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DLN: 93493132002306

Form **990** 

Department of the Treasury Internal Revenue Service

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

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

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

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2015

Open to Public Inspection

A F	or th	e 2015	calendar year, or tax year begi	inning 01-01-2015 $$ , and ending 12	2-31-2015		•		
		applicabl change	e C Name of organization LYNN MUNICIPAL EMPLOYEES C	CREDIT UNION				<b>yer iden</b> 264421	tification number
∏ Na	me ch	nange	Doing business as				•		
☐ Inr	tıal ret	turn	Number and street (or D.O. hou	f mail is not delivered to etreet address)	Door /out		E Telepho	one numb	per
Fir ret		erminated	2 CTD/ HALL COLLADE	x if mail is not delivered to street address)	ROOM/Suite	:	(781)	598-4	000
┌ Am	nended	d return		country, and ZIP or foreign postal code					
┌ Ap	plication	on pendır	LYNN, MA 01901 ng				<b>G</b> Gross r	eceipts \$	122,490
			<b>F</b> Name and address of	principal officer		<b>H(a)</b> Is th	∎ ıs a group	return	for
							rdinates?		Tyes     No
						H(b) Are inclu	ali subordi ded?	nates	⊤Yes <b>√</b> No
τ Ta	1Y-6Y6	empt stat	US	I ) ◀ (insert no )	527				(see instructions)
				(insert no )   4547(a)(1) or	327	H(c) Gro	up exempt	ion num	nber 🟲
		te: ► N							
			on Corporation Trust Asso	ciation Other 🕨		<b>L</b> Year of fo	mation	M	State of legal domicile
Ра	rt I		mmary						
			Tescribe the organization's mis F UNION - THRIFT SERVICES	sion or most significant activities					
8	]								
Ĕ	-								
ē.	2	Check	this box 🕶 if the organization	n discontinued its operations or dis	posed of	more than 2	5% of its	net ass	ets
Governance			,	·					
	3	Numbe	er of voting members of the gov	erning body (Part VI, line 1a) .			•	3	11
Activities &				ers of the governing body (Part VI,	•			4	7
\$	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)							5	4
Æ	1		number of volunteers (estimate		6	7			
				m Part VIII, column (C), line 12				7a	0
	b	Net unr	elated business taxable incom	e from Form 990-T, line 34	• •			7b	
		C = =		T lime 15)		Pric	or Year	_	Current Year
<u>o</u>	8		tributions and grants (Part VII	,			116,	E 4 2	115,199
Revenue	10	<ul><li>Program service revenue (Part VIII, line 2g)</li><li>Investment income (Part VIII, column (A), lines 3, 4, and 7d)</li></ul>					358	7,291	
歪	11			(A), lines 5, 6d, 8c, 9c, 10c, and 1				330	7,231
	12			n 11 (must equal Part VIII, column					
		12)					123,901		122,490
	13		· ·	Part IX, column (A), lines 1-3) .					0
	14			art IX, column (A), line 4)					0
Ø	15	Sala 5-1		ployee benefits (Part IX, column (A	), lines		42,	899	50,162
Expenses	16a		,	t IX, column (A), line 11e)					0
÷	Ь		l fundraising expenses (Part IX, colum						
ũ	17			(A), lines 11a-11d, 11f-24e) .			55.	865	69,902
	18			(must equal Part IX, column (A), lir				764	120,064
	19			line 18 from line 12			25,		2,426
<u>ኞ</u> 8						Beginning	-		End of Year
Not Assets or Fund Balances		<del>.</del> .	al accept /Daut V I accept						
Ass JBa	20						2,331, 1,795,		2,344,085
2 E	22			ract line 21 from line 20			535,	-	1,805,684 538,401
			assets of fully balances Subt		• •		333,		330,101
Unde my k	er per nowle	nalties ( edge an	of perjury, I declare that I have	e examined this return, including ac complete Declaration of preparer					
		- I Ba	****			2	016-05-11		
Sigr	า	Si	gnature of officer				ate		
Her			ONICA HARRIS Treasurer						
		Ty	/pe or print name and title						
			Print/Type preparer's name Robert Anderson	Preparer's signature Robert Anderson	Dat		eck l if f-employed	PTIN P01462	745
Paid			Firm's name FROBERT ANDERSO				n's EIN 📂	<u> </u>	
	par		Firm's address 138 DODGE ST	ON & COPI ANT FC			one no (978	3) 232-93	00
Use	or e	nly		0151966			110 (370	, _5_ ,5	
			BEVERLY, MA 019	171000		1			

