Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2018

Department of the Treasury

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gowForm990 for Instructions and the latest information

ग्रह्मिन्य व्यवस्थित

$\overline{\mathbf{A}}$	For t	the 2018 c	alendar	year, or ta	x year beg	_	, , , , , , , , , , , , , , , , , , ,	, 2018	, and endin	g	-		•	
В		if applicable		1				•	•		D Employ	er iden	itification number	
		Address chang	» Но	bi Cred	dit Ass	ociation					86~	6053	3269	
	П	lame change	PO	Box 1	259						E Telepho			
	П	nitial return	Ke	ams Cai	nyon, A	Z 86034					(92	8) 7	738-2205	
	П	inal return/termi	insted											
	□	mended retu		ĺ							G Gross r	eceipts	\$ 560,3	358.
	□	Application pe	nding <b>F</b>	Name and ad	Idress of princip	pal officer: Ald	Lssa Charl	Lev			a group retur		□	X No
			Sa	m <u>e As (</u>	C Above				112	H(b) Are all if "No."	subordinates attach a list	include	ed? Yes	No
<u> </u>	Tax	-exempt stat			X 501(c) (	_		<b>1947(a)(1)</b> o	r 1   15なく					
<u>J</u>		ebsite: >			ov/hop1	<u>-credit-</u>	<u>issociatio</u>	$\overline{}$	<u> </u>		exemption nu		· · · · · · · · · · · · · · · · · · ·	
K		m of organiza		Corporation	Trust	Association	Other >	<u> </u>	Year of format	ion: 195	2 M s	State of	legal domicile: AZ	
上で		Sum	mary	1										
	<b>'</b>	Briefly d	escribe t	ne organiz	ration's mis	sion or most	Significant acti	vities: To	carry	on the	busin	ess	of borrowin	<u>1g</u>
8			opmen:		rud it i	ro member	s of the	HODT 1	ribe ic	or the	rr_ecoi	10111	· <u>C</u>	
Activities & Governance		GEAGT	ODMET	Ť										
₹	2	Check th	is box ▶	if the	e organizati	on discontinu	ed its operation	ns or disp	posed of mo	ore than 2	5% of its	net a	ssets.	
ğ	3	Number	of voting	members	of the gov	erning body (	Part VI, line 1a	a)í				3	<u> </u>	5
9	4						erning body (P					4		<u>5</u> 5
Ę	5						ear 2018 (Part					5 6		
₹	7a						lumn (C), line					7a		0.
_							990-T, line 38.					7b		<del>0.</del>
				j	-		<del></del>			Р	rior Year		Current Yea	
	8										684,9	82.	356,4	125.
Ž	9										234,8		199,8	
Revenue	10			1 7	-		1, and 7d)				6,1	<u>.27 .</u>	4,0	084.
	11						c, 9c, 10c, and				005 0		F.CO. 1	TEXT
	12	_		•			I Part VIII, colu (A), lines 1-3).			_	925,9	<u> </u>	560,3	<u> </u>
	14			1	-		A), line 4)							—
	15		-	1	-		Part IX, column				259,6	:10	113,2	207
ê				1.		-	line 11e)				239,0	10.	113,2	<u> </u>
Expenses	102			1 -									•	
8	"		_	1 -	•	olumn (D), lir	·							
	17		•				l, 11f-24e)				233,6		238,6	
	18	-			-	-	X, column (A),	-			493,2		351,9	
<b>8</b>	19	Revenue	less exp	enses. Su	ubtract line	16 Hom line	12				432,7		208,4 End of Year	
Net Assets of Fund Balance	20	Total ass	sets (Par	 t:X_line 16	6)						ng of Curren		2,917,9	
įį	21		•	art X, line	•						2,871,3		828,9	
	22	•	-	1 -	-	line 21 from	line 20				784,3		2,088,9	
	REIH		ature B		J. Capti dot	1110 21 110111				<u>-</u>	., 104, 5	<u>.50.</u>	2,000,.	<u>,,,,,</u>
					xamined this re	turn, including ac	companyino schedu	iles and state	ements, and to	the best of m	v knowledge	and be	lief, it is true, correct, a	nd
com	piete. C	Declaration of	preparer (	ther than offic	cer) is based o	n all information o	of which preparer ha	s any knowle	edge.			ميا	elief, it is true, correct, a	
		غ اها	7 4K	Muld	us_						7/19	<u> 119</u>		
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He	re		Missa	Charl	ey					Inte	<u>rim Exe</u>	e.Di	rector	
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			Type prepar	l l		Preparer's sig			Date	010	_	K if	PTIN	
Pa				arshwal		Shawan	· ·		07/15/2	צוט:	self-employe	ed	P01249746	
Pro	epar	er [Rim's	name			ciates,	LLP		· ·		 	<b>-</b> 20	-4701001	
<b>U</b> 3		nly Bim's	address		7th St		te 200			-			5-4781081 0) 452-5051	—
Ma	, the	IRS disco	ee thie s	Oakla		94612-41	ve? (see instru	rtione)			Phone no.	(51	.0) 452-5051  X  Yes	No
							instructions.	(cit/is)	TEC	A0101L 08/	20/18	· · · · · ·	Form 990 (	
	- 70		N 11544	-uvii ALL					100	VOI				_~''

