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DLN: 93493319057676

OMB No 1545-0047

Return of Organization Exempt From Income Tax

Department of the Internal Revenue Service 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/foim990</u>

Open to Public Inspection

A F	or the	2015 ca	lendar year, or tax year b	eginning 01-01-2015 , and ending 1	2-31-2015					
B Che	eck ıf ap	pplicable	C Name of organization MUNICIPAL EMPLOYEES CRE	EDIT UNION OF			D Empl	oyer ide	ntification number	
_	ldress c	-	BALTIMORE INC				52-0	28405	3	
_	ame cha itial reti	-	Doing business as				_			
F		um	MECU OF BALTIMORE INC				E Teleph	one num	ber	
_ ′	termina ended		Number and street (or P O ONE SOUTH STREET	box if mail is not delivered to street address)	Room/suite		(410) 752-8	3313	
<u>:</u>		n pending		nce, country, and ZIP or foreign postal code				,		
			BALTIMORE, MD 21202				G Gross	receipts	\$ 190,740,542	
			F Name and address of	principal officer		H(a) Is t	 :his a grou	p return	for	
			JOHN HAMILTON ONE SOUTH STREET			sub No	ordinates ?	•	☐ Yes 🗸	
			BALTIMORE, MD 2120			н(ь) Аге	all subord	inates	□Yes □ No	
I 1a:	x-exem	pt status	「501(c)(3) ✓ 501(c)	(14) ◀ (insert no)	527		uded? No " attacl	h a list	(see instructions)	
J W	ebsite	:• ww	WW MECU COM				oup exemp		,	
K Forr	n of org	ganızatıon	✓ Corporation Trust	Association	'		formation 1	936 M	State of legal domicile	
								M	D	
Pa	rt I	_	imary	mission or most significant activities						
	l .		_	H PROVIDES A FULL ARRAY OF FI	NANCIAL	SERVICE	S TO ITS	мемве	ROWNERS	
če	_									
Governance	2 0	heck th	nis box 🕨 🧀 if the organiza	ation discontinued its operations or d	ısposed of	more than	1 25% of it	s net as	ssets	
	_ ,	l	-6t						4.4	
Activities &			-	governing body (Part VI, line 1a) . mbers of the governing body (Part VI,				3	11	
ЩE			· -	yed in calendar year 2015 (Part V , lir	·			5	405	
=			·	ate if necessary)	•			6	0	
ď.			·	from Part VIII, column (C), line 12				7a	467,296	
				ome from Form 990-T, line 34				7b	-110,555	
				,		1	ior Year	1 1	Current Year	
	8	Contr	ibutions and grants (Part '	VIII, line 1h)				0	0	
₫.	9	Program service revenue (Part VIII, line 2g)						62,393,667		
Ravenue	10	Inves	vestment income (Part VIII, column (A), lines 3, 4, and 7d)						6,194,202	
æ	11	Other							0	
	12	Total 12)	revenue—add lines 8 thro	ugh 11 (must equal Part VIII, colum	n (A), lıne		69,383	,941	62,369,777	
	13		s and similar amounts pai	d (Part IX, column (A), lines 1–3)			183	.328	217,686	
	14		•	(Part IX, column (A), line 4)			10,319		8,342,510	
۰,	15	Saları	es, other compensation, e	employee benefits (Part IX, column (A			23,452		22,503,744	
Expenses	16a	5-10	,	Part IX, column (A), line 11e)				0	0	
9	ь		undraising expenses (Part IX, co	, ,,						
Ω	17			nn (A), lines 11a-11d, 11f-24e) .			31,228	882	29,012,631	
	18		•	17 (must equal Part IX, column (A), li			65,184		60,076,571	
	19		•	act line 18 from line 12	-		4,199		2,293,206	
Ce S			·			Beginning	of Current	Year	End of Year	
Net Assets or Fund Balances	20	Total	accets (Part Y line 16)			<u> </u>	,214,980	053	1,182,373,984	
AB B	21				· · ·		.,085,981		1,056,130,553	
S E	22			ubtract line 21 from line 20			128,998		126,243,431	
Par	t II		nature Block				·			
my kı	nowled	ige and		ave examined this return, including a and complete Declaration of preparer		_				
		***					2016-11-11			
Sign		Sign	ature of officer				Date			
Here	9		ALIE J WOOMER VP/CONTROLLE	ER						
		 	e or print name and title	Droppys de sieneteins	Ls			DTIN		
D-:-	J		Print/Type preparer's name GERALD B KISSELL	Preparer's signature GERALD B KISSELL	Dat	l c	heck if	PTIN P00092	2658	
Paid		_	Firm's name RSM US LLP				elf-employed rm's EIN 🟲 4		25	
	pare	'r ⊨	Firm's address ► 801 NICOLLET	MALL SUITE 1100			none no (61			
use	Onl	У	MINNEADOLIC	MN FF403			•			

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 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	Yes	
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, VII, 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	
	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	Yes	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 3	11 c		No
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 😼	11 d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11 f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12 a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
D	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
		20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1

'	/			
IV	Checklist of I	Required	Schedules	(continued)

instructions for applicable filing thresholds, conditions, and exceptions)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

29

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 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?

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

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

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 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

Par	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	Yes	
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? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			

Νo

Nο

Νo

Νo

Νo

Nο

Nο

Nο

Nο

Nο

Νo

Nο

Νo

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28b

28c

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Yes

Form 990 (2015)

	Chacklist of Boguired Schodules (continued)	
rm 990 (2	2015)	