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

. ✓ Yes ☐ No

Form	990 (20	.5)			Page
Par		tatement of Program Service	•		
		neck if Schedule O contains a respons	e or note to any line in th	ıs Part III	
1	Briefly o	escribe the organization's mission			
CREI	DIT UNIC	N - THRIFT SERVICES			
2		rganization undertake any significant Form 990 or 990-EZ?		the year which were not listed on	⊤Yes ▼No
	If"Yes,"	describe these new services on Sche	dule O		
3	services	rganization cease conducting, or mak?		ow it conducts, any program	⊤Yes ▼No
	If"Yes,"	describe these changes on Schedule	0		
4	expense	the organization's program service ac s Section 501(c)(3) and 501(c)(4) or expenses, and revenue, if any, for eac	ganızatıons are required t	to report the amount of grants and a	•
4a	(Code	) (Expenses \$	3,673 including grants	of \$ ) (Revenue \$	)
	MAINTEN	ANCE OF MEMBER ACCOUNTS AND THE INVES	TMENT OF FUNDS NUMBER OF	DEPOSIT ACCOUNTS 491	
	/6.	) (F		(+ )/D +	445 400 )
4b	(Code	) (Expenses \$	including grants	of \$ ) (Revenue \$	115,199 )
	MAINTEN	ANCE OF MEMBERS' LOAN ACCOUNTS NUMBE	R OF ACCOUNTS IS 236		
<b>4</b> c	(Code	) (Expenses \$	ıncludıng grants	of \$ ) (Revenue \$	)
	0.1.	(5)	0.)		
4d	Other p (Expen	rogram services (Describe in Schedul	e O ) ng grants of \$	) (Revenue \$	)
4-		· · · · · · · · · · · · · · · · · · ·	· ·	) (Nevenue 4	,
<u>4e</u>	i otai p	ogram service expenses ►	3,673		

Part IV	Checklist o	f Required	l Schedules
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			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule $A$	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 😼	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	1
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?  If "Yes," complete Schedule D, Part X	11f		No
	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,  Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part $I$ .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line $2$	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

	990 (2015)			Page
Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			.୮
			Yes	No
	· · · · · · · · · · · · · · · · · · ·	1		
		0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	4		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule $O$	3b		No
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country ►			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		No
b	organization solicit any contributions that were not tax deductible as charitable contributions?	:s <b>6b</b>		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
d	file Form 8282?	7c		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 a			
h	required?	7g		
8	Form 1098-C?	7h		
	during the year?	8		No
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11				
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		No
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νο
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νο
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. 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			

State the name, address, and telephone number of the person who possesses the organization's books and records MONICA HARRIS 3 CITY HALL SQUARE LYNN, MA 01901 (781) 598-4000 Part VII

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related	more pers and	than on is	one bot rect	not box h ar or/tr	chec c, unle n offic rustee	ess er	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	<b>(F)</b> Estimated amount of other compensation from the	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations	
(1) MONICA HARRIS	20 00	х		х				14,400	0	0	
Treasurer	0 00	_ ^						14,400	0	0	
(2) HELEN SIDMAN Director	1 50	х						0	0	0	
(3) WILLIAM CLANCY Director	1 50	х						0	0	0	
	2 00										
(4) JAMES WILSON  Director	0 00	×						0	0	0	
(5) NATALIE BAKER Director	20 00	х						19,200	0	0	
(6) DONALD WALKER	2 00	.,									
Vice President	0 00	×		X				0	0	0	
(7) JOHN PACE Director	2 00	х						0	0	0	
(8) MARY AUDLEY	10 00										
Secretary	0 00	X		Х				12,000	0	0	
(9) IRENE SINAPIUS Director	1 50	х						500	0	0	
(10) JOSEPH SCANLON Director	2 00	х						0	0	0	
(11) PAUL GAUDET President	2 00	х		х				0	0	0	

t VII	Section A. Officers	Directors,	Trustees,	Kev Emr	olovees	, and Highest	Compensated I	mplovees	(continued
-------	---------------------	------------	-----------	---------	---------	---------------	---------------	----------	------------