Form	990 (2018) Hopi	Credit Association	86-6053269	Page 2
Bui		f Program Service Accomplishments	,	
		ule O contains a response or note to any line in this Part III		П
1	Briefly describe the organic	ganization's mission:		<u>,                                    </u>
	To carry on th	ne business of borrowing money and relending it to	members of th	e Hopi
		Ir economic development.		
2	Did the organization und	dertake any significant program services during the year which were not listed on the	prior	
	Form 990 or 990-EZ?		Ye:	s 🗓 No
	If "Yes," describe these,	new services on Schedule O.	_	_
3	Did the organization c	ease conducting, or make significant changes in how it conducts, any program	services? Ye	s X No
	If "Yes," describe these	changes on Schedule O.	_	_
4	Describe the organizat	tion's program service accomplishments for each of its three largest program s 501(c)(4) organizations are required to report the amount of grants and allocat	ervices, as measured by	y expenses.
	Section 501(c)(3) and	501(c)(4) organizations are required to report the amount of grants and allocat or each program service reported.	tions to others, the total	expenses,
	and revenue, if any, ie	or each program service reported.		
42	(Code: ) (E	Expenses \$ 129,163. including grants of \$	(Revenue \$ 1	199,849.)
		Ing - Primarily engaged in making unsecured and se		
		213 members. Membership is limited to members of		
	approximatery !			<u>-</u>
	<del>-</del>			
	<del>i</del>			
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4 b	(Code: ) (E	xpenses \$ including grants of \$	(Revenue \$	)
			<del> </del>	
4 c	(Code:) (E	expenses \$ including grants of \$)	(Revenue \$	)
		<u> </u>		
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		<u> </u>		
		! ;		
		i 		
				<b></b>
		<u> </u>		
A 4	Other program sension	\$ (Describe in Schedule O.)	<del></del>	
<b>→</b> U	(Expenses \$	including grants of \$ ) (Revenue	Ś	1
4.	Total program service		<u> </u>	,
BAA	. Jan program del vice	TEEA0102L 08/03/18	Fo	rm <b>990</b> (2018)

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No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete X 1 X 2 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?...... Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part 1..... X 3 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. . . . . . X 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, X 6 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 .......... X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' 8 X 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 X Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, X permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V..... 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI...... X 11 a b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII. X 11 b X 11 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...... X 11 d e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X...... X 11 e 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... X 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII X 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and X if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E...... 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States?........ 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...... X 14b X 15 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...... X 16 X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, X lines 1c and 8a? If 'Yes,' complete Schedule G, Part II...... 18 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. X 19 X 20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H...... 20a b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . . 20b 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......