Par	t V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		V			
		Check if Schedule o contains a response of flore to any line in this	rait	v		Yes	No No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	26,755			110
		the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1b	0			
		e organization comply with backup withholding rules for reportable payments to		tors and reportable			
·		g (gambling) winnings to prize winners?			1 c	Yes	
2a	Enter	the number of employees reported on Form W-3, Transmittal of Wage and					
		tatements, filed for the calendar year ending with or within the year covered	3-	405			
	•	s return	2a	405	2b	Yes	
D		east one is reported on line 2a, did the organization file all required federal emp If the sum of lines 1a and 2a is greater than 250, you may be required to e-file			20	1 03	
3a		e organization have unrelated business gross income of \$1,000 or more during	•	, i	3a	Yes	
		s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanatio</i>	•	'	3b	Yes	
		y time during the calendar year, did the organization have an interest in, or a sig					
	over,	a financial account in a foreign country (such as a bank account, securities acc					
	accou	nt) ⁷			4a		No
b		s," enter the name of the foreign country 🕨					
	See in	istructions for filing requirements for FinCEN Form 114, Report of Foreign Bank	and	Financial Accounts			
Ea	•	· ' he organization a party to a prohibited tax shelter transaction at any time durin	a tho	tay year?	5a		No
		ny taxable party notify the organization that it was or is a party to a prohibited t					No
			ax 511	eller transaction	5b		NO
С	If "Ye	s," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does	the organization have annual gross receipts that are normally greater than \$10	0.00	0, and did the	6a		No
•		zation solicit any contributions that were not tax deductible as charitable cont					110
b		s," did the organization include with every solicitation an express statement th	at su	ch contributions or gifts			
_		not tax deductible?			6 b		
	_	izations that may receive deductible contributions under section 170(c).		d navely for goods and	7a		
a		e organization receive a payment in excess of \$75 made partly as a contribution of provided to the payor?		u partiy ioi goods and	/4		
b	If"Ye	s," did the organization notify the donor of the value of the goods or services pr	ovide	ed?	7b		
С		e organization sell, exchange, or otherwise dispose of tangible personal proper	ty for	which it was required to	_		
		rm 8282?	_:		7 c		
a	IT Ye	s," indicate the number of Forms 8282 filed during the year	7d				
е	Dıd th	e organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?			
_					7e		
		e organization, during the year, pay premiums, directly or indirectly, on a perso			7f		
g	requir	organization received a contribution of qualified intellectual property, did the oi ed?	rganız • •	zation file Form 8899 as	7 g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles	, did	the organization file a			
		1098-C?			7h		
8	-	oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bus	cinace	s holdings at any time			
		the year?	•	· · · · ·	8		
9a	Did th	e sponsoring organization make any taxable distributions under section 49667	, _		9a		
		e sponsoring organization make a distribution to a donor, donor advisor, or rela		erson?	9b		
10		on 501(c)(7) organizations. Enter					
		tion 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	10b				
	facılıtı				'		
		on 501(c)(12) organizations. Enter					
		Income from members or shareholders	11a				
b		Income from other sources (Do not net amounts due or paid to other sources stamounts due or received from them)	11b				
	_						
		on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıe	u of Form 1041?	12a		
b	If "Ye: year	s," enter the amount of tax-exempt interest received or accrued during the	12b				
13	•	on 501(c)(29) qualified nonprofit health insurance issuers.					
	_						
а		organization licensed to issue qualified health plans in more than one state? N o onal information the organization must report on Schedule O	ote. S	See the instructions for	13a		
b		the amount of reserves the organization is required to maintain by the states					
-		ch the organization is licensed to issue qualified health plans	13b				
С	Enter	the amount of reserves on hand	13 c				
14a	Did th	e organization receive any payments for indoor tanning services during the tax	year	⁷	14a		No
b	If"Ye	s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i> t	tion ir	Schedule O	14b		

orm	990 (2015)			Page
Par	For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, describe the circumstances, processes, or changes in Schedule O. See instructions.	or 10	Ob belo	
	Check if Schedule O contains a response or note to any line in this Part VI			
Se	ection 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 11			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	even	ue Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
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	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Yes	
ь	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 **12**a Yes b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12h Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c Yes 13 Did the organization have a written whistleblower policy? 13 Yes Did the organization have a written document retention and destruction policy? . . . 14 Yes Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Yes 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 **16**a Νo **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 List the States with which a copy of this Form 990 is required to be filed▶

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)

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 ►NATALIE J WOOMER ONE SOUTH STREET BALTIMORE, MD 21202 (410) 752-8313

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 no		ganıza	tion	com	pen	sated	lany	current officer, o	lirector, or truste	e
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	m unle	ore t ss pe	han erso cer	not one n is and rus			(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) HERMAN WILLIAMS JR CHAIR	2 00	х		х				27,500	0	0
(2) ERNEST GLINKA VICE CHAIR	2 00	х		×				32,300	0	0
(3) GARY MCLHINNEY SECRETARY	1 50	х		×				22,100	0	0
(4) G LOUISE GREEN TREASURER	1 50	х		x				19,500	0	0
(5) LORRETTA JOHNSON DIRECTOR	1 00	х						12,000	0	0
(6) JOHN WALKER III DIRECTOR	1 00	х						13,500	0	0
(7) CHARMAINE THOMAS DIRECTOR	1 50	х						16,900	0	0
(8) DEBORAH MOORE-CARTER DIRECTOR	1 50	х						21,000	0	0
(9) BENJAMIN MELI JR DIRECTOR	1 50	х						22,500	0	0
(10) KALIOPE PARTHEMOS DIRECTOR	0 50	х						4,200	0	0
(11) PEGGY PEACOCK DIRECTOR	1 50	х						22,200	0	0
(12) ROMAN CLARK SR DIRECTOR	1 50	×						22,500	0	0
(13) GARY MARTIN CEO (JAN-MAY)	50 00			×				414,235	0	16,275
(14) JOHN HAMILTON CEO (JUNE-DEC)/SENIOR VP LENDING	50 00			x				305,501	0	44,740
	I						_			Form 990 (2015)

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations	m unle	ore t ss pe offi	han erso cer	C) lo not check n one box, on is both an r and a l/trustee)			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the	
		Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations	
(15) ADRIAN JOHNSON	45 00							105 154		0 27 107	
SENIOR VP AND CFO				Х				195,154		0 27,107	
(16) KATHY DAY SHELTON	45 00				, ,			102.027		40.633	
SR VP AND COO					X			183,037		0 48,623	
(17) PATRICIA ROBERTS	45 00										
SR VP OF BRANCH OPERATIONS					X			158,537		0 46,052	
(18) NATALIE WOOMER	45 00					<u> </u>		. 40 000			
VP OF ACCOUNTING AND CONTROLLER						×		149,290		0 27,969	
(19) LAURIE S RUSH	45 00					Ī					
VP OF MARKETING						X		145,402		0 42,348	
(20) DENISE JONES-FRASIER	45 00					Ī.,					
VP OF OPERATIONS						X		120,700		0 30,538	
(21) CHRISTOPHER LUMLEY VP OF INFORMATION SERVICES	45 00					х		140,509		0 55,646	
(22) MICHELLE WILLIAMS	45 00					x		137,313		0 31,428	
VP OF HUMAN RESOURCES											
(23) ANDREW PATAKI	0 00						х	137,050		0 0	
FORMER KEY EMPLOYEE								,			
1b Sub-Total				▶							
c Total from continuation sheets to Part VII				▶							
d Total (add lines 1b and 1c)	•	-	-	▶			2 2	22,928	0	370,726	

