s	subordinates include attach a list (see in		HNo
1	Tav.	exempt status	501(c)(3) X 501(c) (	Δ ) ◀ (insert no )	4947(a)(1) or	T 527	if "No,"	attach a list (see in	structions)	
1		<del> </del>	w.pscu.org	4 / (113011110)	1017(0)(17 01	<del></del>	c) Group e	exemption number		
K		n of organization	X Corporation Trust	Association Other ►	TLV	ar of formation		<del></del> _	egal domicile CO	
	rt I	Summar		Association Other		ai or ioimation	1930	) IN State of	egai domicile CO	
Га	1		<b>y</b> be the organization's missi	on or most significant ac	tivities Cana	mac Crad	Nit IIr	nion will	strive to	
	'		ividuals and fam:							177
ည			provide simple a							- Y
nai		honest v		elp members affo		<u>u_501 v1</u>	<u> </u>	<u> </u>		
, ke	2		x ► If the organizatio			sed of more	than 25	5% of its net as	sets •	
ဗ	3		ting members of the gover			,		3		8
త	4	Number of inc	dependent voting members	of the governing body (F	Part VI, line	1b) (		4		8
ij	5		of individuals employed in		(V, line Za),			5		718
Activities & Governance	6		of volunteers (estimate if		-CENV			6		5
Ā	7a	Total unrelate	ed business revenue from f	Part VIII, columb (6), line	12	700		7a	971,	962.
	b	Net unrelated	business taxable income		)V <b>255 20</b>	19 8		7b		0.
		0 1 - 1		,,, [ <sup>m</sup> ]	12		Pı	ior Year	Current Yes	ar
e	8		and grants (Part VIII, line	20)	2000		110	037 102	125 170	<u> </u>
Revenue	9 10	-	rice revenue (Part VIII, line icome (Part VIII, column (A	2y)	DEN, U	JT		,037,192. ,442,388.	135,179, 10,508,	
É	11		e (Part VIII, column (A), lir		 d 11e)			, 442, 366. , 103, 272.	2,977,	
_	12		e – add lines 8 through 11			∍ 12)		, 582, 852.	148,664,	
_	13		milar amounts paid (Part I					295,160.		287.
	14		to or for members (Part I)			ŀ		273,100.	241,	201.
	15	•	er compensation, employee		n (A) lines 5	i-10\	20	,318,884.	42,394,	000
es				·	11 (1), 11103 5	' '°'		, 310, 004.	42,374,	000.
Expenses			fundraising fees (Part IX, o	• • •		-	_			<u>-</u>
χ	b		sing expenses (Part IX, col				_			
_	17	•	es (Part IX, column (A), Iir	•		ļ		<u>,790,288.</u>	<u>87,547,</u>	
	18	Total expense	es Add lines 13-17 (must o	equal Part IX, column (A)	, line 25)		107	,404,332.	130,189,	745.
	19		expenses Subtract line 1	8 from line 12				,178,520.	18,475,	116.
ē 8						Ĺ		g of Current Year	End of Yea	
alan	20	Total assets (	(Part X, line 16)					289,339,195.	2,432,585	
A B	21	Total liabilities	Part X, line 16) s (Part X, line 26) fund balances Subtract li			.	20	602125 <u>69</u> .	2,185,420	,860.
홍분	22	Net assets or	fund balances Subtract li	ne 21 from line 20			229	,126,626.	247,164,	299.
Pa	rt II	Signatur	e Block							
Unde	r penal	ties of perjury, I de	clare that I have examined this return (other than officer) is based on	rn, including accompanying sched	lules and stateme	ents, and to the	best of my	knowledge and bei	ef, it is true, correct,	and
comp	———	eciaration of prepai	rer (other than officer) is pagenton	all information of which preparer r	nas any knowledg					
		Signatur	Cooper	<u> </u>				11.13.	15	<i></i>
Sig	jn	Signatur	re of officer				Date	8		
He	re		leen Knoll				CFO_			
			print name and title							
		nt/Type p	reparer's name	Preparer's signature		Date 11/12/1	0	Check If	PTIN	
Pai	id	Eric L	. Jones	Er		11/13/1	. 7	self-employed	P00634170	
Pre	pare	er Firm's name		ning CPAs, PC						
Us	e On	Ily PErm's addre						Firm s EIN ► 84	-0919886	
		R	Evergreen, CO						3) 480-9090	0
May	the l	IRS discuss the	is return with the preparer		uctions)				X Yes	No
			eduction Act Notice, see t				101L 08/2	0/18	Form <b>990</b>	
						1		•		,

	1990 (2018) CANVAS CREDIT UNION	84-6	0231.	3 /		age 2
Par	till Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III					X
1						
•	Can Cahadula O					
	See Schedule 0	<b>-</b> -		<u>-</u>		
					,-,	
2	Did the organization undertake any significant program services during the year which were not listed on the p	rior			_	
_	Form 990 or 990-EZ?			Yes	X	No
	If "Yes," describe these new services on Schedule O		اسها			
3	Did the organization cease conducting, or make significant changes in how it conducts, any program s	ervices?	П	Yes	X	No
	If "Yes," describe these changes on Schedule O				_	
4	Describe the organization's program service accomplishments for each of its three largest program ser Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation and revenue, if any, for each program service reported	vices, as r ons to othe	neasur rs, the	ed by total e	exper xpens	ises ses,
	(Code ) (Expenses \$ including grants of \$ ) (	Revenue	\$			
	The Credit Union is owned by approximately 230,000 members. The			מ מר	rovi	des (
	financial services to its members, such as consumer lending, sha	red br	anchi	ina		<u></u>
	services, deposit/transactional services, mortgage lending, comm	ercial	lend	ling	, ho	me
	banking, bill payment and other financial services.					
		<b>_</b>				
4 b	o (Code) (Expenses \$ including grants of \$) (	Revenue	\$			)
		<b></b>				
				<del>_</del>		
				<b>-</b>		
			<b>-</b>			
4 -	: (Code ) (Expenses \$ including grants of \$ ) (	Devenue	\$			
40	: (Code) (Expenses \$ including grants of \$) (	1/cveriue	<b>`</b> —			'
		<b>-</b> -				
		<b>-</b>	- <b>-</b> -			- <b>-</b> -
						- – -
						- – –
			- <del>-</del> -			
						- – – -
4	Other program services (Describe in Schedule O )					
-T U	(Expenses \$ including grants of \$ ) (Revenue \$				)	
_	Total program service expenses				·	

TEEA0102L 08/03/18

BAA

Form **990** (2018)

Form 990 (2018) CANVAS CREDIT UNION
Part IV | Checklist of Required Schedules

. и.	oncomist of require conceanes		V	A1 -
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Yes	No X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3		3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		
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	Х	
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		<u> </u>
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? <i>If 'Yes,' complete Schedule</i> D, Part VI	11 a	х	
t	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? <i>If 'Yes,' complete Schedule D, Part VII</i>	11 b	Х	
	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		<u> </u>
C	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	11 d	х	
e	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
	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	11 f	Х	
	a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI and XII</i>	12a		X
b	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	12 b	х	
13	Is the organization a school described in section $170(b)(1)(A)(II)^7$ If 'Yes,' complete Schedule E	13		_X
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		Х
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		Х
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		x
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		Х
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		Х
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		
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	olf '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	х	
BAA		Form	990 (	2018)

	n 990 (2018) CANVAS CREDIT UNION	84-6023137		Page 4
Par	t IV   Checklist of Required Schedules (continued)		T:.	1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	s on Part IX,	Yes	No
		· ·	+	+~
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	s current e ,	/ x	
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24 complete Schedule K. If 'No. 'go to line 25a	as of 4d and		х
ŧ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	241		+
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to daily tax-exempt bonds?	lefease 24		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	240	-	+
	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess ber transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	nefit 25a	a	
ŀ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior ye that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' con Schedule L, Part I	ear, and nplete	o	
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any currer former officers, directors, trustees, key employees, highest compensated employees, or disqualified per If 'Yes,' complete Schedule L, Part II	nt or rsons?	х	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantia contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family me of any of these persons? If 'Yes,' complete Schedule L, Part III	al ember		х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	√ 28;		x
		200	-	+ <del>-^</del>
t	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28	<u> </u>	Х
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) wa officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>	28	c X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule	M 29	┷	Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule	N, Part I 31		X
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations se 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	ections 33		x
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II and Part V, line 1	I, III, or IV,	Х	
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35.	3	Х
t	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a centity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2.	controlled 35	b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable roganization? If 'Yes,' complete Schedule R, Part V, line 2	related 36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization at treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	nd that is		х
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	Х	
Pai	rt 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			