				V	N
22	Did the organization repo column (A), line 2? If Ye	ort more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, es, complete Schedule I, Parts I and III	22	Yes	No X
	Did the organization answer	er 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current ors, trustees, key employees, and highest compensated employees? If 'Yes,' complete	23		х
04		a have assemble hand increase with an extending principal assessment of mass than \$100,000 an of			
24	the last day of the year,	a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and 'No, 'go to line 25a		,	
	L L		24a		Х
	b Did the organization inve	est any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maint any tax-exempt bonds?.	ain an escrow account other than a refunding escrow at any time during the year to defease	24c		
	d Did the organization act	as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c) transaction with a disqua	(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit alified person during the year? If 'Yes,' complete Schedule L, Part I	25a		X
	b Is the organization aware that the transaction has no Schedule L, Part I	that it engaged in an excess benefit transaction with a disqualified person in a prior year, and ot been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete</i>	25b		X
26	Did the organization report former officers, directors If 'Yes,' complete Sched	t any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or , trustees, key employees, highest compensated employees, or disqualified persons? lule L, Part II.	26	X	
27	contributor or employee, the	de a grant or other assistance to an officer, director, trustee, key employee, substantial ereof, a grant selection committee member, or to a 35% controlled entity or family member  If 'Yes,' complete Schedule L, Part III.	27		x
28	Was the organization a par instructions for applicable	rty to a business transaction with one of the following parties (see Schedule L, Part IV le filing thresholds, conditions, and exceptions):			
		er, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
		ent or former officer, director, trustee, or key employee? If 'Yes,' complete	28b		х
	c An entity of which a curren officer, director, trustee.	nt or former officer, director, trustee, or key employee (or a family member thereof) was an or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29		eive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
	Did the organization rece	eive contributions of art, historical treasures, or other similar assets, or qualified conservation omplete Schedule M	30		х
31	- 1	idate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
-	Did the organization sell, e	exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete	-		X
	Schedule N, Part II		32		^
33	Did the organization own 1 301.7701-2 and 301.7701	1-3? If 'Yes,' complete Schedule R, Part I	33		х
	and Part V, line 1		34		х
35	a Did the organization have	e a controlled entity within the meaning of section 512(b)(13)?	35a		X
	<b>b</b> If 'Yes' to line 35a, did th entity within the meaning	ne organization receive any payment from or engage in any transaction with a controlled g of section 512(b)(13)? If 'Yes,' complete,Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organization? If 'Yes,' co	zations. Did the organization make any transfers to an exempt non-charitable related omplete Schedule R, Part V, line 2	36		
37	Did the organization condu treated as a partnership	oct more than 5% of its activities through an entity that is not a related organization and that is for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Note. All Form 990 filers	lete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	X	
PĒ		arding Other IRS Filings and Tax Compliance			
	Check if Schedule O	contains a response or note to any line in this Part V			<u>. []                                    </u>
_				Yes	No
	· !	ed in Box 3 of Form 1096. Enter -0- if not applicable			
	c Did the organization compl	ly with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to p	rize winners?	1 c	X	
BA	<b>1</b>	TEEA0104L 08/03/18	Form	990 (	<u> 2018)</u>

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1∷ln	Statemen	ts Regarding Other IKS Fillings and Tax Compliance (Col	nunuea)		
		•		Yes	No
2 a	Enter the number of en ments, filed for the cal	mployees reported on Form W-3, Transmittal of Wage and Tax State- endar year ending with or within the year covered by this return	2a 5		
b	If at least one is report	ted on line 2a, did the organization file all required federal employmen	t tax returns?2	ь Х	
	ľ	es 1a and 2a is greater than 250, you may be required to e-file (see ins	· · · · · · · · · · · · · · · · · · ·		
	- 1	ave unrelated business gross income of \$1,000 or more during the year		a	X
		90-T for this year? If 'No' to line 3b, provide an explanation in Schedule Q	<b> </b>	b	<u> </u>
		alendar year, did the organization have an interest in, or a signature or other foreign country (such as a bank account, securities account, or other files foreign country.	r authority over, a nancial account)?	a	х
	If 'Yes,' enter the name of	g requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accounts (FRAP)		
5-	T	a party to a prohibited tax shelter transaction at any time during the tax	lana i	a	X
	- 1	notify the organization that it was or is a party to a prohibited tax shelter	· —	ь b	<del>     </del>
		b, did the organization file Form 8886-T?		c	+
	·	have annual gross receipts that are normally greater than \$100,000, are sthat were not tax deductible as charitable contributions?		ia	х
	_ i	tion include with every solicitation an express statement that such contribution	ons or gifts were	ь	
7	Organizations that man	y receive deductible contributions under section 170(c).			
a	Did the organization re services provided to th	ceive a payment in excess of \$75 made partly as a contribution and pose payor?		'a	
b	If 'Yes,' did the organiz	zation notify the donor of the value of the goods or services provided?		'b	
	Form 8282?	, exchange, or otherwise dispose of tangible personal property for which it w		'c	
		umber of Forms 8282 filed during the year	7d		
	- i	ceive any funds, directly or indirectly, to pay premiums on a personal		'e	₩
		luring the year, pay premiums, directly or indirectly, on a personal bend	· · · · —	'f	₩
_	as required?	ved a contribution of qualified intellectual property, did the organization file F	······ <u> </u>	<u>'g</u>	_
п	Form 1098-C?!	eived a contribution of cars, boats, airplanes, or other vehicles, did the	organization file a	'h	
8	Sponsoring organization	ns maintaining donor advised funds. Did a donor advised fund maintained			
	organization have except	ess business holdings at any time during the year?	<u> </u>	; <u> </u>	
9	Sponsoring organizat	ons maintaining donor advised funds.			
a	Did the sponsoring org	anization make any taxable distributions under section 4966?		a	
		anization make a distribution to a donor, donor advisor, or related pers	son?	b	
	Section 501(c)(7) orga				
	- 1	l l	10a		
			10Ы		'
	Section 501(c)(12) org	•			
		<u> </u>	11 a		
		er sources (Do not net amounts due or paid to other sources received from them.)	11 b		
		•	12b		حصا
		illfled nonprofit health insurance issuers.	<b>-</b> 1		
	- 1	nsed to issue qualified health plans in more than one state?		a	
	-	ons for additional information the organization must report on Schedule		-	ļ
b	Enter the amount of re	serves the organization is required to maintain by the states in list licensed to issue qualified health plans			
			13b		
		serves on hand			Ų
	=	ceive any payments for indoor tanning services during the tax year?		—	X
		orm 720 to report these payments? If 'No,' provide an explanation in S		d	+-
15		bject to the section 4960 tax on payment(s) of more than \$1,000,000 in			x
		ment(s) during the year?			
16			vestment income?	6	Х
10	If 'Yes,' complete Form	educational institution subject to the section 4968 excise tax on net inv	vesurient income:		
BAA		TEEA0105L 12/31/18	Fo	rm <b>990</b>	(2018)