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \blacktriangleright 12

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>			
	on time 1a, 11 res, complete schedule 110 Such malvidual	3	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such individual			
	marvidual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person	5		N o

Section B. Independent Contractors

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

Compensation from the organization Report Compensation for the cale	idal year chaing with or within the organization.	s cax year
(A)	(B)	(C)
Name and business address	Description of services	Compensation
PSCU	DEBIT/CREDIT CARD PROCESSOR	2,704,201
560 CARILLON PARKWAY ST PETERSBERG, FL 33716		
FIS	DATA PROCESSOR/BILL PAYER	1,660,460
PO BOX 4535 CAROL STREAM, IL 60197		
FISERV	MEMBER STMT MAILING & ACCOUNTING SOFTWAR	1,043,001
75 REMITTANCE DRIVE SUITE 6962		
CHICAGO, IL 60675		
LENDING SOLUTIONS	LENDING CALL CENTER	582,354
2200 POINT BLVD SUITE 110		
ELGIN, IL 60123		
CO-OP FINANCIAL SERVICES	SHARED BRANCHING, REMOTE DEPOSITS, ELECT	510,852
9692 HAVEN AVE	'	
RANCHO CUCAMONGA, CA 91730		
2 Total number of independent contractors (including but not limited to the	ose listed above) who received more than	
\$100,000 of compensation from the organization ▶ 21		

Form 99								Page 9
Part V	1111	Statement o			the Dest VIII			_
		Cneck IT Schedi	ule O contains a respon	se or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<u> </u>	1a	Federated cam	paigns 1a					
Grants Amounts	ь	Membership du	ies 1b					
· Gr	С	Fundraising eve	ents 1c					
Contributions, Giffs, Grants and Other Similar Amounts	d	Related organiz	zations 1d					
s, G imil	е	Government grants	s (contributions) 1e					
ion r Si	f		ons, gifts, grants, and 1f					
ibut	g Noncash contributions included in lines			į				
ad C		1a-1f \$						
<u>2</u> <u>F</u>	h							
	2a	INTEREST ON LOAF	NS TO MEMBERS	Business Code	39,009,563	29 009 562		
eVer	b	-	S AND OTHER FEES	522100 522100	38,008,562 10,213,415	38,008,562 10,114,002	99,413	
ıν́ ΩΣ	c	OTHER NONINTER		522100	7,953,598	7,585,715	367,883	
Program Service Revenue	d					, ,	,	
S E	е							
ogra	f	All other progra	am service revenue					
ξ	g	Total. Add lines	ι s 2a-2f	>	56,175,575			
	3		ome (including dividence ar amounts)		6,168,344			6,168,344
	4		stment of tax-exempt bond p					
	5	Royalties	<u></u>	▶				
			(ı) Real	(II) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental inco	T					
	7a	Gross amount	(ı) Securities	(II) Other				
	,,	from sales of assets other than inventory	127,525,266	871,357				
	b	Less cost or other basis and	127,106,823	1,263,942				
	c	sales expenses Gain or (loss)	418,443	-392,585				
	d	Net gain or (los	·		25,858			25,858
Other Revenue	8a	Gross income f events (not inc \$	luding s reported on line 1c)					
ē			a					
=	b c		penses b [(loss) from fundraising e	avents •				
		Gross income f	rom gaming activities ne 19	events •				
	h	Lass direct av	penses b					
			(loss) from gaming activ	vities				
	10a	Gross sales of	inventory less	•				
		returns and allo						
		_	oods sold b					
	С	Miscellaneous	(loss) from sales of inve s Revenue	Business Code				
	11a	z z maneou.						
	ь							
	С							
	d	All other reven	L					
	e	Total. Add lines		•				
	12	Total revenue.	See Instructions	· · · •	62,369,777	55,708,279	467,296	6,194,202

Form 990 (2015) Part IX Statement of Functional Expenses

Section	501(c)(3)) and $501(c)(4)$ o	rganizations must cou	mnlete all columns	All other organizations	must complete column (A)

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

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	217,686			
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members	8,342,510			
5	Compensation of current officers, directors, trustees, and key employees	1,683,774			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	14,867,481			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,656,964			
9	Other employee benefits	3,079,069			
10	Payroll taxes	4 246 456			
	Fore for converse (non-employees)	1,216,456			
11	Fees for services (non-employees)				
a	Management	224 222			
Ь	Legal	321,333			
c d	Accounting	92,627			
u e	Lobbying				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A)				
9	amount, list line 11g expenses on Schedule O)	479,654			
12	Advertising and promotion	2,030,291			
13	Office expenses	2,453,871			
14	Information technology	2,061,721			
15	Royalties				
16	Occupancy	2,408,524			
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	479,407			
20	Interest	501,566			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,307,748			
23	Insurance	268,733			
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 LOSS	5,524,114			
b	ATM/DEBIT CARD EXPENSE	3,977,882			
c	LOAN SERVICING EXPENSE	3,127,577			
d	MEMBER STATEMENT EXPENS	908,982			
е	All other expenses	3,068,601			
25	Total functional expenses. Add lines 1 through 24e	60,076,571			
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)

642,918,793

1,081,934

5,463,522

415,300,921

237,880

59,208,758

12,575,405

295,301

1.043.259.847

1,056,130,553

n

126,243,431

126,243,431

1,182,373,984 Form 990 (2015)

1,182,373,984

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30 0 31

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684,767,308

18,697,476

13,233,954

808,658

4.933.968

373,631,260

297,350

63,692,830

12,399,256

237,099

1.073.345.075

1,085,981,430

128,998,623

128.998.623

1,214,980,053

1,214,980,053

raitA	balance Sheet			
	Check if Schedule O contains a response or note to any line in this Pari	tΧ		

(A) (B) Beginning of year End of year 19,573,325 17,950,210 1 Cash-non-interest-bearing 1 2 47.656.068 2 34,308,159 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 19,619,286 5,903,807 Accounts receivable, net . . 5 Loans and other receivables from current and former officers, directors,

10a

10b

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

trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under

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10a

b

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Fund Balances

Assets or

Net

Part II of Schedule L

Notes and loans receivable, net .