(A) Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					3	(D) Reportable compensation from the organization (W- 2/1099-MISC)		(E) Reportable compensation from related organizations (W- 2/1099-MISC)		(F) Estimated amount of otl compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officel	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)		ganizat relat organiza	ed
1b Sub-Total				-		<b>•</b>							
d Total (add lines 1b and 1c) .	· · · ·	···	<u></u>	<u>.</u>	<u>.</u>	•		4	6,100				
Total number of individuals (ine \$100,000 of reportable compe	_					d abov	e) w	ho receive	d more th	an			
										_		Yes	No
3 Did the organization list any for on line 1a? If "Yes," complete S					key •	emplo	yee, •	or highes	t compen • •	sated employee	3		No
4 For any individual listed on line organization and related organization and related organization.	e 1a, is the sum izations greater	of repo	rtable 150,0	e co	mpe ? <i>If</i>	nsatio "Yes," d	n and	d other cou lete Sched	mpensation ule J for si	on from the uch	4		No
5 Did any person listed on line 1 services rendered to the organ										or individual for	5		No
Section B. Independent Co	ntractors												
Complete this table for your five compensation from the organizer.	e highest comp											ax year	
	(A) ame and business						, -	9		(B) cription of services		(C Comper	·)

\$100,000 of compensation from the organization 🕨 0

2 Total number of independent contractors (including but not limited to those listed above) who received more than

Part V	4 \$ \$ 1		ntement of Revenue									
		Check if Schedu	ule O contains a respoi	nse or note to any lin	(A) Total revenue	(B) Related or	<b>(C)</b> Unrelated	(D) Revenue				
						exempt function revenue	business revenue	excluded from tax under sections 512-514				
s s	1a	Federated cam	paigns 1a									
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership du	es <b>1b</b>									
ا م الله ورث	С	Fundraising eve	ents <b>1c</b>									
ff. FA	d	Related organiz	zations 1d									
io i≡   li	e	Government grants										
Sin		-										
uti.	f	similar amounts no										
들	g	Noncash contribute 1a-1f \$	ons included in lines									
Contributions, Giffs, Grants and Other Similar Amounts	h	Total. Add lines	s 1 a - 1 f		0							
				Business Code								
ınue	2a	INTEREST ON LOAD	NS	522100	115,199	115,199						
Program Service Revenue	ь	-			· ·							
	С											
er wi	d											
3 E	e											
Ž Ta	f	All other progra	am service revenue									
<u>چ</u>	g	Total. Add lines	s 2a-2f	<u> ▶</u>	115,199							
	3		ome (including dividen	ds, interest,		7.00						
	_	and other simila	ar amounts)		7,291	7,291						
	4 5				0							
		Royalties	(ı) Real	(II) Personal	-							
	6a	Gross rents	(1) 110 21	(,								
	ь	Less rental										
		expenses										
	С	Rental income or (loss)				,						
	d	Net rental inco	me or (loss)		0							
	7a	Gross amount	(ı) Securities	(II) Other								
	/ u	from sales of assets other										
		than inventory										
	ь	Less cost or										
		other basis and sales expenses										
	C .	Gain or (loss)			٥							
	d 8a				0							
ηπe	Oa	Gross income f events (not inc										
Σ		\$	roported on line 1c)									
Other Revenue		See Part IV, lin	reported on line 1c) ne 18									
			а									
ō	b		penses <b>b</b> (loss) from fundraising	ovents	0							
	C 9a		rom gaming activities	events 🛌	0							
			ne 19									
			a .									
	b		penses <b>b</b> (loss) from gamıng actı	vities -	0							
		Gross sales of		viues	<u> </u>							
		returns and allo										
			<b>a</b>									
	b c		oods sold <b> b</b> (loss) from sales of inv	entory -	ol							
	_ c	Miscellaneous		Business Code	<u> </u>							
	11a	MISCELLANEC										
	b											
	С											
	d	All other reven	ue									
	e	Total. Add lines	s 11a-11d	🕨	0							
	12	Total revenue.	See Instructions .									
	l			*	122,490	122,490		İ				