I 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...... Section A. Governing Body and Management Yes No b Enter the number of voting members included in line 1a, above, who are independent ..... 5 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X 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 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... X 5 Did the organization become aware during the year of a significant diversion of the organization's assets?..... X 5 Did the organization have members or stockholders?.... See. Schedule 0...... X 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more X 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?. X 8 a b Each committee with authority to act on behalf of the governing body?..... X 8 b 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.) No Yes X 10a Did the organization have local chapters, branches, or affiliates?..... 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b  $\overline{\mathbf{x}}$ 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?..... 11 a b Describe in Schedule 0 the process, if any, used by the organization to review this Form 990. See Schedule 0 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in X 12c 13 Did the organization have a written whistleblower policy?..... X 13 14 Did the organization have a written document retention and destruction policy?..... X 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official...... X 15 a X **b** Other officers or key employees of the organization..... 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... 16 a X b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?..... 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > ΑZ 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. X Another's website X Upon request Other (explain in Schedule O) 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 State the name, address, and telephone number of the person who possesses the organization's books and records

Theresa Lucero PO Box 1259

Keams Canyon AZ 86034 (928) 738-2205

## 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.

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

Check this box if neither the	organization nor any relate	d organiza	ation	com	pen	sate	d any	у сц	rrent officer, direct	or, or trustee.	
Ţ					(C)						
(A) Name and Title		(B) Average hours per	İ	both dın	an o ector/	<b>fficer</b> truste		' i	(D)  Reportable compensation from the organization	(E)  Reportable  compensation from	(F) Estimated amount of other compensation
		week (list any hours for related organiza- tions below dotted line)	Individuel trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
_(1) Vaughn Sieweumpt President	tewa	1.07	x		x				1,665.	0.	0.
(2) King Honani, Sr		1.2		H					1,005.	<u> </u>	<u> </u>
<u>Vice President</u>			X		x				1,871.	0.	0.
(3) Shawn Namoki, Si	r <u>.</u>	1.07	x		x				1 665	0	•
Treasurer		0		Н	^				1,665.	0.	0.
(4) Melvin Pooyouma Member		1.05 0	X						1,635.	ο.	0.
(5) Clyde Ootswisiwn	na	1		П							
<u> Member</u>		0	X	Ц					1,560.	0.	0.
<u>(6) Alissa Charley</u> Interim Exe.Dir		<u>40</u>	x						52,829.	0.	0.
									52,623.		<u> </u>
(9)											
(10)											
(1)											
(12)											
(13)											
(14)											
BAA		TEEA01	107L	08/03	<b>V</b> 18						Form <b>990</b> (2018)