Check if Schedule O contains a response or note to any line in this Part V					П
Check in Schedule O Contains a response of note to any fine in this fact v				Yes	No
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1 a	38,855			
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b	0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and (gambling) winnings to prize winners?	reportable ga	ฑเกg	1 c	Х	

Form 990 (2018) CANVAS CREDIT UNION

art	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  7	18		
b	of at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 t	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	X	
b	olf 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b	X	
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		х
b	olf '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)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	-	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b	-	Х
С	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 0	-	ऻ
6 a	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?	6 a		х
_	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).	-4		
	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?	7 a		
	olf 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	<u> </u>	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		5885445643
	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?	7 e	-	<del></del>
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f	├	<del>                                     </del>
•	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 g		_
п	Form 1098-C?	7 h	ı	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	288	1000	3340
	organization have excess business holdings at any time during the year?	8	e securiorariamento.	CONTRACTOR SAI
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9 a	ļ	
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b	1 200000000000	2,490000000
	Section 501(c)(7) organizations. Enter			
-	Initiation fees and capital contributions included on Part VIII, line 12	<b></b>  \$		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			5.8
-	Gross income from members or shareholders.	-		
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )  11b  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year   12b	12.0	*	Section
_	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13 a	315750000	1 5005000000
<b>u</b>	Note. See the instructions for additional information the organization must report on Schedule O		****	20.53
h	Enter the amount of reserves the organization is required to maintain by the states in			
	which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand , 13c			Min N
	Did the organization receive any payments for indoor tanning services during the tax year?	14 a	<u> </u>	X
	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	146	<u> </u>	<u> </u>
15	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		х
	If 'Yes,' see instructions and file Form 4720, Schedule N			200
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If 'Yes,' complete Form 4720, Schedule O			
ĀĀ		Forn	n <b>990</b>	(2018)

Form 990 (2018) CANVAS CREDIT UNION 84-6023137 Page 6 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 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 Х Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 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 Я 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 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 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X See Schedule Q 6 Did the organization have members or stockholders? 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Х members of the governing body? See Schedule O 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, See Sch O stockholders, or persons other than the governing body? 7 b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by 8 a X a The governing body? 8ь X **b** Each committee with authority to act on behalf of the governing body? 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10 a X b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b operations are consistent with the organization's exempt purposes? 11 a Х 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? \$.₹ b Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Х 12 b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in X Schedule O how this was done See Schedule Q 12 c X 13 13 Did the organization have a written whistleblower policy? X 14 14 Did the organization have a written document retention and destruction policy? 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? X 15 a a The organization's CEO, Executive Director, or top management official **b** Other officers or key employees of the organization See Schedule O X 15<sub>b</sub> 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 16 a taxable entity during the year? 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? 16 b Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed None
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply
	Own website X Another's website X Upon request Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year  See Schedule O
20	State the name, address, and telephone number of the person who possesses the organization's books and records
	Canvas Credit Union 9990 Park Meadows Drive Lone Tree CO 80124 303-691-2345

Form 990 (2018)

BAA

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

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

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

- 1 a 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

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

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 fletther the organization for any relati	T organiz	(C)								
<b>(A)</b> Name and Title			Position (do not check more					(D)	(E)	(F)
			han one box, unless person is both an officer and a			on	Reportable compensation from	Reportable compensation from	Estimated amount of other	
	hours per week	Q 5	director/trustee) 임하기이 최일되고					the organization (W 2/1099-MISC)	related organizations (W-2/1099 MISC)	compensation from the
	per week (list any hours for related organiza- tions below dotted line)	dire	nstitutional trustee	Officer	Key employee	ng gres	me	, ,	,	organization and related
	related organiza-	ctor to	ional	`	yolgr	ee (com	٦.			organizations
	below	usle	trus		જ	peng				
	line)	"	8			Highest compensated employee				
(1) Tim Farrell	5									
Director	0	Х						22,000.	0.	0.
(2) Tom Lash	3									
Vice Chairman	0	Х				$\sqcup$		22,000.	0.	0.
_(3) Scott Aaronson	3								_	
Director	0	Х				$\sqcup$		22,000.	0.	0.
_(4) Rosalynn Feagins	3								2	•
Director	0	Х			-			22,000.	0.	0.
_(5)_Tim_Reed	3	۱	1					22 222	^	0
Chairman	0	X						33,000.	0.	0.
_(6) Josh_Burchfield	3	.,						22 222	0	0
Treasurer	0	X				⊢⊦		22,000.	0.	0.
_(7)_John_Davidson	3	v						22 000	0.	0
Secretary	0	Х				-		22,000.	<u> </u>	0.
_(8) Gary Jones	3	v						22 000	0.	0.
Director (2) Chair Mahlahart	3	Х			<del> </del>	╁		22,000.	<u>U.</u>	
(9) Chris Myklebust	3	Х						11,553.	0.	0.
Former Director	40	^	$\vdash$					11,333.	0.	
VP Mort Lending				Х				176,860.	0.	33,970.
(11) Robert Spratte	40	_	Н		$\vdash$	$\vdash$	-	170,000.	0.	
VP Loss Mitigat				Х				184,247.	0.	40,391.
(12) Tansley Stearns	40	<u> </u>	H			H		104,247.		
C P&S Officer	- <del>-</del>			Х				172,102.	0.	31,457.
(13) David Pierce	40		$\vdash$		$\vdash$	<del>                                     </del>		1,2,102.		
SVP/CIO	0-	1		Х				1,015,700.	0.	73,598.
(14) Stephen Ferrero	40									
VP	0			Х				373,631.	0.	62,456.

TEEA0107L 08/03/18

[PartiVIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) Position (E) (D) (do not check more than one (A) Average hours box, unless person is both an officer and a director/trustee) Reportable compensation from Reportable compensation from Estimated amount of other Name and title per week (list any related organizations (W-2/1099 MISC) compensation & from the the organization (W-2/1099 MISC) Institutional Officer Individual trustee employee Highest compensated ormer hours for organization and related employee related organiza tions organizations I trustee helow dotted line) (15) Carlos Vazquez 40 Х 0 54,341. 0 272,912. 40 (16) Louis Lubick CLO/VP Comm Out 0 Х 160,122 0 19,346. (17) Colleen Knoll 40 SVP/CFO 0 Х 518,172. 0 79,607. 40 (18) Christopher Chippindale 0 X 391,723. 0 70,265. C00 40 (19) Darryl Marksberry X 0 CEO 0 840,105. 340,092. (20) Sheila Gertson 40 Х 0 VP Retail Deliv 0 235,462 47,580. (21) Chad Shane 40 0 Х 405,214 0 68,023. Chief Lending 40 (22) Carole Sumption SVP of HR 0 X 357,275 0 29,303. (23) Sarah Collins 40 Χ VP of Bus Svcs 0 443,637 0. 26,815. 40 (24) Justin Kautz VP of Finance 0 Х 249,111 0 47,787. (25) Ryan Klassen 40 49,706. VP Lending 0 235,714 0 074,737. 1 b Sub-total 6,230,540. 0. c Total from continuation sheets to Part VII, Section A 1,662,325 0 179,619. 7,892,865. 0. 1,254,356. d Total (add lines 1b and 1c)

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization
24

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



- 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 individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person