Prepaid expenses and deferred charges

Investments—publicly traded securities

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments-program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34)

persons Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties

parties, and other liabilities not included on lines 17-24)

. **Total liabilities.**Add lines 17 through 25 . . .

complete lines 27 through 29, and lines 33 and 34.

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Unsecured notes and loans payable to unrelated third parties

Organizations that follow SFAS 117 (ASC 958), check here >

Escrow or custodial account liability Complete Part IV of Schedule D

Other liabilities (including federal income tax, payables to related third

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

key employees, highest compensated employees, and disqualified

Loans and other payables to current and former officers, directors, trustees,

Inventories for sale or use .

Complete Part VI of Schedule D

Intangible assets . . .

Tax-exempt bond liabilities

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

complete lines 30 through 34.

Total net assets or fund balances

Unrestricted net assets

Grants payable

Deferred revenue

Less accumulated depreciation .

62,369,777

60,076,571

2,293,206

128,998,623

-1,475,082

-3,573,316

126,243,431

No

Νo

Nο

Form 990 (2015)

Yes

Yes

Yes

2a

2b

2c

3a

3b

Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI							. $ abla$

Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) . . .

Revenue less expenses Subtract line 2 from line 1

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

Net unrealized gains (losses) on investments

Donated services and use of facilities . Investment expenses .

Prior period adjustments . Other changes in net assets or fund balances (explain in Schedule O) .

column (B))

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, Part XIII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

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

Cash ✓ Accrual COther If the organization changed its method of accounting from a prior year or checked "Other," explain in 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both

Separate basis Consolidated basis **b** Were the organization's financial statements audited by an independent accountant?

basis, consolidated basis, or both

Schedule O

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate Separate basis

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?

Single Audit Act and OMB Circular A-133?

Consolidated basis

Both consolidated and separate basis

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

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

Both consolidated and separate basis

1

2

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Additional Data

Software ID:

Software Version:

EIN: 52-0284053

Name: MUNICIPAL EMPLOYEES CREDIT UNION OF

BALTIMORE INC

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

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

MECU ACTIVELY PARTICIPATES IN COMMUNITY OUTREACH PROJECTS SOME OF THE PROGRAMS THAT MECU PARTICIPATED
IN DURING 2015 WERE JUNIOR ACHIEVEMENT, MEALS ON WHEELS, CHRISTOPHER'S PLACE, PARTNERSHIPS WITH 9

ELEMENTARY SCHOOLS, ADOPTING FAMILIES FOR THE HOLIDAYS, THE SALVATION ARMY ANGEL TREE, A MARYLAND PUBLIC
TELEVISION TELETHON, CREDIT UNIONS FOR KIDS, DONATED OVER 5,900 BOOKS TO BALTIMORE CITY SCHOOL CHILDREN,
PARTICIPATED IN HELPING TO RUN A GOLF TOURNAMENT TO RAISE MONEY FOR THE MECU FOUNDATION, THREW A PARTY
FOR THE RESIDENTS AT A NURSING HOME, WORKED AT THE MARYLAND FOOD BANK AND FED PEOPLE IN NEED AT OUR DAILY
BREAD MECU ALSO WALKED IN THE ADA AND CYSTIC FIBROSIS WALK-A-THONS AND HELD FREE WORKSHOPS ON TOPICS
SUCH AS HOME BUYING AND CREDIT REPAIR IN ADDITION, MECU PROVIDED GRANTS TO BALTIMORE NEIGHBORHOODS FOR
THE PURPOSE OF PRODUCING SPECIAL EVENTS

SCHEDULE D Supp

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.

Information about Schedule D (Form 990) and its instructions is at $\underline{www.irs.gov/form990}$.

OMB No 1545-0047

DLN: 93493319057676

Open to Public Inspection

Department of the Treasury
Internal Revenue Ser

(Form 990)

Name of th	ne organization MPLOYEES CREDIT UNION OF			Emplo	oyer identification number
BALTIMORE IN					284053
	Organizations Maintaining Donor			nds o	r Accounts.
	Complete if the organization answer	eu res on Form 99 (a) Donor advised fui		/b)	Funds and other accounts
Tota	al number at end of year	(a) Donor advised tu	lus	(0)	unus and other accounts
	regate value of contributions to (during				
year	-)				
Agg	regate value of grants from (during year)				
Agg	regate value at end of year				
	e organization inform all donors and donor are the organization's property, subject to	_		radvis	ed Yes No
used o	e organization inform all grantees, donors, nly for charitable purposes and not for the ring impermissible private benefit?				purpose Yes No
	Conservation Easements. Comple	ete if the organizatio	n answered "Yes" or	Form	
	e(s) of conservation easements held by the				
┌ Pr	eservation of land for public use (e g , recr	eation or			
educat —	,		•		cally important land area
☐ Pr	otection of natural habitat		Preservation of a c	ertified	d historic structure
☐ Pr	eservation of open space				
	ete lines 2a through 2d if the organization ent on the last day of the tax year	held a qualified conserv	ation contribution in th	e form	of a conservation
					Held at the End of the Year
a Totaln	number of conservation easements			2a	
	creage restricted by conservation easeme			2b	
	er of conservation easements on a certified		` ′	2c	
	er of conservation easements included in (c structure listed in the National Register	c) acquired after 8/17/0)6, and not on a	2d	
Numbe	er of conservation easements modified, tra	nsferred, released, exti	nguished, or terminated	l by the	e organization during the
tax yea	ar ▶				
Numbe	er of states where property subject to cons	ervation easement is lo	ocated >	_	
	he organization have a written policy regar ons, and enforcement of the conservation (oring, inspection, handl	ing of	┌ Yes
Staff aı year	nd volunteer hours devoted to monitoring,	inspecting, handling of	violations, and enforcin	g cons	•
→					
A moun	nt of expenses incurred in monitoring, inspe	ecting, handling of viola	tions, and enforcing co	nserva	tion easements during the year
> \$		· · · · g , · · · · · · · · · g - · · · · · · ·	,		,
	each conservation easement reported on li and section 170(h)(4)(B)(II)?	ne 2(d) above satisfy th	ne requirements of sect	ion 17	0 (h)(4)
balanc the org	XIII, describe how the organization repore sheet, and include, if applicable, the text parization's accounting for conservation ea	of the footnote to the observations	organization's financial s	statem	ents that describes