	t IX Statement of Functional Expenses				
Section	on $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. A	All other organiza	ations must com	plete column (A)	
	Check if Schedule O contains a response or note to any line in th	ıs Part IX			<u> </u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> 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	0			
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	46,100		46,100	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	4,062		4,062	
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	0			
C	Accounting	5,985		5,985	
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	0			
13	Office expenses	4,083		4,083	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	3,673	3,673		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	6,325		6,325	
23	Insurance	3,966		3,966	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	PROVISION FOR LOAN LOSSES	27,328		27,328	
b	MAINTENANCE ON EQUIP	10,905		10,905	
c	CREDIT BUREAU	2,061		2,061	
d	MEETINGS	1,856		1,856	
е	All other expenses	3,720		3,720	
25	Total functional expenses. Add lines 1 through 24e	120,064	3,673	116,391	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2015) Page **11** Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . . . . . . . . . . . . . . . . . . (A) (B) Beginning of year End of year -15,419 12,397 1 Cash-non-interest-bearing . . . . . . . . . 1 1.233.462 2 1.198.922 2 Savings and temporary cash investments . . . 3 0 3 Pledges and grants receivable, net . . . . 0 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 42,416 58,569 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 1.068,811 7 1,007,593 7 8 8 3.387 9 3,149 9 Prepaid expenses and deferred charges . . . . . 10a Land, buildings, and equipment cost or other basis 21,422 Complete Part VI of Schedule D 10a b 10b 10.539 17,208 10c 10.883 Less accumulated depreciation . . . . 11 0 11 Investments—publicly traded securities . . . 12 0 12 Investments—other securities See Part IV, line 11 . . . . . 0 13 13 Investments—program-related See Part IV, line 11 . 14 14 0 15 15,778 15 18.032 16 **Total assets.**Add lines 1 through 15 (must equal line 34) . 2,331,103 16 2,344,085 9.332 4,676 17 17 Accounts payable and accrued expenses . . . . 18 18 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . \_iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 1,785,796 1,801,008 25 1,795,128 26 1,805,684 26 **Total liabilities.**Add lines 17 through 25 . . . Organizations that follow SFAS 117 (ASC 958), check here ► □ and complete Balance lines 27 through 29, and lines 33 and 34. 27 27 28 28 Fund 29 29 Permanently restricted net assets . . . . . . . . Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ▼ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds . . . . . . . . . 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 535,975 32 538,401 Retained earnings, endowment, accumulated income, or other funds

ž

33

Total liabilities and net assets/fund balances . . . . . . . . . . .

538.401

2.344.085

535.975

2.331.103

33

34

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

3b

DLN: 93493132002306

OMB No 1545-0047

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

► 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.