## Section B. Independent Contractors

\$100,000 of compensation from the organization

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

(A) Name and business address	(B) Description of services	(C) Compensation
CU COOPERATIVE SYSTEMS, INC 9692 HAVEN AVE RANCHO CUCAMONGA, CA 9173	CARD/ATM SERVICES	4,590,748.
AD MILLER SERVICES 7006 S ALTON WAY CENTENNIAL, CO 80112	GENERAL CONTRACTOR	4,097,535.
MONIGLE ASSOCIATES 150 ADAMS STREET DENVER, CO 80206	BRANDING	1,627,065.
LEVEL 5 LLC 2018 POWERS FERRY RD SE, STE 750 ATLANTA, GA 30339	CONSTRUCTION	1,590,113.
MALAUZI SOFTWARE PO BOX 840544 DALLAS, TX 75312-0757	HOME/MOBILE BANKING	1,170,490.
2 Total number of independent contractors (including but not limited to those listed above)	who received more than	

BAA

Yes

3

4

5

No

Form 990 (2018) CANVAS CREDIT UNION

Part VIII Statement of Revenue

		Check if Schedule O	contains a resp	oonse or note to an	y line in this Part V	IIL		凵
	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 7512-514
ts ts	1 a	Federaled campaigns	1 a				phymianali Linii inii. i hisporte	
ran	b	Membership dues	1 b				A STATE OF THE STA	
۾ ٿا آھ	С	Fundraising events	1 c	•				
ifts		Related organizations	1 d				The state of the s	
nija S		Government grants (contributi	ons) 1 e	-				
Sir								
uti e	f	All other contributions, gifts, g similar amounts not included					198	
흔된	a	Noncash contributions included				annanimmeter indicates		
Conributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f		-			4	
		Total. Add filles fa-ft	·	Business Code	****			
딞	2 a	Interest Member	r Ioane	522100	99,307,013.	99,307,013.		
ě		Fees Member Se		522100		15,096,174.		
Š		Plastics Income		522100	14,909,331.	14,909,331.		
Ϋ́				522100	4,313,773.	4,313,773.		
Š		Other_Operating Shared Branch_		522100	1,553,113.	1,553,113.	-	
Iran		All other program service		322100	1,333,113.	1,333,113.		
Program Service Revenue		Total. Add lines 2a-2f	se revenue		135179404.			
Щ.		Investment income (inc	luding dividond	s interest and	133173404.	35977 (397A) (397A)	2.2.2d225940542500	55.400 A 10.00 A 10.00 A 10.00 A
	3	other similar amounts)	luaing aividend	s, interest and	6,592,819.	763,389.		5,829,430.
	4	Income from investmen	it of tax-exemp	t bond proceeds 🕨	0,002,025			,
	5	Royalties	·					
			(ı) Real	(II) Personal			55.486.2867.38	
	6 a	Gross rents	2,005,204					
•	b	Less rental expenses						
	С	Rental income or (loss)	2,005,204					
	d	Net rental income or (lo		▶	2,005,204.	Color		2,005,204.
	7.3	Gross amount from sales of	(i) Securities	(II) Other				
	, a	assets other than inventory	250,000	. 203313139.				
	h	Less cost or other basis						
		and sales expenses	266,890	. 199380777.				
	С	Gain or (loss)		. 3,932,362.				
	d	Net gain or (loss)		<b>•</b>	3,915,472.	4,201,503.		-286,031.
d)	Яa	Gross income from fund	draising events					
venue		(not including \$	aranamig availta					
		of contributions reporte	d on line 1c)			10.		
æ		See Part IV, line 18		a				
Other Re	b	Less direct expenses		b				
ᅙ	С	Net income or (loss) fro	om fundraising	events -				
	9a	Gross income from gan	ning activities			100		
	-	Gross income from gan See Part IV, line 19	<b>3</b> · ·	a				
	b	Less direct expenses		b	1000 100 100 100 100 100 100 100 100 10		Proprietal Califfernia	
	С	Net income or (loss) from	om gamıng actı	vities <u></u>				
,	10a	Gross sales of inventor and allowances	y, less returns					
				a				
		Less cost of goods sole		b				
	С	Net income or (loss) fro			To management and and a	THE COST AND ASSOCIATION OF THE COST	ananan kadhaan kaka ka k	20000000000000000000000000000000000000
		Miscellaneous Reven		Business Code				
		Non-member ATM		522100	773,875.	-	773,875.	
	b	<u> Insurance Inco</u>	<u>me</u>	524298	198,087.		198,087.	
	С							
	_	All other revenue		<u> </u>		2089622384 × \$660000000000000000000000000000000000	20000000000000000000000000000000000000	0.0000000000000000000000000000000000000
		Total. Add lines 11a-11			971,962.		0.75	
	12	Total revenue. See inst	tructions		148664861.	140144296.	971,962.	7,548,603.

Form 990 (2018) CANVAS CREDIT UNION

| Part | X | Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must cor			omplete column (A)	· -· · -· - · ·
	Check if Schedule O contains a				<u></u>
Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	( <b>A)</b> Total expenses	( <b>B)</b> Program service, expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	247,287.			
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	Benefits paid to or for members		:		
5	Compensation of current officers, directors, trustees, and key employees	8,030,651.			,
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	26,686,847.			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,890,785.			
9	Other employee benefits	3,462,671.			
10	Payroll taxes	2,323,854.			
11	Fees for services (non-employees)	,			
á	Management				
ŧ	Legal	60,318.			
	Accounting		,		
	Lobbying	<del>.</del>			
	Professional fundraising services See Part IV, line 17				
	Investment management fees		British Care Care	7 - 74 CASA ANDRINGS-800000 A. A. A.	
	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	2,980,810.			
12	Advertising and promotion	7,383,633.			
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	4,537,221.		,	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials			,	
19	Conferences, conventions, and meetings	1,194,571.			
20	Interest	2,404,024.			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,103,087.			
	Insurance				
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)				
ä	Provision for Loan Losses	28,251,492.			
	Dividends & Interest -Members	15,013,242.			
	Transaction Processing	10,372,935.			
	Office Operations	7,185,859.			
	All other expenses	4,060,458.			
25	•	130,189,745.			
	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 Infollowing SOP 98-2 (ASC 958-720)				

Rart 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 14,152,427. Cash - non-interest-bearing 13,447,072 140,615,079 2 Savings and temporary cash investments 159, 167, 835. 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 2,225,085 1,508,426 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 7.058.115 5 5,687,994 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 910,443,652 2,066,953,553. 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 2,157,463 2,460,261 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 a 82,496,880 10 b 10 c b Less accumulated depreciation 36,788,368. 41,746,341 45,708,512. 102,468,950 11 Investments - publicly traded securities 11 73,585,447. 12 Investments - other securities See Part IV, line 11 19,345,239 12 12,759,492. Investments - program-related See Part IV, line 11 13 8,152,622 Intangible assets 14 7,105,489. 15 Other assets See Part IV, line 11 15 43,495,723. 41,679,577 16 2,432,585,159. Total assets. Add lines 1 through 15 (must equal line 34) 2,289,339,195 17 17 Accounts payable and accrued expenses 25.417.125 25,436,503. 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 1,159,219 21 1,044,362 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 88,356,000 23 50,000,000. Unsecured notes and loans payable to unrelated third parties 24 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. 25 945, 395, 082 108,825,138 26 Total liabilities. Add lines 17 through 25 060,212,569 2,185,420,860 Organizations that follow SFAS 117 (ASC 958), check here > and complete Balances lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets **4**9 Fund Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ X and complete lines 30 through 34. þ 30 Capital stock or trust principal, or current funds Assets 3 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 229, 126, 626 247,164,299 Set 3\$ 33 Total net assets or fund balances 229,126,626 247, 164, 299. 34 Total liabilities and net assets/fund balances 2,289,339,195 34 2,432,585,159 TEEA0111L 08/03/18 Form 990 (2018) BAA

Forr	n'990 (2018) CANVAS CREDIT UNION 84	4-602313	37	Page <b>12</b>
Pa	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	148,60	64,861.
2	Total expenses (must equal Part IX, column (A), line 25)	2	130,18	89,745.
3	Revenue less expenses Subtract line 2 from line 1	3	18,4	75,116.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	229,12	26,626.
5	Net unrealized gains (losses) on investments	5	-4.	37,443.
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		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	247,1	64,299.
Pa	₹XII Financial Statements and Reporting	_		
	Check if Schedule O contains a response or note to any line in this Part XII			П
			$\overline{}$	Yes No
1	Accounting method used to prepare the Form 990		-	
2.	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	X
2.	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed by an independent accountant.  If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed by an independent accountant.  Separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separate basis	wed on a	2	
I	b Were the organization's financial statements audited by an independent accountant?		2 b	Х
-	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both  Separate basis  Both consolidated and separate basis	arate ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
,	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aureview, or compilation of its financial statements and selection of an independent accountant?	dit,	2 c	х
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3 (	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	<b>;</b>	3 a	х
!	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a or audits, explain why in Schedule O and describe any steps taken to undergo such audits	iudit	3 b	