Part III 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
 - 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

Assets included in Form 990, Part X

►\$_____

▶ \$ _

	edule D (Form 990) 2013											Page Z
Pai	Organizations Maintaining Collections of Art, (continued)	His	torio	cal '	Trea	asures,	or O	ther s	Similar	Asse	ets	
3	Using the organization's acquisition, accession, and other records collection items (check all that apply)	s,ch	eck a	n y o	f the	following	that a	re a sı	gnıfıcant u	se of	ıts	
а	Public exhibition	d	Γ	Loa	an or	exchange	e prog	rams				
b	Scholarly research	e	Γ	O t	her							
c	Preservation for future generations											
4	Provide a description of the organization's collections and explain Part ${\tt XIII}$	how	they	furt	her t	he organiz	zation	's exen	npt purpos	e in		
5	During the year, did the organization solicit or receive donations of assets to be sold to raise funds rather than to be maintained as pa									es	□ No)
Pa	rt IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on For Part X, line 21.	rm 9	990,	Part	t IV,	line 9, c	or rep	orted	· · · · · · · · · · · · · · · · · · ·		n Forr	n 990,
1a	Is the organization an agent, trustee, custodian or other intermed included on Form 990, Part X?	ıary	for co	ontril	butio	ns or othe	erass	ets not	_ Y	es	√ No	•
b	If "Yes," explain the arrangement in Part XIII and complete the	e foll	lowing	j tab	le				Aı	moun	t	
c	Beginning balance						1c					
d	Additions during the year						1d					
е	Distributions during the year						1e	1				
f	Ending balance						1f					
2 a	Did the organization include an amount on Form 990, Part X, line 2	21, f	for es	crow	vorc	ustodial a	accour	nt liabil	ity? 🔽 Y	es	∏ No	•
b	If "Yes," explain the arrangement in Part XIII Check here if the e	expla	natio	n ha	s be	en provide	ed in P	art XII	I			✓
Pa	ert V Endowment Funds. Complete if the organization				es"	to Form	990,	Part I	V, line 10	٥.		
_		b) Pno	or year	r	b (c) Two years	back	(d) Thre	e years back	(е)Four ye	ars back
1a	Beginning of year balance											
b	Contributions											
c	Net investment earnings, gains, and losses											
d	Grants or scholarships											
е	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the current year end balance	(line	e 1g,	colu	ımn (a)) held a	S					
а	Board designated or quasi-endowment ▶											
b	Permanent endowment ▶											
c	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2c should equal 100%											
3a	Are there endowment funds not in the possession of the organization by	ion t	hat a	re he	eld aı	nd admini	sterec	l for the	2		Yes	N-
	(i) unrelated organizations								Гз	Ba(i)	Yes	No
	(ii) related organizations					-			_	a(ii)		
ь 4	If "Yes" on 3a(II), are the related organizations listed as required Describe in Part XIII the intended uses of the organization's endo				₹?.					3b		
	rt VI Land, Buildings, and Equipment.	VVIIIC	enc ru	iius								
	Complete if the organization answered 'Yes' to Form	n 99			IV, I			orm 9				
	Description of property		(a st or ot (invest	ther b		(b Cost or ot (oth	her bas	ıs (c	Accumulate depreciation		(d)Boo	k value
1 a	Land											
b	Buildings					,	3,000,4	70	257	795		2 742 602
c	Leasehold improvements						5,000,4 5,264,66	_	257, [*] 4,571, [*]			693,410
	Equipment						,432,3		8,404,			2,027,419
	Other						. ,		, ,	\top		· · · · · ·
T	al Add lines to through to (Column (d) must equal Form 000, Part V.	50/	ne /03	1 1	0.101	<u> </u>				+		F 462 F22
TOT	al. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, c	Joiun	ии (В)	i, iini	e 10(c))	•		▶	- D (5,463,522 90) 2015
									Schedule	- - (1	J 3	, 2013

Part VII Investments—Other Securit	ties. Complete if the org	anızatıon answered 'Yes	on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or	category	(b)Book value	(c)Method of valuation
(including name of secur	rity)		Cost or end-of-year market value
(2)Closely-held equity interests			
(3)Other (A) AVAILABLE FOR SALE SECURITIES		383,872,246	F
(B) HELD-TO-MATURITY		25,981,675	С
			С
(C) CERTIFICATES OF DEPOSIT		5,447,000	C
Total. (Column (b) must equal Form 990, Part X, col (B)		415,300,921	
Part VIII Investments—Program Rel Complete if the organization a	l ated. Inswered 'Yes' on Form 9	90, Part IV, line 11c.se	a Form 990 Part V June 13
(a) Description of investi		(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) li			
Part IX Other Assets. Complete if the o	rganization answered 'Yes' o (a) Description	n Form 990, Part IV, line 1	1d See Form 990, Part X, line 15 (b) Book value
(1) ACCRUED INTEREST RECEIVABLE			2,916,950
(2) NCUSIF DEPOSIT (3) CASH SURRENDER VALUE OF LIFE INSUR	ANCE		9,850,306 38,638,137
(4) OTHER ASSETS (5) LOANS AVAILABLE-FOR-SALE			7,199,764 603,601
. ,			,
Total. (Column (b) must equal Form 990, Part X, co	ol (B) line 15)		▶ 59,208,758
Part X Other Liabilities. Complete if			
See Form 990, Part X, line 25. 1. (a) Description of liability	(b) Book val	ue	
Fordered transferred			
Federal income taxes			
MEMBERS' SHARES AND SAVINGS	1,018,46	6,647	
BORROWED FUNDS	24,79	3,200	
Total. (Column (b) must equal Form 990, Part X, col (B) li	ine 25) • 1,043,25	9.847	
2. Liability for uncertain tax positions. In Part XI organization's liability for uncertain tax positions.	III, provide the text of the fo	otnote to the organization's	
XIII	3 unuci i IN 40 (ASC 740) (Check here if the text of the	Toothore has been provided in Part

