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# 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

OMB No 1545-0047

DLN: 93493317074868

Open to Public

Department of the Ti
Internal Revenue Ser

▶ Information about Form 990 and its instructions is at www IRS gov/form990 Inspection For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017 C Name of organization MUNICIPAL EMPLOYEES CREDIT UNION OF D Employer identification number ☐ Address change BALTIMORE INC 52-0284053 ☐ Name change Doing business as MECU OF BALTIMORE INC ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) ☐ Amended return (410) 752-8313 ☐ Application pending City or town, state or province, country, and ZIP or foreign postal code BALTIMORE, MD 21202 G Gross receipts \$ 221,407,229 Name and address of principal officer H(a) Is this a group return for JOHN HAMILTON ☐Yes ☑No subordinates? ONE SOUTH STREET H(b) Are all subordinates BALTIMORE, MD 21202 ☐ Yes ☐No included? Tax-exempt status 501(c)(3) **У** 501(c) (14) **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW MECU COM L Year of formation 1936 M State of legal domicile Summary 1 Briefly describe the organization's mission or most significant activities MECU IS A CREDIT UNION WHICH PROVIDES A FULL ARRAY OF FINANCIAL SERVICES TO ITS MEMBER OWNERS Activities & Governance Check this box  $\blacktriangleright$   $\square$  if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 10 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 404 Total number of volunteers (estimate if necessary) . . 6 7a 552,853 7a Total unrelated business revenue from Part VIII, column (C), line 12 **7**b **b** Net unrelated business taxable income from Form 990-T, line 34 -80,210 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . **9** Program service revenue (Part VIII, line 2g) . . . 57,685,056 60,844,269 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 6,660,155 6,083,648 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 64,345,211 66,927,917 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . 290,312 262,351 6,159,795 Benefits paid to or for members (Part IX, column (A), line 4) . . 6,339,418 23,759,802 24,212,247 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . 29,384,124 31,097,607 59,773,656 61,732,000 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . 4,571,555 5,195,917 Assets or d Balances **Beginning of Current Year End of Year** 1,172,950,849 20 Total assets (Part X, line 16) . 1,165,151,476 21 Total liabilities (Part X, line 26) . 1,038,576,561 130,462,762 134,374,288 22 Net assets or fund balances Subtract line 21 from line 20 . Part III Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2018-11-08 Signature of officer Sign Here NATALIE J WOOMER VP ACCOUNTING AND CONTROLLER Type or print name and title Print/Type preparer's name GERALD B KISSELL Preparer's signature GERALD B KISSELL Date PTIN Check | If P00092658 Paid self-employed

Firm's address ▶ 801 NICOLLET MALL SUITE 1100

MINNEAPOLIS, MN 55402

Firm's name RSM US LLP

**Preparer** 

Use Only

Firm's EIN > 42-0714325

Phone no (612) 332-4300

✓ Yes 🗆 No

Form	990 (2	017)				Page <b>2</b>
Par	t III	Statement	of Program Service Ac	complishments		
		Check if Schee	dule O contains a response o	r note to any line in this Part III .		🗹
1	Briefly	describe the o	rganization's mission			
		HIGH QUALITY IT AND INNOVA		UR MEMBERS AND OUTSTANDING	SERVICE TO OUR COMMUNITIES	THROUGH SOUND
2				ogram services during the year whic		□Yes ☑No
	•					⊔ Yes ⊻ No
_		•	se new services on Schedule			
3		-	<b>-</b>	ignificant changes in how it conduct	s, any program	□Yes ☑No
						⊔ Yes 🛂 No
		•	se changes on Schedule O			
4	Sectio	n 501(c)(3) an		nplishments for each of its three lai e required to report the amount of g service reported		
4a	(Code		) (Expenses \$	including grants of \$	) (Revenue \$	)
	See Ad	ditional Data				
4b	(Code		) (Expenses \$	including grants of \$	) (Revenue \$	)
	See Ad	ditional Data				
4c	(Code		) (Expenses \$	including grants of \$	) (Revenue \$	)
	See Ad	ditional Data				
	(Code		) (Expenses \$	including grants of \$	) (Revenue \$	)
				OUTREACH PROJECTS IN ADDITION TO ANTS TO BALTIMORE NEIGHBORHOODS		
4d	Other	program service	ces (Describe in Schedule O			
	(Expe	nses \$	ıncludıng	grants of \$	) (Revenue \$	)
4e	Total	program serv	rice expenses ►			

or X as applicable

**Checklist of Required Schedules** 

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11e

11f

12a

12b

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14a

14b

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Form **990** (2017)

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

ın Part X, line 16? *If "Yes," complete Schedule D, Part IX* 😼 . . . . . . . . . . . . . . . .

b Was the organization included in consolidated, independent audited financial statements for the tax year?

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 . . . . . . . . . . . . .

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . .

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸 . . . . . . . . . . .

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . .

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete

29

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

instructions for applicable filing thresholds, conditions, and exceptions)

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a	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?			