in ra	BDD GOOD A.	Officers, Directors, Tru	(B)			((	<del>2)</del>			- Ingilost 0011	iponoutou miip	
	Name .	(A) and title	Average hours per	offi	cer a	nd a	erson durect	than is both or/trus	n an tee)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	••		week (list any hours for related organiza - tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)		! 							•			
(16)				-								
(17)											· · · · · · · · · · · · · · · · · · ·	
18)												
19)										-		
20)									-			
21)		<u> </u>										
22)		<del>;</del>										
23)		1				-					-	
24)												
25)		<u> </u>								•		
	Sub-total				• • • •				•	61,225.	0.	0
		on sheets to Part VII, Section						• • •	<b>.</b>	0.	0.	0
		uals (including but not limited						recei	ved	61,225. more than \$100,00	0 . 0 of reportable comp	0 pensation
		0										Yes No
3	Did the organization li on line 1a? If 'Yes,' co	ist any <b>former</b> officer, direc omplete Schedule J for suc	tor, or tru <i>h individu</i>	stee, <i>al</i>	key	en en	plo	/ee, ·	or h	ighest compensa	ted employee	. 3 Х
4	For any individual liste the organization and a such individual	ed on line 1a, is the sum of related organizations greate	reportab r than \$1	le co 50,0	mpe 00?	ensa If 'Y	tion es,	and <i>com</i>	oth ple	er compensation te Schedule J for	from	. 4 X
5		on line 1a receive or accrue to the organization? If 'Yes	e compen	satio	n fre	om lule	any <i>J to</i>	unre	late	d organization or erson	individual	
Sec	tion B. Independe											
1	Complete this table for compensation from the	or your five highest compensions or ganization. Report compensions	sated indes sation for	epen the c	deni alen	t coi dar y	ntra: year	ctors endii	tha ng w	t received more tl vith or within the or	nan \$100,000 of ganization's tax yea	r.
		(A) Name and business addi	ess							(B) Description of	of services	(C) Compensation
		1										
2	•	 ndent contractors (including b		ited to	o the	se l	ısted	abo	ve) '	who received more	than	
	\$100,000 of compens	ation from the organization	<b>►</b> 0							·		

		Check if Schedule	O contains	a resp	onse or note to an	y line in this Part V	Щ		🔲
	,	ů,				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512-514
흩흩		Federated campaign		1 a				!	
혈		Membership dues		1 b		· .			
₩. E	C	Fundraising events.		1 c					
# 5	C	l Related organization	ns	1 d					
	•	Government grants (contri	ibutions)	1 e	326,977.				
Contributions, Gifts, Grants and Other Similar Amounts		All other contributions, gift similar amounts not inclu		1f	29,448.				
F E		Noncash contributions incl							
	ı	Total. Add lines 1a-1	Ιτ	<del></del>	Business Code	356,425.			
Program Service Revenue	2 a	Consumer Leng	ding		522291	199,849.	199,849.	1	
₹.	C	:			_				_
5	C	!							
Ē	•	•			·		<del></del>		
툿	f	All other program se	rvice revenu	e			<del></del>		
Ę	g	j <b>Total.</b> Add lines 2a-4	2f		· · · · · · · · · · · · · · · · · · ·	199,849.			i
	3	Investment income	including div	idend	s, interest and				
		other similar amoun					4,084.		
	4	Income from investr		•	•				
	5	Royalties	· · · · <u>· · · · · · · · · · · · · · · </u>	· · · · · ·	······ •				
			(i) R	eal	(ii) Personal				
		Gross rents						,	
		Less: rental expense							
		: Rental income or (loss)				i 			
	d	l Net rental income þr	(loss)		<u></u>				
	7 a	Gross amount from sales	of (i) Secu	rities	(ii) Other			'	
		assets other than inventor	у			i ·			i -
		Less: cost or other basis and sales expenses	1						
		Gain or (loss)							
	d	Net gain or (loss) .	• • • • • • • • • • • • • • • • • • • •		· <u>·····</u>				
Other Revenue	8 a	Gross income from f (not including \$	_						
윤		See Part IV, line 18.		-					
ē	ь	Less: direct expense					The state of the s		
复		: Net income or (loss)						<u> </u>	
		Gross income from See Part IV, line 19		_		:		:	
	b	Less: direct expense	s	I	b				
	C	: Net income or (loss)	from gaming	g activ	rities ▶	<del>-</del>			
	10 a	Gross sales of inventional and allowances	tory, less ret	urns	n			)	
		Less: cost of goods							!
	C	Net income or (loss)		of inve					
		Miscellaneous Re	venue		Business Code				
	11 a	' <b></b> - <u>-</u>							
	b	' <u>'</u>							
	C		. – – – – -						
		All other revenue							
		Total. Add lines 11a							!
	12	Total revenue. See	nstructions.			560,358.	203,933.	0.	0.