1	i otal revenue, gains, and o	ther support per audited financial statements		1	62,762,362
2	Amounts included on line 1	but not on Form 990, Part VIII, line 12			_
а	Net unrealized gains (losse	s) on investments 2a			
b	Donated services and use of	of facilities 2b			
c	Recoveries of prior year gra	ints 2c			
d	Other (Describe in Part XII				
е	Add lines 2a through 2d .			2e	0
3				3	62,762,362
4	Amounts included on Form	990, Part VIII, line 12, but not on line 1			
а	Investment expenses not i	ncluded on Form 990, Part VIII, line 7b . 4a			
b	Other (Describe in Part XII	I)	-392,585		
c	Add lines 4a and 4b			4c	-392,585
5		and 4c. (This must equal Form 990, Part I, line 12)		5	62,369,777
Part		Expenses per Audited Financial Statements With ganization answered 'Yes' on Form 990, Part IV, line 12a		per Re	turn.
1	Total expenses and losses	per audited financial statements		1	60,469,156
2	Amounts included on line 1	but not on Form 990, Part IX, line 25			
а	Donated services and use of	of facilities			
b	Prior year adjustments .				
c	Otherlosses	2c			
d	Other (Describe in Part XII	I)	392,585		
e	Add lines 2a through 2d .			2e	392,585
3	Subtract line 2e from line 1			3	60,076,571
4	Amounts included on Form	990, Part IX, line 25, but not on line 1:			
а	Investment expenses not in	ncluded on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XII	I) 4b			
c	Add lines 4a and 4b			4c	0
5	Total expenses Add lines 3	and 4c. (This must equal Form 990, Part I, line 18)		5	60,076,571
Prov Part	V, line 4, Part X, line 2, Part	I nformation for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lii XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also comple		•	iny additional
ınfor	mation				
	Return Reference	Explanation			
PART	IV, LINE 2B	WE HAVE ESCROW FOR TWO SITUATIONS WE HAVE \$ COLLECTED FROM BUSINESSES FOR THEIR REAL ESTA ESCROW PAYMENTS TO MECU THAT IS USED TO PAY (THEIR REAL ESTATE TAXES AND INSURANCE ON THE ESCROW FOR SITUATIONS WHERE IT CANNOT BE DET	ATE LOANS W CERTAIN BIL PROPERTY V	/ITH MEC LS FOR T VE ALSO	U THEY MAKE HEM SUCH AS HAVE \$59,820 IN

WHO GROUND RENT SHOULD BE PAID TO AT MORTGAGE SETTLEMENT, SO THE BUYER IS REQUIRED TO PAY 5 YEARS WORTH OF GROUND RENT AT SETTLEMENT MECU HOLDS THESE

FUNDS IN ESCROW TO PAY GROUND RENT ON BEHALF OF THE MEMBER AND IF THE SITUATION IS NOT RESOLVED AFTER 5 YEARS, THE MONEY GOES BACK TO THE MEMBER

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Schedule D (Form 990) 2015		Page 5
Part XIII Supplemental	Information (continued)	
Return Reference	Explanation	
PART XI, LINE 4B - OTHER ADJUSTMENTS	LOSS ON SALE OF FIXED ASSETS RECLASSED FROM EXPENSES -392,585	
PART XII, LINE 2D - OTHER ADJUSTMENTS	LOSS ON SALE OF FIXED ASSETS RECLASSED FROM EXPENSES 392,585	
	·	

efile GRAPHIC print - DO NOT PROCESS As Filed Data DLN: 93493319057676 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number MUNICIPAL EMPLOYEES CREDIT UNION OF 52-0284053 **BALTIMORE INC General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete If the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
See Additional Data Table							
2 Enter total number of section 50	1(c)(3) and govern	ment organizations lis	sted in the line 1 table .			. _	5

Enter total number of other organizations listed in the line 1 table

Additional Data

Software ID: Software Version:

EIN: 52-0284053

Name: MUNICIPAL EMPLOYEES CREDIT UNION OF

BALTIMORE INC

Form 990,Schedule I, Par	t II, Grants and	d Other Assistance	e to Domestic Org	anizations and D	omestic Governme	ents.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AFRICAN AMERICAN CREDIT UNION COALITION PO BOX 1612 SHREVEPORT, LA 71165	57-1091138	501(C)3	30,000				TO INCREASE THE STRENGTH OF THE CREDIT UNION MOVEMENT
THE CREDIT UNION FOUNDATION OF MD & DC 8975 GUILFORD ROAD SUITE 190 COLUMBIA,MD 21046	52-1749045	501(C)3	30,000				SUPPORT CREDIT UNIONS AND THE COMMUNITIES THAT THEY SERVE
BALTIMORE OFFICE OF PROMOTION AND THE ARTS 10 E BALTIMORE ST 10TH FLOOR BALTIMORE,MD 21202	90-0091850	501(C)3	50,000				PROVIDE GRANTS FOR BALTIMORE CITY NEIGHBORHOODS

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance VILLAGE LEARNING PLACE 52-2109848 501(C)3 7,000 LIBRARY 2521 SAINT PAUL STREET

CHILDREN'S MIRACLE

INFTWORK

HOSPITALS

2521 SAINT PAUL STREET
BALTIMORE, MD 21218

CREDIT UNION MIRACLE 52-2341329 501(C)3 6,000

DAY INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 27637

WASHINGTON, DC 20038

Schedule J (Form 990)