TEEA0112L 08/03/18

Form 990 (2018)

BAA

## 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

Open to Public Inspection Employer identification number

				· '
	CANVAS CREDIT UNION			84-6023137
Par	Organizations Maintaining Done Complete if the organization ans	or Advised Funds or Other Similar wered 'Yes' on Form 990, Part IV,	r <b>Funds or Acc</b> line 6.	counts.
-		(a) Donor advised funds	(b) F	unds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and do are the organization's property, subject to the		I in donor advised	funds Yes No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?			
Par		<del></del>		
ı uı		wered 'Yes' on Form 990, Part IV,	line 7	
1	Purpose(s) of conservation easements held b	y the organization (check all that apply)	-	
	Preservation of land for public use (e.g.,	recreation or education) Preserva	ition of a historical	lly important land area
	Protection of natural habitat	Preserva	ition of a certified	historic structure
	Preservation of open space	_		
2	Complete lines 2a through 2d if the organization	held a qualified conservation contribution in the	ne form of a conser	vation easement on the
	last day of the tax year			Held at the End of the Tax Year
	a Total number of conservation easements		2a '	Teld at the End of the Tax Teal
	Total acreage restricted by conservation ease	ements	2 b	
	Number of conservation easements on a cert		2 c	
	Number of conservation easements included	·	+	
	structure listed in the National Register		2 d	al was the
3	Number of conservation easements modified, tra tax year ▶	nsterred, released, extinguished, or terminate	o by the organization	on during the
4	Number of states where property subject to cons			
5	Does the organization have a written policy re and enforcement of the conservation easeme	nts it holds?	-	Yes No
6	Staff and volunteer hours devoted to monitoring,			
7	Amount of expenses incurred in monitoring, insp	ecting, handling of violations, and enforcing c	onservation easeme	ents during the year
8	Does each conservation easement reported of and section $170(h)(4)(B)(II)^2$	n line 2(d) above satisfy the requirements	of section 170(h)(	(4)(B)(i) Yes No
9	In Part XIII, describe how the organization report include, if applicable, the text of the footnote conservation easements	s conservation easements in its revenue and to the organization's financial statements	expense statement that describes the	, and balance sheet, and organization's accounting for
Pai		ections of Art, Historical Treasure	s. or Other Sin	nilar Assets.
	Complete if the organization ans	wered 'Yes' on Form 990, Part IV,	line 8.	
	a If the organization elected, as permitted under art, historical treasures, or other similar assets h in Part XIII, the text of the footnote to its final	eld for public exhibition, education, or researd ncial statements that describes these item	ch in furtherance of is	public service, provide,
Į	b If the organization elected, as permitted under historical treasures, or other similar assets held following amounts relating to these items	er SFAS 116 (ASC 958), to report in its rev for public exhibition, education, or research in	renue statement a furtherance of pub	lic service, provide the
	(i) Revenue included on Form 990, Part VIII	, line 1		<b>►</b> \$
	(ii) Assets included in Form 990, Part X			►\$
	If the organization received or held works of art, amounts required to be reported under SFAS	116 (ASC 958) relating to these items	r financial gain, pro	
	a Revenue included on Form 990, Part VIII, line	e 1		<b>*</b> \$
	b Assets included in Form 990. Part X			<b>►</b> \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)								
3 Using the organization's acquisition items (check all that apply)	, accession, a	and other	records, check	any of the following that a	are a significant use of its	collection		
a Public exhibition			<b>d</b> Loan	or exchange programs				
b Scholarly research			e Other	•				
c Preservation for future genera	ations		• 🗀 ••			<del></del>		
4 Provide a description of the organiza		ions and	explain how the	y further the organization	's exempt purpose in			
5 During the year, did the organizat to be sold to raise funds rather the	tion solicit or ian to be ma	receive	donations of a	rt, historical treasures, organization's collection	or other similar assets	Yes	□No	
Part IV Escrow and Custodial line 9, or reported an a	Arrangen	nents.	Complete if	the organization ar		orm 990, P	art IV,	
1 a Is the organization an agent, trus			<u> </u>		ner assets not included	—		
on Form 990, Part X?	un David VIII a		-lata tha fallaw	waa tabla		X Yes	∐No	
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII a	ana com	piete the follow	ing table				
See Part XIII c Beginning balance					1.0	Amount	74 120	
d Additions during the year					1 c		74,139. 77,751.	
e Distributions during the year					1 e		25,934.	
f Ending balance					1 f		25,955.	
2 a Did the organization include an ai	mount on Fo	rm 990	Part X line 21	for escrow or custodia		X Yes	No.	
<b>b</b> If 'Yes,' explain the arrangement					•	<u></u>	X	
See Part XIII								
Part V Endowment Funds. Co	omplete if				orm 990, Part IV, II	ne 10.		
	(a) Current		(b) Prior yea			(e) Four y	ears back	
1 a Beginning of year balance								
<b>b</b> Contributions		_						
c Net investment earnings, gains, and losses								
d Grants or scholarships		<del></del>						
e 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 balance (lii	ne 1g, column (a)) held	as			
a Board designated or quasi-endowme			%					
<b>b</b> Permanent endowment	% %							
c Temporarily restricted endowmen			_ %					
The percentages on lines 2a, 2b, an								
3 a Are there endowment funds not in the organization by	ne possession	of the o	rganization that	are held and administere	d for the	Yes	No	
(i) unrelated organizations.						3a(i)	+	
(ii) related organizations						3a(ii)		
<b>b</b> If 'Yes' on line 3a(ii), are the relati	ted organiza	tions list	ed as required	on Schedule R?		3b		
4 Describe in Part XIII the intended	_					L		
Part VI Land, Buildings, and E	quipment	t.						
Complete if the organiz			'Yes' on For	m 990, Part IV, line				
Description of property		(a) Cost	or other basis vestment)	<b>(b)</b> Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	value	
<b>1 a</b> Land				20,579,278.		20,57	9,278.	
<b>b</b> Buildings				35, <u>689</u> ,919.	15,209,489.		0,430.	
c Leasehold improvements				4,285,829.	3,723,071.		<u>2,758.</u>	
<b>d</b> Equipment		ļ		8,211,915.	7,373,972.		7,943.	
e Other		L		13,729,939.	10,481,836.		8,103.	
Total. Add lines 1a through 1e (Column	n (d) must ed	qual For	m 990, Part X,	column (B), line 10c )			8,512.	
BAA					Sched	lule D (Form 9	90) 2018	