Partix Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX..... (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Program service Management and expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21..... Grants and other assistance to domestic individuals. See Part IV, line 22 ..... Grants and other assistance to foreign organizations, foreign governments, and for-eign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees ..... 27,333 33,892 0. 61,225 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 ...... 40,454 18,060 22,394 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)...... 2,203 2,037 166 10 Payroll taxes ...... 9,405 3,619. 5.786. 11 Fees for services (non-employees): b Legal ..... c Accounting..... d Lobbying..... e Professional fundraising services. See Part IV, line 17... f Investment management fees ...... g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.).... 29,330 6.314 23,016. Advertising and promotion..... 5,537. 7,911 13,448 Information technology..... 14 Royalties.... 15 Occupancy...... 3,227 17 Travel..... 9,082 5,855 Payments of travel or entertainment expenses for any federal, state, or local public officials..... 620 19 Conferences, conventions, and meetings.... 2,456. 1,836 20 Interest ..... Payments to affiliates!..... Depreciation, depletion, and amortization ... 13,986 13,986. 23 4,617. 4,617. 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.)..... 146,593. 54,823 91,770 Other Expenses 9,120 9,120 b Legislative and advocacy 6,714 6,068 c Telecommunication Expenses 646 2,518 2,518 d Office Equipment Expenses 796. 309. 487. e All other expenses.... 129,163. 222,784. 0. 25 Total functional expenses. Add lines 1 through 24e. . . . 351,947. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720).....

		Check if Schedule O contains a response or note to any line in the	his Part X	.:		П
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		2,221,077.	1	1,179,390.
	2	Savings and temporary cash investments		389,992.	2	57,338.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net	[	31,962.	4	29,731.
	5	Loans and other receivables from current and former officers, directrustees, key employees, and highest compensated employees. Co Part II of Schedule L	tors,			
				51,055.	5	3,408.
	<b>6</b>	Loans and other receivables from other disqualified persons (as de section 4958(f)(1)) persons described in section 4958(c)(3)(B), and contemployers and sponsoring organizations of section 501(c)(9) voluntary ebeneficiary organizations (see instructions). Complete Part II of Sci	fined under tributing mployees' hedule L		6	
2	7	Notes and loans receivable, net		1,865,764.	7	1,566,238.
Assets	8	Inventories for sale or use			8	
₹	9	Prepaid expenses and deferred charges	L	5,368.	9	5,397.
	10-	l and buildings and equipment: cost or other basis	į, l			
		Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D	174,598.			
	b	Less: accumulated depreciation	98,129.	90,455.	10 c	76,469.
l	11	Investments — publicly traded securities			11	
- {	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets.			14	
	15	Other assets. See Part IV, line 11	L	<del></del>	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		4,655,673.	16	2,917,971.
$\dashv$	17	Accounts payable and accrued expenses		86,414.	17	36,586.
	18	Grants payable			18	
	19	Deferred revenue :		202,052.	19	46,167.
	20	Tax-exempt bond liabilities	[		20	
8	21	Escrow or custodial account liability. Complete Part IV of Schedule			21	
Labilities	22	Loans and other payables to current and former officers, directors, key employees, highest compensated employees, and disqualified Complete Part II of Schedule L	trustees, persons.		22	
긔	23	Secured mortgages and notes payable to unrelated third parties	<u>-</u>	2,382,500.	23	EE0 000
	24	Unsecured notes and loans payable to unrelated third parties		4,362,500.	24	550,000.
ļ	25 25				24	
		Other liabilities (including federal income tax, payables to related the and other liabilities not included on lines 17-24). Complete Part X of Table 1-24 (1997).		200,369.		196,243.
	26	Total liabilities. Add lines 17 through 25.		2,871,335.	26	828,996.
9		Organizations that follow SFAS 117 (ASC 958), check here X an lines 27 through 29, and lines 33 and 34.	d complete			
Ĕ	27	Unrestricted net assets		1,784,338.	27	2,088,975.
<u></u>	28	Temporarily restricted net assets			28	•
핗	29	Permanently restricted net assets			29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34.				
5		· 1	ļ		26	
뿄	30	Capital stock or trust principal, or current funds			30	
3	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
₹	32	Retained earnings, endowment, accumulated income, or other fund			32	<u> </u>
2	33	Total net assets or fund balances		1,784,338.	33	2,088,975.
	34	Total liabilities and net assets/fund balances	<u></u>	4,655,673.	34	2,917,971.

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TEEA0111L 08/03/18

Form 990 (2018)

2c X

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Form 990 (2018)

c If Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?.....

If the organization changed either its oversight process or selection process during the tax year, explain

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 If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.....

TEFA0112 08/03/18

in Schedule O.

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### 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.

2018

Opin o Audle haredan

Hopi Credit Association 86-6053269 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year..... 2 Aggregate value of contributions to (during year)..... Aggregate value of grants from (during year) . . . . . . . . . Aggregate value at end of year ..... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?..... Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes Nο Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2 a a Total number of conservation easements..... b Total acreage restricted by conservation easements..... 2 b c Number of conservation easements on a certified historic structure included in (a) ...... 2 c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register..... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, | No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Partill Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1..... (ii) Assets included in Form 990, Part X ..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1...... b Assets included in Form 990, Part X.....