Department of the

Compensation Information

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

Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

DLN: 93493319057676 OMB No 1545-0047

2015

Open to Public

reas Iterr	al Revenue Service				Insp	ectio	1
Νa	me of the organization			Employer identification	on nur	nber	
	NICIPAL EMPLOYEES CREDIT UNION OF TIMORE INC			52-0284053			
	rt I Questions Regarding Compensation			32-0264033			
	questions regarding compensation					Yes	No
La	Check the appropriate box(es) if the organization provide 990, Part VII, Section A, line 1a Complete Part III to					103	110
	First-class or charter travel	·	Housing allowance or residence fo				
	Travel for companions	Ė	Payments for business use of pers	· i	İ	j i	İ
	Tax idemnification and gross-up payments	Ė	Health or social club dues or initia	i	j	j i	Ì
	Discretionary spending account	Ė	Personal services (e g , maid, cha	uffeur, chef)	İ	j i	İ
b	If any of the boxes in line 1a are checked, did the organ reimbursement or provision of all of the expenses descr				1b		
2	Did the organization require substantiation prior to reim directors, trustees, officers, including the CEO/Executi				2		
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all that used by a related organization to establish compensation	apply	Do not check any boxes for metho	ods			
	▼ Compensation committee		Written employment contract		ļ		
	Independent compensation consultant	✓	Compensation survey or study				ļ
	Form 990 of other organizations	✓	Approval by the board or compens	ation committee			
1	During the year, did any person listed on Form 990, Par or a related organization	rt VII	I, Section A, line 1a with respect to	the filing organization			
а	Receive a severance payment or change-of-control pay	/men	t?		4a		No
b	Participate in, or receive payment from, a supplemental	I none	qualified retirement plan?		4b	Yes	
c	Participate in, or receive payment from, an equity-base	d cor	mpensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide	de th	e applicable amounts for each item	ın Part III			
_	Only 501(c)(3), 501(c)(4), and 501(c)(29) organization						
•	For persons listed on Form 990, Part VII, Section A, lir compensation contingent on the revenues of	ne 1a	i, did the organization pay or accrue	any			
а	The organization?				5a		
b	Any related organization?				5b		
	If "Yes," on line 5a or 5b, describe in Part III						
5	For persons listed on Form 990, Part VII, Section A, lir compensation contingent on the net earnings of	ne 1a	, did the organization pay or accrue	any			
а	The organization?				6 a		
b	Any related organization?				6b		
	If "Yes," on line 6a or 6b, describe in Part III						
7	For persons listed on Form 990, Part VII, Section A, lir payments not described in lines 5 and 6? If "Yes," desc			on-fixed	7		
3	Were any amounts reported on Form 990, Part VII, paid subject to the initial contract exception described in Re in Part III				8		
9	If "Yes" on line 8, did the organization also follow the resection 53,4958-6(c)?	ebutt	able presumption procedure describ	ed in Regulations	۵		

age Z							
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.							
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual							
(A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in		

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
	Base	(ii)	(ıiı)	other deferred	benefits	(B)(ı)-(D)	column(B) reported
	(ı) compensation	Bonus & incentive compensation	Other reportable compensation	compensation			as deferred on prior Form 990

See Additional Data Table

Schedule 1 (Form 990) 2015

Schedule J (Form 990) 2015

Part III Supplemental Information

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

Return Reference Explanation

PART I, LINE 4B THE FOLLOWING INDIVIDUALS PARTICIPATED IN A NON-QUALIFIED RETIREMENT PLAN AND ALL COMPENSATION HAS BEEN PROPERLY ADDIAN JOHNSON - NO DISBURSEMENT IN 2015 JOHN HAMILTON - NO DISBURSEMENT IN 2015

Page 3

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

PART I, LINE 4B

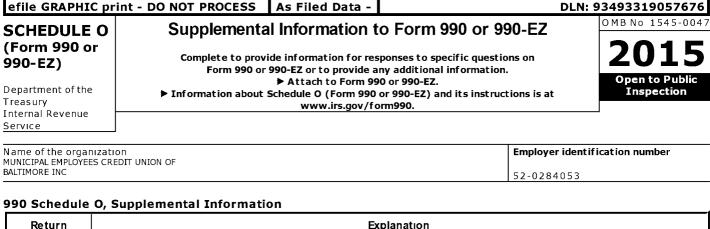
THE FOLLOWING INDIVIDUALS PARTICIPATED IN A NON-QUALIFIED RETIREMENT PLAN AND ALL COMPENSATION HAS BEEN PROPERLY REPORTED IN PART VII AND SCHEDULE J ADRIAN JOHNSON - NO DISBURSEMENT IN 2015 JOHN HAMILTON - NO DISBURSEMENT IN 2015 KATHY DAY SHELTON - NO DISBURSEMENT IN 2015 PATRICIA ROBERTS - NO DISBURSEMENT IN 2015 NATALIE WOOMER - NO DISBURSEMENT IN 2015 LAURIE RUSH - NO DISBURSEMENT IN 2015 DENISE JONES-FRASIER - NO DISBURSEMENT IN 2015 CHRISTOPHER LUMLEY - NO DISBURSEMENT IN 2015 MICHELLE WILLIAMS - NO DISBURSEMENT IN 2015

Software ID: **Software Version:**

EIN: 52-0284053

Name: MUNICIPAL EMPLOYEES CREDIT UNION OF BALTIMORE INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, a (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation				(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in	
		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
1GARY MARTIN CEO (JAN-MAY)	(1)	409,667	0	4,568	16,275	703	431,213	0
	(11)	0	0	0	0	0	0	0
1JOHN HAMILTON CEO (JUNE-DEC)/SENIOR VP	(1)	304,157	0	1,344	36,754	10,452	352,707	0
LENDING	(11)	o	0	0	0	-	-	0
2ADRIAN JOHNSON SENIOR VP AND CFO	(1)	185,864	8,000	1,290	18,771	10,090	224,015	0
	(11)	0	0	0	0			0
3KATHY DAY SHELTON	(1)	174,347	8,000	690	27,607	22,762	233,406	0
SR VP AND COO	(11)	0	0	0	0			
4PATRICIA ROBERTS	(1)	149,247				0	0	_
SR VP OF BRANCH OPERATIONS	(1)	149,247	8,000	1,290	31,665	16,031	206,233	0
	(11)	0	0	0	0	0	0	0
5 NATALIE WOOMER VP OF ACCOUNTING AND	(1)	143,139	5,500	651	20,916	9,063	179,269	0
CONTROLLER	(11)	0	0	0	0	-	- 0	0
6 LAURIE S RUSH VP OF MARKETING	(1)	138,720	5,500	1,182	25,996	18,318	189,716	0
	(11)	o	0	0	0	- 0		0
7DENISE JONES-FRASIER VP OF OPERATIONS	(1)	114,278	5,500	922	30,538	2,118	153,356	0
	(11)	0	0	0	0			0
8CHRISTOPHER LUMLEY VP OF INFORMATION	(1)	134,604	5,500	405	32,995	24,961	198,465	0
SERVICES	(11)	0	0	0	0			0
9MICHELLE WILLIAMS	(1)	131,244	5,500	569	24,592	9,037	170,942	0
VP OF HUMAN RESOURCES	(11)	0	0	0	0			0
10ANDREW PATAKI	(1)	137,050	n	n	0	0	137,050	<u> </u>
FORMER KEY EMPLOYEE	(11)							n
					Ö	0	0	ŭ