**Supplemental Financial Statements** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

nme of the organization  NN MUNICIPAL EMPLOYEES CREDIT U	NION		Emp	loyer identifi	cation num	ber
NN MONICIPAL EMPLOTEES CREDIT O	NION		04-2	2264421		
		Advised Funds or Other Similar I ed "Yes" on Form 990, Part IV, line 6.	Funds	or Accoun	ts.	
-		(a) Donor advised funds	(b)	Funds and ot	ther accour	nts
Total number at end of ye	ar					
Aggregate value of contri year)	butions to (during					
Aggregate value of grants	from (during year)					
Aggregate value at end of	fyear					
<u>-</u>		advisors in writing that the assets held in do the organization's exclusive legal control?	onor advi	sed	┌ Yes	┌ No
	oses and not for the	and donor advisors in writing that grant func benefit of the donor or donor advisor, or for			┌ Yes	┌ No
tt III Conservation Ea	<b>sements.</b> Comple	ete if the organization answered "Yes"	on Forn	n 990, Part	IV, line 7	
Purpose(s) of conservation of Preservation of land for protection of natural hab	oublic use (e g , recre oitat	e organization (check all that apply) ation or education)		, ,		a
Complete lines 2a through 2 easement on the last day of		held a qualified conservation contribution ir	the form	of a conserv	/ation	
				Held at t	he End of t	he Year
Total number of conservatio	n easements		2a			
Total acreage restricted by	conservation easeme	ents	2b			
Number of conservation eas	ements on a certified	historic structure included in (a)	2c			
Number of conservation eas historic structure listed in the		e) acquired after 8/17/06, and not on a	2d			
Number of conservation eas	ements modified, tra	nsferred, released, extinguished, or termina	ted by th	e organizatio	n during the	e
tax year ►						
Number of states where prop	perty subject to cons	ervation easement is located ►				
Does the organization have violations, and enforcement		ding the periodic monitoring, inspection, ha	ndling of	Γ.	Yes	lo
Staff and volunteer hours de year	voted to monitoring,	inspecting, handling of violations, and enfor	cing cons	servation eas	ements du	rıng the
^	d	ecting, handling of violations, and enforcing				
	a in monitoring, msp	ecting, handling of violations, and emorting	Conserva	ition easeme	ints during t	tile year
Does each conservation eas (B)(i) and section 170(h)(4)		ne 2(d) above satisfy the requirements of se	ection 17		Yes □N	lo
In Part XIII, describe how the balance sheet, and include,	ne organization repor if applicable, the text	ts conservation easements in its revenue a of the footnote to the organization's financi				
t III Organization's accountin	aintaining Collec	tions of Art, Historical Treasures	, or Oth	ner Simila	r Assets.	
If the organization elected, a works of art, historical treas	as permitted under Sl ures, or other similar	ed "Yes" on Form 990, Part IV, line 8.  FAS 116 (ASC 958), not to report in its reverses held for public exhibition, education to the formula statements that describe to its financial statements that describe to its financial statements.	n, or rese	arch in furthe		
If the organization elected, a	as permitted under Sl ures, or other similar	FAS 116 (ASC 958), to report in its revenue assets held for public exhibition, education	e statem	ent and balar		ıblıc
i) Revenue included on Form			<b>▶</b> \$			
Assets included in Form 99		-				
If the organization received	or held works of art, l	nistorical treasures, or other similar assets SFAS 116 (ASC 958) relating to these item	for financ			
Revenue included on Form 9	•	, ,,		<b>⊳</b> -\$		
Assets included in Form 990				•		
Maacca meruucu III FUIIII 990	-, ι αι <b>ι</b> Λ			<b>-</b> →		

Par	t III	Organizations Maintaining (continued)	Collections of A	Art, H	istori	cal <sup>-</sup>	Treas	sures, or	Othe	er Similar	Assets	5
3		the organization's acquisition, accition items (check all that apply)	ession, and other red	cords,	check						use of its	5
а	┌ P	ublic exhibition		d	Г	Loai	norex	change pro	grams	5		
b	Γs	cholarly research		е	Γ	Oth	er					
c	ΓP	reservation for future generations										
4	Provid Part X	de a description of the organization' (III	s collections and ex	plaın h	ow the	y furtl	her the	e organızatı	on's e	xempt purpo	se in	
5		g the year, did the organization soli									_	
Do.		s to be sold to raise funds rather th		as par	t of the	orga	nızatıo	n's collecti	on?	Г ү	es	No
Pal	rt IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		n Forn	n 990,	Part	IV, lı	ne 9, or r	eport	ed an amo	unt on I	Form 990,
1a		e organization an agent, trustee, cus led on Form 990, Part X?	todian or other inter	rmedıa	ry for c	ontril	outions	or other a	ssets	not $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	es 「	No
b	If"	Yes," explain the arrangement in Pa	art XIII and complet	te the f	ollowin	g tab	le			Α	mount	
c	Beg	ginning balance						_ 1	lc			
d	A d	ditions during the year						_ 1	.d			
e	Dis	tributions during the year						_ 1	.е			
f	End	ding balance						1	.f			
2a	Did th	ne organization include an amount o	n Form 990, Part X,	line 21	L, for es	scrow	orcus	stodial acco	ount li	ability? 🖵 <b>Y</b>	es 「	No
b		es," explain the arrangement in Part										Г
Ра	rt V	Endowment Funds. Comple	(a)Current year		Prior yea				<del></del>	hree years bac		ur years back
	Begir	nning of year balance	(a) same in y same	(-)	,		- (-).	,, , , , , , , , , , , , , , , , , , , ,	(=)		(5): 3	ar yours buok
b	_	ributions										
c	Net II losse	nvestment earnings, gains, and es										
d	Grant	ts or scholarships										
е		r expenditures for facilities rograms 										
f	A dmı	nistrative expenses										
g		ofyearbalance										
2	Provid	de the estimated percentage of the	current year end bal	ance (l	lıne 1g,	, colu	mn (a)	) held as	•		•	
а	Board	l designated or quasi-endowment 🕨										
b	Perma	anent endowment ►										
c	•	orarily restricted endowment Fercentages on lines 2a, 2b, and 2c	should equal 100%									
3a		nere endowment funds not in the pos ization by	ssession of the orga	nızatıo	n that a	are he	eld and	admınıste	ed for	the	\ <u>\</u>	res No
	<b>(i)</b> un	related organizations				•		•		<u> </u>	3a(i)	
		lated organizations								Ļ	3a(ii)	
ь 4		rs" on 3a(II), are the related organiz ribe in Part XIII the intended uses o									3b	
	rt VI	Land, Buildings, and Equip		CHOON		41145						
		Complete if the organization and Description of property				or othe	er basıs	<b>(b)</b> Cost or other		n 990, Part Accumulat (c)depreciati	ed (	10. d)Book value
1-	land			-+				(other)	+		-+	
		gs		' <b>'</b>					-+		+	
		old improvements		`.					-+		-+	
		nent		<u> </u>				21	,422	1	0,539	10,883
				†							,	
		ines 1a through 1e <i>(Column (d) mus</i>			lumn (E	3), line	= 10(c)	.) <u>.</u>				10,883
										Schedu	le D (For	m 990) 2015