Schedule D (Form 990) 2018 H	and Credit	Naccal ot den		06 601	F2260 Beer 9
Partill Organizations Ma			orical Treasures o	86-60! or Other Similar As	
	<del></del>		<del>-</del>	- <del> </del>	<del></del>
3 Using the organization's acquitems (check all that apply):	sition, accession, a	and other records, check a	any of the following that a	are a significant use of its	COHECTION
a Public exhibition		d 🗌 Loan	or exchange programs		
b Scholarly research		e Othe	r		
c Preservation for future	•	_			
4 Provide a description of the or Part XIII.					•
5 During the year, did the org to be sold to raise funds raise	anization solicit of her than to be ma	r receive donations of a intained as part of the	rt, historical treasures, organization's collectior	or other similar assets	Yes No
Escrow and Cust line 9, or reported	odial Arranger an amount or	nents. Complete if Form 990, Part X,	the organization ar line 21.	nswered 'Yes' on Fo	orm 990, Part IV,
1 a Is the organization an agen	t, trustee, custodia	an or other intermediary	for contributions or other	ner assets not included	
on Form 990, Part X?		• • • • • • • • • • • • • • • • • • • •			∐ Yes
b If 'Yes,' explain the arrange	ment in Part XIII	and complete the follow	ring table:		<del></del>
- Basinsina halana					Amount
		•••••		••••	
d Additions during the year e Distributions during the yea					
f Ending balance					
2 a Did the organization include	on amount on Fa	000 Dark V line 21		1f	
b If 'Yes,' explain the arrange					
bii res, explain the arrange	intent in Fart Am.	Check here if the expla	mation has been provid	ed on Part Alli	
PartV Endowment Fund	s Complete if	the organization a	swered 'Ves' on F	orm 990 Part IV I	ine 10
Programment i dire	(a) Curren				
1 a Beginning of year balance.	<u> </u>	Cycal (D) Horya	(c) I WO years Dat	A (U) THICE YEARS DELK	(e) roul years back
<b>b</b> Contributions				<del></del>	<del></del>
	···-			<del></del>	<del>-</del>
c Net investment earnings, ga and losses	ins,				
d Grants or scholarships					· · ·
e Other expenditures for facili	ties				
and programs					
f Administrative expenses					
g End of year balance		<u>-</u>			
2 Provide the estimated perce	-	ent year end balance (li	ne 1g, column (a)) held	, as:	
a Board designated or quasi-end	lowment 🕨	<b>ዩ</b>			
<b>b</b> Permanent endowment	{				
c Temporarily restricted endo		¥			
The percentages on lines 2a,		•			
3a Are there endowment funds no organization by:	-	_			Yes No
(i) unrelated organizations.					3a(i)
(ii) related organizations					3a(ii)
<b>b</b> If 'Yes' on line 3a(ii), are the	-	•		• • • • • • • • • • • • • • • • • • • •	<b>_ 3b  </b>
4 Describe in Part XIII the inte			ent funds.		
Para VIII Land, Buildings, a Complete if the or		t. swered 'Yes' on For	m 990. Part IV. line	e 11a. See Form 99	90. Part X. line 10.
Description of prop	<u> </u>	(a) Cost or other basis	(b) Cost or other	(c) Accumulated	(d) Book value
1 a Land		(investment)	basis (other)	depreciation	
b Buildings			05 600	26 015	40 503
c Leasehold improvements			85,602.	36,015.	49,587.
~ reasonoid illibiosements		ı		1	1

88,996. d Equipment ...... 

26,882.