DLN: 93493319057676

Reference FORM 990 THE GOVERNING DOCUMENTS WERE AMENDED SO THE TREASUER IS NOW ONE OF THE VOTING MEMBERS OF THE BOARD. PART VI. OF DIRECTORS PREVIOULSY THE PRESIDENT & CEO WAS ALSO THE TREASURER OF MECU. THERE WAS ALSO A SECTION A. CHANGE TO THE FIELD OF MEMBERSHIP DEFINITION PREVIOUSLY IT WAS "MEMBERSHIP SHALL ALSO INCLUDE I INF 4 VOLUNTEERS AND EMPLOYEES OF ANY EMPLOYER. INCLUDING THEIR AFFILIATES AND SUBSIDIARIES. WITH LESS THAN 750 EMPLOYEES LOCATED WITHIN A FIVE (5) MILE RADIUS OF ANY BRANCH OF THIS CREDIT UNION SUBJECT TO FINANCIAL INSTITUTIONS ARTICLE 6-303 (B) COMMON BOND MEMBERSHIP FIELDS - SMALL GROUPS "THE FIVE (5) MILE RADIUS WAS CHANGED TO A TWENTY (20) MILE RADIUS FORM 990. THE CREDIT UNION'S MEMBERS HAVE RIGHTS TO ELECT THE MEMBERS OF THE GOVERNING BODY. THE CRE PART VI. DIT UNION'S MEMBERS ALSO RECEIVE A SHARE OF THE ORGANIZATION'S PROFITS IN THE FORM OF CASH

SECTION A.

LINF 6

DIVIDENDS

990 Schedule O, Supplemental Information

Return Reference

Explanation FORM 990, PART VI, SECTION A. LINE I MEMBERS OF THE CREDIT UNION HAVE THE RIGHT TO ELECT THE ORGANIZATION'S GOVERNING

BODY 7A FORM 990. PART VI. SECTION A. LINE I MEMBERS OF THE CREDIT UNION HAVE THE RIGHT TO APPROVE THE GOVERNING BODY'S ELECTION **7B** AND RE MOVAL OF MEMBERS OF THE GOVERNING BODY. AS WELL AS OTHER MATTERS THAT ARE SUBJECT TO THE A

PPROVAL OF MEMBERS OF THE CREDIT UNION AS THEY OCCUR.

Return Reference Explanation

FORM 990, PART VI. NATALIE WOOMER, VP OF ACCOUNTING AND CONTROLLER, REVIEWS THE COMPLETED FORM 990 IN DETAIL SHE

THEN GIVES THE TAX RETURN TO ALL BOARD MEMBERS AND THE CEO FOR THEIR REVIEW BEFORE THE TAX

990 Schedule O, Supplemental Information

SECTION B. LINE 11

	RETURN IS FILED
FORM 990, PART VI,	AT THE BEGINNING OF EACH YEAR, EACH BOARD DIRECTOR, MECU EMPLOYEE AND SUPERVISORY AND CRED
SECTION B, LINE 12C	IT COMMITTEE MEMBER IS REQUIRED TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE THE RESP
	LONGES A DE DEVIEMEN EN MECLIS ELIMA NI DESCLIDAES DEDA DIMENT TO VEDIEV THAT EVEDVONE IS IN COMP.

LIANCE WITH MECU'S CONFLICT OF INTEREST POLICY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE CEO AND OTHER TOP MANAGEMENT OFFICIALS RECEIVE AN ANNUAL PERFORMANCE REVIEW BASED ON PERFORMANCE, THE EMPLOYEE MAY RECEIVE A MERIT INCREASE. COMPENSATION DATA FROM A COUPLE OF SOURCES IS REVIEWED TO DETERMINE THE EMPLOYEE'S SALARY. THESE SOURCES INCLUDE CREDIT UNION SALARY SURVEYS FROM CUES AND CUNA FOR KEY EMPLOYEE'S OTHER THAN THE CEO, THE PERFORMANCE REVIEW DOCUMENT IS SIGNED BY THE CORRESPONDING DEPARTMENT HEAD AND THE VICE PRESIDENT OF HUMAN RESOURCES. THE CEO'S EVALUATION IS CONDUCTED BY THE BOARD OF DIRECTORS EACH YEAR AND IS BASED ON THE FOUR (4) FOLLOWING CRITERIA FINANCIAL PERFORMANCE, STRATEGIC GOALS AND OBJECTIVES, EVALUATIONS COMPLETED BY THE BOARD MEMBERS AND COMMUNITY, INDUSTRY AND CIVIC INVOLVEMENT. THE CEO MEETS WITH THE BOARD TO DISCUSS HIS PERFORMANCE. THE BOARD VOTES ON ANY MERIT INCREASE AND/OR BONUS. A NEW CONTRACT IS SIGNED EACH YEAR REFLECTING HIS SALARY AND THE EXPECTATIONS OF THE POSITION. THE CONTRACT IS SIGNED BY THE BOARD CHAIR, BOARD SECRETARY, AND THE CEO.
FORM 990, PART VI, SECTION C, LINE 19	FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE AVAILABLE UP ON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D)

990 Schedule O, Supplemental Information

Return Explanation

REPORTED ON THE 2015 FORM 990 AS A FORMER KEY EMPLOYEE.

Reference

FORM 990,	ANDREW PATAKI WAS A SENIOR VP AND COO PRIOR TO HIS RETIREMENT IN 2014 THE \$137,050 REPORTED IN PART VII,
PART VII	COLUMN D WAS CONTRIBUTIONS BY MR PATAKI TO HIS 457(B) RETIREMENT PLAN THERE WAS NO EXPENSE TO MECU
	DUE TO THE FORM 990 REPORTABLE COMPENSATION FILING THRESHOLD FOR FORMER KEY EMPLOYEES. MR. PATAKALIS