Investments - Other Securities.   Complete if the organization answered	'Voc' on Form 000	O Part IV Juna 11h Saa Farm (	000 Part V June 1'9
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-	
(1) Financial derivatives	(b) book value	(C) Method of Valuation Cost of end-	
(2) Closely-held equity interests	10,421,692.	Cost	<del></del>
(3) Other FHLB Stock	2,337,800.		, , "
(A)	2,337,000.		
(B)			
<u>`(c)</u>			
(D)			
(E)			
(F)			
(G)			
(H)			
(I) · ·	,		
Total (Column (b) must equal Form 990, Part X, column (B) line 12)	12,759,492.	10 10 10 10 10 10 10 10 10 10 10 10 10 1	
Rart IIII Investments – Program Related. Complete if the organization answered	'Yes' on Form 99(	N/A  Neart IV line 11c See Form 9	990 Part X line 13
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end	
(1)			
(2).			
(3)			
(4)			-
(5) ,			4
(6) .			
(7)			
(8)			
(9)			
(10)			
Total (Column (b) must equal Form 990, Part X, column (B) line 13)			
Complete if the organization answered	'Yes' on Form 990	0, Part IV, line 11d. See Form $9$	990, Part X, line 15
(a) Des	cription	-	(b) Book value
(1) See Part XIII			,
(2)			
(4)			
(5)		<del></del>	۲
			,
(6)			
(7)			
(7) (8)			
(7) (8) (9)			
(7) (8) (9) (10)	) Inc. 15		42 405 722
(7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B)	) line 15 )		43,495,723.
(7) (8) (9) (10)			45,475,725.
(7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B)  Part X Other Liabilities.		1e or 11f. See Form 990, Part X, line 25	45,475,725.
(7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 10 Description or liability (1) Federal income taxes	orm 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	43,473,723.
(7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 10 Description or liability (1) Federal income taxes (2) CDs	orm 990, Part IV, line 1  (b) Book value  664, 795, 21	1e or 11f. See Form 990, Part X, line 25	45,475,725.
(7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description or liability (1) Federal income taxes (2) CDS (3) TRAS	orm 990, Part IV, line 1 (b) Book value 664, 795, 21 58, 491, 29	1e or 11f. See Form 990, Part X, line 25	
(7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Fo  (a) Description or liability (1) Federal income taxes (2) UDS (3) IRAS (4) Member Shares	orm 990, Part IV, line 1 (b) Book value  664, 795, 21 58, 491, 29 332, 291, 52	1e or 11f. See Form 990, Part X, line 25	AS, 433, 723.
(7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Fo  (a) Description or liability (1) Federal income taxes (2) CDs (3) IRAs (4) Member Shares (5) Other Member Deposits	664,795,21 58,491,29 332,291,52	1e or 11f. See Form 990, Part X, line 25	43, 433, 723.
(7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Fo  (a) Description or liability (1) Federal income taxes (2) C'Ds (3) IRAs (4) Member Shares (5) Other Member Deposits (6) Savings	orm 990, Part IV, line 1 (b) Book value  664, 795, 21 58, 491, 29 332, 291, 52	1e or 11f. See Form 990, Part X, line 25	43, 433, 723.
(7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Fo  (a) Description or liability (1) Federal income taxes (2) UDs (3) IRAs (4) Member Shares (5) Other Member Deposits (6) Savings	664,795,21 58,491,29 332,291,52	1e or 11f. See Form 990, Part X, line 25	43, 433, 723.
(7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Fo  (a) Description or liability (1) Federal income taxes (2) CDs (3) IRAs (4) Member Shares (5) Other Member Deposits (6) Savings (7) (8) (9)	664,795,21 58,491,29 332,291,52	1e or 11f. See Form 990, Part X, line 25	43, 433, 723.
(7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Fo  (a) Description or liability (1) Federal income taxes (2) UDs (3) IRAs (4) Member Shares (5) Other Member Deposits (6) Savings (7) (8)	664,795,21 58,491,29 332,291,52	1e or 11f. See Form 990, Part X, line 25	43, 433, 723.

Total (Column (h) must equal 1 orm 990 Part X column (B) line 25.) 

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

See Part XIII.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

## Part IV. Line 1b - Contributions Or Other Assets Not Included on B/S

The Credit Union sells first mortgage loans to others with servicing retained. The custodial escrow accounts related to these mortgage loans are included in the Credit Union's financial statements.

## Part IV, Line 2b - Explanation Of Escrow Account Liability

The Credit Union services first mortgage loans held in its own portfolio. The custodial escrow accounts related to these mortgage loans are included in the Credit

<u>Union's financial statements, and are reported as an escrow liability</u>

Schedule D (Form 990) 2018

## Schedule D, Part IX Other Assets

Description	Book Value
Accrued Interest Receivable Certificates of Deposit Collateral in Process of Liquidation Construction in Progress Corporate One Collateral Account Loans-Held-For Sale Mortgage Servicing Rights NCUSIF Deposit Other Real Estate Owned Union Bank	\$ 7,192,078. 760,159. 2,142,084. 3,273,254. 3,060,737. 2,722,548. 4,266,508. 19,560,178. 245,325. 272,852. Total \$ 43,495,723.

## Part X - FIN 48 Footnote

The Credit Union is a state-chartered credit union described in Internal Revenue Code (IRC) Section 501(c)(14). As such, the Credit Union is exempt from federal taxation of income derived from the performance of activities that are in furtherance of its exempt purposes, except for unrelated business income, as defined in IRC Section 512 and in Technical Advice Memorandums (TAMs) released in 2007 to a number of state-chartered credit unions located throughout the country. In these TAMs, the Internal Revenue Service ruled certain products and services to be subject to taxation as unrelated business income. In light of the TAMs, the Credit Union has assessed its activities and any potential federal or state income tax liability. Management has determined that no liability exists from federal or state taxation of activities deemed to be unrelated to its exempt purpose.

FASB ASC Topic 740, Income Taxes, provides guidance for how uncertain tax positions should be recognized, measured, disclosed and presented in the consolidated financial statements. This requires the evaluation of tax positions taken or expected to be taken in the course of preparing the Credit Union's tax returns to determine whether the tax positions are more likely than not to be sustained "when challenged" or "when examined" by the applicable tax authority. Tax positions not deemed to meet the more-likely-than-not threshold would be recorded as a tax expense

Part XIII | Supplemental Information (continued)

## Part X - FIN 48 Footnote (continued)

and liability in the current year. For the year ended December 31, 2018, management has determined that there are no material uncertain tax positions.

BAA TEEA3305L 10/10/18 Schedule D (Form 990) 2018

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.  Attach to Form 990.  Go to www.irs.gov/Form990 for the latest information	
		S CREDIT UNION
		CANVAS
SCHEDULE 1 (Form 990)	Department of the Treasury Internal Revenue Service	Name of the organization

Part | General Information on Grants and Assistance

OMB No 1545-0047	2018
------------------	------

Open to Public Inspection

Employer identification number

84-6023137

1 Does the organization maintain records to substantiate the amount of the calection criteria used to award the grants or assistance?	o substantiate the amo		the grants or assistance, the grantees' eligibility for the grants or assistance, and	eligibility for the grants of	or assistance, and		X Yes
2 Describe in Part IV the organization's procedures for monitoring the us	ocedures for monitoring	the use of grant fur	e of grant funds in the United States		See 1	Part IV	_
Part II Grants and Other Assistance to Domestic Orgar Form 990, Part IV, line 21, for any recipient that	ice to Domestic for any recipient		<b>nizations and Domestic Governments.</b> Complete if the organization answered 'Ye received more than \$5,000. Part II can be duplicated if additional space is needed		te if the organiza cated if additiona	Complete if the organization answered 'Yes' be duplicated if additional space is needed	es' on d
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Miss_Colorado	45-2180325		25,000.	0			Sponsorship
(2) CO Automobile Dealers Assoc	84-0368453		. 25, 000	0			Event Sponsorships
(3) Alzheimers Disease Assoc 455 N Sherman St, Ste 500 Denver, CO 80203	13-3039601		6,500	.0			Sponsorship
(4) Nat'l CU Foundation	39-1383650		10,000	0			Sponsorship
(5) Childrens Miracle Network	87-0387205		13,307.	0.			Sponsorship
(6) Canvas Foundation	81-1755475		107,480.	0			Donation
<u>6</u>							
(8)							, ,
<ul> <li>2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table</li> <li>3 Enter total number of other organizations listed in the line 1 table</li> </ul>	3) and government or cons listed in the line	ganizations listed i 1 table	in the line 1 table			<b>A A</b>	
BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instruction	s for Form 990.		TEEA3901L	07/13/18	Schedul	Schedule I (Form 990) (2018)

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page 2 Schedule I (Form 990) (2018) CANVAS CREDIT UNION

Part III | Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
-						••
2						
က						
4						
ro						
9						
7						
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information	de the information	required in Part I,	line 2; Part III, col	umn (b); and any other	additional information

Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.

The Credit Union monitors the use of grant funds by attending the sponsorship event

and/or observing the results in the community.