Party Investments	Other Securities	IGCION	N / 3	0 0055209
Complete if	the organization answered	i 'Ves' on Form 990	N/A . Nat IV line 11b See F.	orm 990 Part Y line 12
				· · · · · · · · · · · · · · · · · · ·
	category (including name of security)	(b) Book value	(c) Method of valuation: Cost	or end-or-year market value
(1) Financial derivatives				
	rests			
(3) Other				
(A)				
(B)				
(C)				`
(D)				
(E)				
<u></u>	<u> </u>			
(G)				
(H)	<u> </u>			
<u>(I)</u>				
	m 990, Part X, column (B) line 12.) 🕨			
Party Investments	— Program Related.		N/A	000 D-1 V I' 10
Complete ir	the organization answered			
	ioi investment	(b) Book value	(c) Method of valuation: Cost	or end-or-year market value
(1)				
(2)	<u> </u>			
<u>(3)</u>				
(5)				
(6)				
		<u></u>		
(8)				
(9)				
(10)				· · · · · · · · · · · · · · · · · · ·
	m 990, Part X, column (B) line 13.) ▶ 's			· 
Complete if	<b>s.</b> the organization answered	l 'Yes' on Form 990	. Part IV. line 11d. See Fo	orm 990. Part X. line 15.
		scription	, ,	(b) Book value
(1)				
(2)	1			
(3)	1			
(4)				
(5)	<u> </u>		=	
(6)	<u> </u>	<del></del> ··		
<u>(7)</u>		<del></del>		
(8)	<u> </u>		<del></del>	
(10).	<u>i</u>			
<del></del>	1.5 000 5 14 1	D) (' 15 )		<del></del>
	qu <mark>al Form 990, Part X, column (l</mark>	3) line 15.)		▶
Panex Other Liabil	<b>ities.</b> organization answered 'Yes' on F	orm 000 Part IV line 11	a or 11f San Form 000 Port V	ino 25
	ription of liability	(b) Book value	e of Th. See rollin 930, rait X, i	ille 2J.
(1) Federal income taxes	<u> </u>	(b) Dook Value		
(2) Due to Member:		196,24	3	
(3)	<del></del>	150,24	<u> </u>	•
(4)				
(5)				
(6)	i	-		
(7)				
(8)	1		ĺ	
(9)				
(10)				
(11)				
	m 990, Part X, column (B) line 25.)			
	ons; In Part XIII, provide the text of the fo			zation's liability for uncertain
	O). Check here if the text of the footnote	has been provided in Part XIII.		······
BAA		TEEA3303L 10/10/18		Schedule D (Form 990) 2018

Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	<u> </u>
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	560,358.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	. 2e	
3 Subtract line 2e from line 1	3	560,358.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	560,358.
PartXIII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return.	= -
Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	er Return.	-
		351,947.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		351,947.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements		351,947.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements		351,947.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements		351,947.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  2 b  c Other losses.		351,947.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  C Other losses.  d Other (Describe in Part XIII.).  2 d	1	351,947.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.	1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1.	1	351,947. 351,947.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) 2 d e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 a	1	
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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 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA

Schedule D (Form 990) 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 Urspection

Department of the Treasury Internal Revenue Service

Name of the organization 4 ,

Hopi Credit Association

Employer identification number

86-6053269

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

(a) Name of discussified nerson	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Cor	rected?
ay realite or disqualified person	organization	(-) 20001121011 01 11011000011	Yes	No
	•	-	<b>-</b>	
		· <u>-</u>		
	a) Name of disqualified person	a) Name of disqualified person organization	a) Name of disqualified person organization (c) Description or transaction	Yes

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 .....

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	l from	an to or m the ization?	(e) Original principal amount	(f) Balance due	(g) in default?		(h) Approved by board or committee?		(i) Written agreement?	
	1	1	To	From			Yes	No	Yes	No	Yes	No
(1) Shawn Namoki	Vice Pres.	Personal		Х	4,903.	3,116.		Х	X		X	
(2) Vaughn Sieweum	ptewa											
(3)	President	Personal		X	800.	292.		Х	Х		Х	
(4)												
(5)		i										
(6)	ļ											
(7)	i											
(8)						<del> </del>						
(9)	l i											
(10)				,								
otal			-	-	▶\$	3 408		7				

Partill 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)	1				
(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 o	r 990-EZ) 20	18 Hond	Credit	<b>Association</b>
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MASSING D T	~~~~~	I	<b>Interested Persons.</b>
SMAGNEN BUGINESS I	rangartions	INVOIVAN	INTERPETAN PARENNE

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) Sharing of organization's revenues?	
	• •	1	,		Yes	No
(1)						
(2)	•				\ \	
(3)	i					
(4)						
(5)						
(6)						
7)						
(8)						
(9)	· · ·					
(10)	1					

Supplemental Information.

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

### **SCHEDULE 0** (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.

2018 errein Sangerin

OMR No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization 4

Hopi Credit Association

Employer identification nu

86-6053269

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

Borrowers are required to own shares in the Association at the rate of one \$3 for every \$100 borrowed. After a member's loan is paid in full the member's shares may be sold back to the association or kept with the Association for future borrowing. In the event of default, a member's share (1 share at \$3.00 each for every \$100) may be used by the Association to offset the defaulted indebtedness. Shares that belong to members who become deceased are reclassified as Treasury Shares until the shares can be purchased back from the appropriate successor.

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

All Borad of Director are elected from the gerneral membership and must had a loan.

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

The organization reviews a draft of the prepared IRS Form 990 with its governing members prior to filling and makes its governing documents, and financial statements available to the public upon request.

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

No documents available to the public.