(a) Description of security or catego (including name of security)	ory	<b>(b)</b> Book value	(c)Method of valuation Cost or end-of-year market valu
(1)Financial derivatives			
(2)Closely-held equity interests (3)Other			
-,			
otal. (Column (b) must equal Form 990, Part X, col (B) line 12)	) 🕨		
Part VIII Investments—Program Related.		Doub TV June 11 a	
Complete if the organization answer  (a) Description of investment	red 'Yes' on Form 990	(b) Book value	ee Form 990, Part X, line 13.  (c) Method of valuation
(a) Bescription of investment		(b) Book value	Cost or end-of-year market valu
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>+</b>		
Part IX Other Assets. Complete if the organiza		Form 990, Part IV, line	
(a) De	scription		(b) Book value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line <b>Part X Other Liabilities.</b> Complete if the o			
See Form 990, Part X, line 25.			Tare IV, into 110 or 111.
1. (a) Description of liability	(b) Book value		
Federal income taxes			
CLUB SHARES	17,9	986	
SHARES	1,783,0	022	
	i	Ī	

Par		evenue per Audited Financial Sta Ization answered 'Yes' on Form 990,			per R	eturn
1		r support per audited financial statements		•	1	
2	Amounts included on line 1 bu	t not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) o	on investments	2a			
b	Donated services and use of fa	icilities	2b			
c	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII )		2d			
e	Add lines $2a$ through $2d$				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$ .				3	
4	Amounts included on Form 990	O, Part VIII, line 12, but not on line <b>1</b>				
а	Investment expenses not inclu	uded on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII )		4b			
c	Add lines <b>4a</b> and <b>4b</b>				<b>4</b> c	
5	Total revenue Add lines 3 and	<b>4c.</b> (This must equal Form 990, Part I, line	12)		5	
Part		rpenses per Audited Financial Starzation answered 'Yes' on Form 990,			es per	Return.
1		audited financial statements			1	
2	Amounts included on line 1 but	t not on Form 990, Part IX, line 25				
а	Donated services and use of fa	icilities	2a			
b	Prior year adjustments		2b			
С	Otherlosses		2c			
d	Other (Describe in Part XIII )		2d			
e	Add lines <b>2a</b> through <b>2d</b>				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$ .				3	
4	Amounts included on Form 990	O, Part IX, line 25, but not on line 1:				
а	Investment expenses not inclu	uded on Form 990, Part VIII, line 7b	.   4a			
b	Other (Describe in Part XIII )		4b			
c	Add lines <b>4a</b> and <b>4b</b>				4c	
5	Total expenses Add lines <b>3</b> ar	nd <b>4c.</b> (This must equal Form 990, Part I, li	ne 18	)	5	
Pari	XIII Supplemental Info	ormation			·	
		Part II, lines 3, 5, and 9, Part III, lines 1a	and 4	Part IV Junes 1 h and	2 h	
Part	V, line 4, Part X, line 2, Part XI,	lines 2d and 4b, and Part XII, lines 2d and				de any addıtıonal
Intor	mation	T				
	Return Reference	Explanation				