## SCHEDULE J (Form 990)

**Compensation Information** 

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No 1545 0047

2018

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

CANVAS CREDIT UNION

	CIMVIIS CIMBIL CIVISI			84-6023137	, ,		
Par	Questions Regarding Compensation						
r. 30	â/ks					Yes	No
1 a	a Check the appropriate box(es) if the organization provided any of the VII, Section A, line 1a Complete Part III to provide any releva	the	e following to or for a person listed on F t information regarding these items	form 990, Part Part III			33.13
	First-class or charter travel		Housing allowance or residence fo	r personal use			
	X Travel for companions		Payments for business use of pers	sonal residence			
	Tax indemnification and gross-up payments	[2	Health or social club dues or initia	tion fees			
	Discretionary spending account		Personal services (such as maid,	chauffeur, chef)			
Ł	b If any of the boxes on line 1a are checked, did the organization foll reimbursement or provision of all of the expenses described a				1 b	X	
					188		8 9
2	Did the organization require substantiation prior to reimbursing trustees, and officers, including the CEO/Executive Director, re				2	X	27229988
3	Indicate which, if any, of the following the filing organization used t CEO/Executive Director Check all that apply Do not check an establish compensation of the CEO/Executive Director, but expenses.	any	boxes for methods used by a relate	nization's d organization to			
	X Compensation committee	2	Written employment contract		1000		
	Independent compensation consultant	[2	Compensation survey or study				
	Form 990 of other organizations	2	Approval by the board or compens	sation committee			
4	During the year, did any person listed on Form 990, Part VII, Sorganization or a related organization	, Se	ection A, line 1a, with respect to the	filing			
ā	a Receive a severance payment or change-of-control payment?	?			4 a	Х	
	<b>b</b> Participate in, or receive payment from, a supplemental nonqu	-	•		4ь	X	
(	c Participate in, or receive payment from, an equity-based comp				4 c	25. 35.4 d	X
	If 'Yes' to any of lines 4a-c, list the persons and provide the a	ap	olicable amounts for each item in Pa	art III Part III			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations	ns i	nust complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the contingent on the revenues of	the	organization pay or accrue any comper	nsation			
a	a The organization?				5 a		
t	<b>b</b> Any related organization?				5 b		
	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 contingent on the net earnings of	the	organization pay or accrue any comper	nsation	*		
ä	a The organization?				6 a		
ŧ	b Any related organization?				6 b		
	If 'Yes' on line 6a or 6b, describe in Part fil						
7	For persons listed on Form 990, Part VII, Section A, line 1a, d payments not described on lines 5 and 6? If 'Yes,' describe in	dic in F	i the organization provide any nonfix Part III	ked	7		
8	Were any amounts reported on Form 990, Part VII, paid or act to the initial contract exception described in Regulations section if 'Yes.' describe in Part III	accr tion	ued pursuant to a contract that was 153 4958-4(a)(3)?	subject	8		
9		res	umption procedure described in Regula	itions	9		

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018 CANVAS CREDIT UNION
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

Page 2

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 o	(B) Breakdown of W-2 and/or 1099-MISC compensation	) compensation				
(A) Name and Title		(I) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	(C) Retirement and other deferred compensation	( <b>0</b> ) Nontaxable benefits	<b>(E)</b> Total of columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
Sara Ott	3	156,347.	6,490.	14,023.	29,713.	4,257.	210,830.	0
1 VP Mort Lending	€			۱ [	1		ŀ	0.
Robert Spratte	Θ	143,554.	21,084.	19,609.	37, 992.	2,399.	224,638.	0.
2 VP Loss Mitigat	3		0					0.
	⊜ (	-160,769.		-11,333	-27.161	4, 296.	203,559.	0
s C P&S OIIICEI						- 1		0.
David Pierce	⊖ (	$-\frac{283}{2}$	$-\frac{125}{5}$	-606,652.	<u> 69, 655 </u>	3,943.	$-\frac{1}{2},089,298$ .	
SVEZULLO	€ (			- 1	١,	- 11		0.
Stephen Ferrero 5 VP	⊜ 3	$-\frac{228}{9}$	$-\frac{85}{0}$	$\frac{59}{0}$	<u> </u>	14.790.	$-\frac{436}{087}$ .	
	) E	177.545.	79	41.575	49.760	4 581	327 253	
dA 9	3	)     	7	) 		)	) -	
Louis Lubick	3	116,016.	18,058.	26,048.	13,127.	6,219.	179,468.	0.
7 CLO/VP Comm Out	<u> </u>			l 1		0.	i	0.
	Θ	-322,918.	141,716.	<u>53, 538.</u>	$-\frac{75}{149}$	4,458.	597,779.	0.
8 SVP/CFO	3	0.	0	0.		- 1		0.
Christopher Chippindale	€ :	-266,923.	8 <u>2</u> _1 <u>80</u>	42,620.	66,787.	3,478.	461,988.	0-
000 6	3	- 1	0.	0.	0.			0.
Darryl Marksberry	Ξ	-229,615.	225,000.	85,490.	334,950.	5, 142.	1,180,197.	0   0
	<b></b>		0.	0.		0.		0.
	Ξ	$-1\overline{12},409.$	33,820.	$-\frac{28}{233}$	46,780.	800.	<u> 283,042.</u>	0
11 VP Retail Deliv	3	0.		0.		0.		0.
	Ξ	-251,975.	-101432	$-\frac{51}{2}$ , 807.	65,489.	$\begin{bmatrix} 2, 534. \end{bmatrix}$	473,237.	.0
12 Chief Lending	(3)		0	0.		0.	}	.0
	Ξ	227,973.	89,150.	$-\frac{40}{152}$ .	25,068.	4_235.	386,578.	0.
13 SVP of HR	3			0.	- 1		0.	0.
Sarah Collins	3	-170,937.	50,245.	222,455.	22,069.	4746.	<u>470,452.</u>	0.
14 VP of Bus Svcs	Ξ	0.		0.	0.			0.
Justin Kautz	3	-170,340.	50,256.	-28,515.	47,004.	783.	296,898.	  -  -  -  -
15 VP of Finance	3		0.	0.	0.	0.		0.
Ryan Klassen	⊖ ;	$-\frac{168}{123}$	41,506.	-26,085.	46,355.	3,351.	285,420.	
le VP Lending	€	0			0.	0.	0.	0.
БАА			IEEA4102 10/29/18	<u>8</u> 2			Schedule	Schedule J (Form 990) 2018

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

## Part 1, Line 1a - Relevant Information Regarding Compensation Benefits

Spouse travel was provided to Board members. The spouse travel benefits were treated as taxable compensation if exceeded \$600, and all benefits are approved through the annual budgeting process.

# Part I, Line 4 - Received Severance, Supplemental NQ Retirement, Equity-Based Compensation

Section 457(f) non qualified deferred compensation plan:

select members of management under Section 457(f) of the Internal Revenue Code. Each The Credit Union had established a non-qualified deferred compensation plan for member of management who is offered the Plan must be continuously employed for certain number of years to earn the deferred compensation payment.

Amounts accrued under the Plan for 2018 are as follows:

42,717 48,656 Marksberry 300,000 34,668 26,752 38,232 Ferrero Vasquez Pierce Knoll Shane

25,913

Schedule J (Form 990) 2018

84-6023137

## Supplemental Information Part III

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 4 - Received Severance, Supplemental NQ Retirement, Equity-Based Compensation (continued)

457(f) Plan accruals, continued:

26,148

Gertson

29,160 Greving Chippindale 40,500

25,440 Klassen

23,625 Ott

21,630 Spratte

24,115 Stearns Amounts paid to Plan particiants in 2018 were as follows:

21,672 Ferrero

635,053 Pierce 13,729

Vasquez

32,191 Knoll 11,544 Shane

Severance payments in 2018 were as follows:

Joseph Green, VP Marketing - \$92,365

Sarah Collins, VP of Business Services - \$186,157

990)
J (Form 990)
Schedule
t for S
Sheet
uation
Continu

2018

(F) Compensation in column (B) reported as deferred on prior Form 990 0 0 1. 1. 0 . 0:0 0 0 ا. ا0 Schedule J Cont (Form 990) 2018 ō Continuation Page Employer identification numbe 197,603348,482. 179, 289. 346, 989. 210, 923. 205, 331. 168,244. <u>185, 083.</u> 84-6023137 (E) Total of columns (B)(I) – (D) Part II) 557.4 750.4 -<u>889</u>  $\frac{2}{2}$ 4,299. 864. 6,288. <u>698.</u> (D) Nontaxable benefits Partill Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J. i \_25\_277\_ \_16,995.  $-\frac{14}{239}$ 13, 511. 15,45553,851. 7,126. -16.546(C) Retirement and other deferred compensation ١ ١ ı ١  $\frac{22,398}{0}$ . 27,523. 17,920.  $\frac{21}{946}$ . 101,176. 29,850. 23,568. 43,398. (III) Other reportable compensation (B) Breakdown of W-2 and/or 1099-MISC compensation TEEA4201L 10/29/18 \_207,698. \_14,023. 18,030. 25, 375. 54,749. \_21, 523. 26,630. 144,086. (II) Bonus & incentive compensation 128,087.117,919 48,907. <u>139,320.</u> <u>126,221.</u> 192,185. <u>85,793.</u> 24,000.(ı) Base compensation ε ≘ ⊝ ≘ ⊝ ≘ €€ Ξ Ξ ≘ ≘ 33 33 Ξ€  $\Xi$  $\in \Xi$ (A) Name and Title CANVAS CREDIT UNION Direct of Learning Dir of Enterprise Benjamin Greiving Mark MacNicholas Bus Svcs Officer AVP Elec Banking Loan Originator Michael Ranson Edith Mitchell Jill Robinson Joseph Greene VP Marketing Tammy Jacoby Scott Kline Name of the organization VP Strategy Controller

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

## **Transactions With Interested Persons**

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545 0047

2018

Open To Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number 84-6023137 CANVAS CREDIT UNION

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b Part I

1	(a) Name of disqualified person	(b) Relationship between disqualified person and	(c) Description of transaction	(d) Cor	rected?
I	(a) Name of disqualified person	organization	(c) Besonption of trenscents.	Yes	No
(1)					
(2)					<u> </u>
(3)					L
(4)					
(5)					<u> </u>
(6)					L

- Enter the amount of tax incurred by the organization managers or disqualified persons during the year under
- Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

**>**\$ ▶\$

## Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fror	an to or n the ization?	(e) Original principal amount	(f) Balance due	(g) In c	default?		proved ard or oittee?	(ı) Wi agreei	
			То	From			Yes	No	Yes	No	Yes	No
(1) Colleen Knoll	Officer	Home		Х	388,314.	352,543.		X	Х		Х	
(2) Carlos Vasquez	Officer	Home		Х	314,503.	254,726.		Х	Х		Χ	
(3) Christopher Ch	ppendale											
(4)	Officer	Home		Х	308,750.	291,569.		Х	Х		Х	
(5) Chad Shane	Officer	Home		Х	649,680.	608,377.		Х	Х		Х	
(6) David Pierce	Officer	Mortgage		Х	458,000.	430,333.		X	Х		Х	
(7) Justin Kautz	Officer	Mortgage		Х	493,350.	469,239.		Х	Х		X	
(8) Darryl Marksbe	ry											
(9)	Officer	Mortgage		Х	700,000.	647,491.		X	Х		Х	
(10) Stephen Ferrer	Officer	Home		Х	88,026.	46,531.		Х	Х		Х	
Total					<b>▶</b> \$	5,687,994.						

## Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

·	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					_
(9)					
(10)					

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2018

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

## **Transactions With Interested Persons**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545 0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

CANVAS CREDIT UNION

Employer identification number

84-6023137

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b Part I

	(a) Name of discussified assess	(b) Relationship between disqualified person and	(c) Description of transaction	(d) Cor	rected?
1	(a) Name of disqualified person	organization	(c) bescription of transaction	Yes	No
(1)			-		
(2)					
(3)					
(4)					
(5)					
(6)					

- Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

**►**\$ Ś

Part II Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fron	an to or n the zation?	(e) Original principal amount	(f) Balance due	(g) in c	default?	(h) Api by bo comm		(ı) Wi agreei	
			То	From			Yes	No	Yes	No	Yes	No
(1) Sara Ott	Employee	Home		Х	487,000.	475,533.		Х	Х		Х	
(2) Tansley Sterns	Officer	Home		Х	400,500.	393,305.		X	Х		Х	
(3) Benjamin Greivi	ng											
(4)	Officer	Home		Х	514,290.	509,760.		Х	Х		X	
(5) Sheila Gertson	Officer	Home		Х	493,350.	477,097.		Х	X		Χ	
(6) David Pierce	Officer	Home		Х	145,000.	143,256.		X	Х		Х	
(7) Stephen Ferrero	Officer	Auto		Х	50,766.	37,118.	I	Х	Х		X	
(8) Coleen Knoll	Officer	Other		Х	117,278.	44,920.		Х	Х		Х	
(9) Benjamin Greivi	ng											
(10)	Officer	Auto		Х	49,700.	30,841.		Х	Х		Х	
Total	-				<b>▶</b> \$					·		

## Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2018

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

## **Transactions With Interested Persons**

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CANVAS CREDIT UNION

Employer identification number

84-6023137

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b Part I

		(b) Relationship between disqualified person and	(c) Description of transaction	(d) Cor	rected?
ı	(a) Name of disqualified person	organization	(c) Description of transaction	Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					<u>L</u>

- Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

**►**\$

▶\$

Loans to and/or From Interested Persons. Part II

Complete if the organization answered 'Yes' on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	` fror	an to or n the zation?	(e) Original principal amount	(f) Balance due	(g) In (	default?	(h) Ap by bo comm	proved ard or nittee?	(ı) W agreei	ritten ment?
			То	From			Yes	No	Yes	No	Yes	No
(1) Darryl Marksber	ry											
(2)	Officer	Other		Х	30,000.	1,228.		X	Х		Х	
(3) David Pierce	Officer	Auto		Х	58,389.	51,910.		Х	Х		X	
(4) Chad Shane	Officer	Other		Х	121,117.	100,197.		Х	Х		Х	
(5) Robert Spratte	Officer	Other		Х	18,457.	12,461.		Х	Х		X	
(6) Carlos Vazquez	Officer	Auto		X	57,545.	46,452.		Х	X		Х	
(7) Louis Lubick	Officer	Home		Х	343,000.	263,107.		X	Х		Х	
(8)												
(9)												
(10)												
Total												

## Grants or Assistance Benefiting Interested Persons. Part III

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					ļ
(3)					
(4)					
(5)					
(6)			<u></u>		
(7)					
(8)					
(9)					
(10)					

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2018

Business Transactions Involving Interested Persons.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organia reven	zation's
				Yes	No
(1) CUILA, LLC	See Schedule O	299,711	Indirect Lending Fees		Х
(2) Centennial Lending, LLC	See Schedule O	43,531.	Loan Orig & Serv		Х
(3) Extensia Lending	See Schedule O	73,748	Loan Orig & Serv		Х
(4) Canvas Foundation	Board = Officers	107,480.	Donation to Foundation		Х
(5)					
(6)					
(7)					<u> </u>
(8)				ļ	
(9)					
(10)					

Part V | Supplemental Information.

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

## 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.

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service • Name of the organization

CANVAS CREDIT UNION

Employer identification number

84-6023137

## Form 990 - Sch L - Part IV

The Credit Union's CEO is on the Board of Directors of CUILA, LLC and Extensia, LLC.

The Credit Union's Chief Lending Officer is on the Board of Directors of Extensia,

LLC. The Credit Union's CFO is on the Board of Directors of Centennial Lending.

The Credit Union participates in an indirect lending program that allows a member to obtain financing of a purchased automobile at the point of purchase at the dealership. CUILA, LLC (dba CU Direct Connect) is the entity that facilitates the indirect program for participating credit unions. The fees paid to CUILA, LLC are the same fees that are paid by all participants in the program.

Centennial Lending, LLC and Extensia, LLC are credit union service organizations that originate and service real estate and business loans for participating credit unions.

## Form 990 - Sch L - Part II

The Credit Union offers a 1% loan discount rate on consumer loans and first mortgages to all employees, and offers a 2% discount rate on first mortgage loans to select employees only.