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493132002306

OMB No 1545-0047

Open to Public Inspection

Part I

Schedule L (Form 990 or 990-EZ)

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at

Transactions with Interested Persons

Department of the Treasury www.irs.gov/form990. Internal Revenue Service

Name of the organization LYNN MUNICIPAL EMPLOYEES CREDIT UNION **Employer identification number** 

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 (a) Name of disqualified person (b) Relationship between disqualified person and (c) Description of (d) Corrected? organization transaction Yes No 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 

Loans to and/or From Interested Persons. Part II

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . .

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	Purpose of	(d) Loan t or from th organizatio	e	(e)Original principal amount	<b>(f)</b> Balance due	<b>(g)</b> defa		(h) Appro by boa commit	ved rd or	(i)Writ agreem	
			То	From			Yes	No	Yes	No	Yes	No
WILLIAM (1) CLANCY	DIRECTOR	LOAN		X	6,000	4, 667		No	Yes		Yes	
NATALIE (2) BAKER	DIRECTOR	LOAN		Х	10,000	8,515		Νo	Yes		Yes	
(3) JOHN PACE	DIRECTOR	LOAN		Х	10,000	9,318		Νo	Yes		Yes	
(4) PAUL GAUDET	DIRECTOR	LOAN		Х	5,000	3,416		Νo	Yes		Yes	
WILLIAM (5) CLANCY	DIRECTOR	LOAN		Х	20,000	17,696		Νo	Yes		Yes	
DO NALD (6) WALKER	DIRECTOR	LOAN		Х	2,500	2,500		Νo	Yes		Yes	
DONALD (7) WALKER	DIRECTOR	LOAN		Х	6,061	4, 639		Νo	Yes		Yes	
DONALD (8) WALKER	DIRECTOR	LOAN		Х	10,000	7,818		No	Yes		Yes	
Tabal		<b>B.</b> A				50.560						

58,569

Part III 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) A mount of assistance	(d) Type of assistance	(e) Purpose of assistance

		(d) Description of transaction	28a, 28b, or 28c.  (e) Sharing of organization's revenues?			
				Yes	No	
	•					
Provide additional i		ses to questions on	Schedule L (see instruc	rtions)		
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Schedule L (Form 990 or 990-EZ) 2015

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SCHEDULE O Supple

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015

Evolunation

OMB No 1545-0047

Open to Public Inspection

	Name of the organization LYNN MUNICIPAL EMPLOYEES CREDIT UNION	Employer identification number
04-2264421		04-2264421

990 Schedule O, Supplemental Information

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Return Reference	Explanation
Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	Persons who meet the requirements of the organization's field of membership who hold at least one share of the capital
Form 990, Part VI, Line 11b Form 990 Review Process	THE FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM THE TREASURER REVIEWS EACH LINE IT EM ON THE RETURN AND REVIEWS WITH THE AUDIT COMMITTEE. THE TREASURER THEN AUTHORIZES THE O UTSIDE ACCOUNTING FIRM TO FILE THE FORM 990. THE 2015 FORM 990 WILL BE REVIEWED AND APPROV ED BY THE BOARD AT THE NEXT BOARD MEETING AFTER COMPLETION THE 2014 RETURN WAS REVIEWED A ND APPROVED AT THE MAY 21, 2015 BOARD MEETING, SUBSEQUENT TO FILING.
Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	THE CONFLICT OF INTEREST POLICY IS REVIEWED/DISCUSSED ANNUALLY AND THE CREDIT UNION TRUSTS EMPLOYEES, DIRECTORS TO DISCLOSE ANY CONFLICTS THAT MAY ARISE
Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management	BOARD APPROVED BASED ON PERFORMANCE
Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	BOARD APPROVED BASED ON PERFORMANCE
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	INFORMATION IS AVAILABLE AT THE CREDIT UNION UPON REQUEST