## Form 990, Part III, Line 1 - Organization Mission

Canvas Credit Union will strive to help individuals and families make better decisions and grow stronger financially. We will provide simple and relevant products and services at a consistently honest value. We will help members afford life.

## Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder

The field of membership of this Credit Union shall be: A member of the immediate family of any person who, under the provisions of this Article, is eligible for

Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder (continued) \*\*

membership in the Credit Union may also be admitted to membership therein.

"Immediate family" means persons related by blood, by marriage or by adoption.

A member of a household who resides with a person who, under the provisions of this section, is eligible for membership in the credit union may also be admitted to membership therein. "Household" is defined as persons living in the same residence and who maintain a single economic unit. This includes any person who is a permanent member of and participates in the maintenance of the household, including family members, domestic partners, foster children, and legal guardian relationships.

Membership includes employees and retirees (including the definitions above) of Excel Energy, and past and present faculty, staff, student, alumni, and retirees of the University of Colorado Health Sciences Center, and employees or members of other business (SEGs) or Associations generally in the Denver, Colorado metropolitan area. Membership also includes all persons living or working in certain communities of Colorado Springs, Arvada, Littleton, Aurora, Thornton, boundaries of Denver International Airport, Southwest Plaza Mall, Stapleton Redevelopment Area, Larimer County, and other census tracts generally in the Denver, Colorado metropolitan area.

## Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body

The members elect the governing body by vote at the annual meeting.

## Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or Shareholders

Merger - Requires two thirds majority vote of voting members.

Charter conversion - Requires two thirds majority vote of voting members.

Dissolution and liquidation - Requires majorty vote of entire membership.

Employer identification number

84-6023137

## Form 990, Part VI, Line 11b - Form 990 Review Process

Management provides the required infomation to the Credit Union's independent CPA Firm for completion of the Form 990.

## Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

The Directors complete the conflict of interest disclosure following each Annual Meeting. On an annual basis, the Board receives a presentation on Fiduciary Responsibilities/Ethics.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

Compensation for the CEO, senior executives, Vice President, Assistant Vice President, and other highly compensated employees (specifically mortgage and commercial loan originators) was reviewed and approved in 2018. An independent compensation firm, the Cardwell Group, was engaged by the Board to review the CEO's compensation plan, and the Cardwell Group was separately engaged by the organization to review the compensation of the other key employees referenced in Line 15b. The Cardwell Group provided independent and market-based data, and assisted the organization with revising its compensation philosophy. The philosophy takes into consideration several factors, including: performance; market data; total compensation; and the long-term financial condition of the organization.

Compensation for the CEO and other key employees was adjusted based on this philosophy and the independent data provided by the Cardwell Group.

## Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Other than the Form 990, no documents are made available to the public.

SCHÉDULE R (Form 990) Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

2018

Employer identification number 84-6023137 CANVAS CREDIT UNION Name of the organization

(g) Sec 512(b)(13) controlled entity? (f)
Direct controlling
entity **Partilly Identification of Related Tax-Exempt Organizations.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year (f)
Direct controlling
entity (e) End-of-year assets (if section 501(c)(3)) Partil Indentification of Disregarded Entities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 33 (d) Total income (d) Exempt Code section (c)
Legal domicile (state or foreign country) (c)
Legal domicile (state or foreign country) (b) Primary activity (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity (a) Name, address, and EIN of related organization 11111 Ξ¦ ୍ର ⊗¦

		or loreign country)		((c)(a) not notines ii)	ennis	controlled entity?	eiiiiy,
						Yes	No
(1) Canvas Foundation 9990 Park Meadows Drive Lone Tree, CO 80124 - 1755475	Community Foundation	03	501(c)(3)	509(a)(2)	N/A		×
( <u>6)</u>						<u> </u>	
( <del>b)</del>					, ,		•
BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	tions for Form 990.		TEEA5001L 06/07/18		Schedule R (Form 990), 2018	otm 990).	2018

Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form	General or managing 'partner?'		(k) Percentage ownership
	0	country)		512-514	)			Yes	S S	1065)	Yes	٩	
(I)													
								- "				_	
(2)													
											_		
(3)													
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					-	<del>-</del>							
Part IV Identification o	Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered 'Yes' on Form 990, Part IV, Ine 34, because it had one or more related organizations treated as a corporation or trust during the tax year	zations T	axable as	a Corporations treate	on or Trust. d as a corpo	Complete or the	if the organ	ization ai the tax y	L Iswere ear	d 'Yes' on F	orm 990	), Part i	, ,
(a) Name, address, and EIN of related organization	of related organization		(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling	Type of entity (C corp, S corp, or trust)		(f) Share of total income	Shar	(g) Share of end-of- year assets	(h) Percentage ownership	(I) Sec 512(b)(13) controlled entity <sup>2</sup>	b)(13) entity?
	- 1			(Killing)		5	(22)		-			Yes	S
(1) Members Insurance, Inc. 9990 Park Meadows Drive Lone Tree, CO 80124	ince, Inc. Tows Drive 80124	Insu	Insurance	8	N/A	C Corp		2,121		0	100.00		×
(2)		\ 	1	į			1						
		<u> </u>											
(3)													
		<del>-</del>											
	! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !	<del> </del>											
ВАА				/9 /E/	TEEA5002 10,02/18			:		Š	Schedule R (Form 990) 2018	orm 990)	2018

84-6023137

ဖွ
r 36
0
5
34, 35b
¥,
line
-
Part IV
art
Φ
990,
ğ.
orm
on F
_
es
<u>&gt;</u>
swered
Je.
S
an
Ξ
Ħ
nıza
an
ĭg
a
₹
=
šte
ఠ
Ĕ
ပိ
Š
Ö
aţi
ij
<u>a</u>
ğ
5
Ę
ä
æ
ŧ
Ξ
S
o
댦
Sã
Ë
ĭ
PartiVI
1
[ē
<u>ا سار</u>

			-	ŀ	
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes	ဍ
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	d in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			la		×
<b>b</b> Gift, grant, or capital contribution to related organization(s)			1 b	×	
c Gift, grant, or capital contribution from related organization(s)			<u>-</u>		×
<b>d</b> Loans or loan guarantees to or for related organization(s)			P.	-	×
a Long or Long authorities by related organization(s)			-		>
E LOGIS OF TOBER guides by refaced organization(s)			2	Ī	<
f Dividends from related organization(s)			-		×
<b>a</b> Sale of assets to related organization(s)			19		×
			드		×
i Exchange of assets with related organization(s)			=	-	×
			-		×
k Lease of facilities, equipment, or other assets from related organization(s)			<u>*</u>	1	×
I Performance of services or membership or fundraising solicitations for related organization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)			J.B		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n		×
o Sharing of paid employees with related organization(s)			10		×
p Reimbursement paid to related organization(s) for expenses			1 p		×
q Reimbursement paid by related organization(s) for expenses			1 d	_	×
r Other transfer of cash or property to related organization(s)			ב		×
s Other transfer of cash or property from related organization(s)			15		×
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	relationships and tran	saction thresholds			
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	) etermi nvolve	bulug p
(1) Canvas Foundation	ą	107,480.	Cash		
(3)					
(4)		:	74, °		
(5)			'F		
(9)					
BAA TEEA5003L 06/07/18		Schedu	Schedule <b>R</b> (Form 990) 2018	(066	2018

Schedule R (Form 990) 2018 CANVAS CREDIT UNION

Page 4

84-6023137

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

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

(a) Name, address, and EIN of entity P	(b) Primary activity	(c) Legal domicile (state or foreign country)	Predominant income (related, unrelated, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?		Share of total income	(g) Share of end of year assets	(h) Disproportionate allocations?	or- Code V-UBI amount in box is? 20 of Schedule (Form 1055)		General or managing partner?	(k) Percentage ownership
		•	sections 512-514)	Yes	<u>گ</u>	•		Yes	No.	Yes	2	
(I)												
<u>(2)</u>												
(3)												
(4)						-				-		
								-				
(5)					<u> </u>					_		
									_			
(9)												
<u>e</u> -												
				-								
(8)											_	
								_				
Вдд			TEE	TEEA5004L 06/07/18	81/20/90				Sche	Schedule R (Form 990) 2018	(Form 99	90) 2018

Part VII. Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