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

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,"

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

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

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

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

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

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

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

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

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

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 year, and

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 member

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

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

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

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

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

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

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

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

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

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . . Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

20b

Yes 21

22

23

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25b

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Yes

Form 990 (2017)

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Nο

orm	990 (2017)			Page !
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 Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 30,595			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	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  404			
		2b	Yes	
D	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)		103	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
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	Yes	
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  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			110
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
		50		
С	If "Yes," 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 \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
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 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	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		
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			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			

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Par	<b>TVI</b> Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	nse to li	nes
				<b>✓</b>
Sa	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		
30	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 10		103	
	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 10			
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?	<b>7</b> b	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?	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 Revenue	e Code	2.)	
			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?	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				No
	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		
Ь		16a 16b		
	taxable entity during the year?			
	taxable entity during the year?			
Se	taxable entity during the year?			
<b>S</b> e	taxable entity during the year?			
<b>S</b> e	taxable entity during the year?			

Part VII

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

(7) PEGGY PEACOCK

(8) ERNEST GLINKA

(9) DEBORAH MOORE-CARTER

(10) LORETTA JOHNSON

(11) JOHN HAMILTON

(12) ADRIAN JOHNSON

(13) KATHY DAY SHELTON

(14) PATRICIA ROBERTS

(15) RICHARD SMITH

(16) NATALIE WOOMER

VP OF OPERATIONS

VICE PRESIDENT OF LENDING

(17) DENISE JONES-FRASIER

SR VP BRANCH OPERATIONS-RETIRED 2017

VP OF ACCOUNTING AND CONTROLLER

SENIOR VP AND CFO

SR VP AND COO

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0

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52.370

36,418

51,153

13,800

30,668

31.091

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## Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

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

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

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 trust compensated employees, and former such persoi		rs, instituti	onal trustees, office	ers, key employee	s, highest	
$oxedsymbol{\square}$ Check this box if neither the organization no	r any related or	ganızatıon	compensated any	current officer, dire	ector, or trustee	
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	than ò person ı	do not check more ne box, unless s both an officer lirector/trustee)    Continue   Former	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estir amount compe fror organiz rel organ

<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	pers	an on on is	ne bo botl	t che x, u h an	eck m Inless office ustee	er	(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
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HERMAN WILLIAMS JR	2 00	×		×				23,300	0	(

		aitrustee ⊙r	onal Trustee		ioyee	compensated e				
1) HERMAN WILLIAMS JR CHAIR	2 00	X		×			23,300	0	0	
(2) ROMAN CLARK SR VICE CHAIR	2 00	X		×			27,800	0	0	
3) GARY MCLHINNEY SECRETARY	2 00	х		x			25,700	0	0	
(4) G LOUISE GREEN	2 00									

(2) ROMAN CLARK SR	2 00	×	Х		27,800	0	0
VICE CHAIR		, and the second	^		27,000	Ŭ	
(3) GARY MCLHINNEY	2 00	×	×		25,700	0	0
SECRETARY		^	^		23,700	ŭ	
(4) G LOUISE GREEN	2 00	,	<		23.900	0	0
TREASURER		^	^		23,300	· ·	0

		l X	1 1	ΧΙ		l	23,300	0	0
CHAIR		.,					25,500	•	
(2) ROMAN CLARK SR	2 00	_		x			27,800	0	0
VICE CHAIR		^					27,860	0	0
(3) GARY MCLHINNEY	2 00			х			25,700	0	0
SECRETARY		^		$^{\circ}$			23,700	0	0
(4) G LOUISE GREEN	2 00			x			23,900	0	0
TREASURER		^		^			23,900	0	0
(5) BENJAMIN MELI JR	1 80	_					23,700	0	0
DIRECTOR		_ ^					23,700	0	0

19,500

17,700

17,700

8,400

477.811

208,502

194,660

373.234

183,680

159,402

136.841

(4) G LOUISE GREEN	2 00	l x		x			23,900	0	,
TREASURER		,					23,500	•	
(5) BENJAMIN MELI JR	1 80	×					23,700	0	(
DIRECTOR		^					23,700	3	
(6) KALIOPE PARTHEMOS	1 00	,,							
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Page **8** *ed)* 

Part VII Section A. Officers, Directors	, Trustees, K	ey Em	ploy	ees	, an	d Hig	jhes	t Compensated	Employees (co	ontii	nued)	
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related	than o	one b	ox, ι in of tor/t	t che unle: ficer rust	and a	son a	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) (F) Reportable Estimat compensation amount of from related compensations organizations from the (W- 2/1099- organization)		ated of other sation the	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former	2/1099-11130)	(W- 2/1099- MISC)		relat organiz:	ed
(18) CHRISTOPHER LUMLEY	45 00	l				×		155,340		0		59,590
VP OF INFORMATION SERVICES (19) MICHELLE WILLIAMS	45 00	1				×		146,291		0		32,820
VP OF HUMAN RESOURCES (20) THOMAS POF	•••••							110,231		4		
VP OF MARKETING	45 00					X		173,597		0		22,263
(21) BERT HASH	0 10	<u> </u>					x	192,008		0		0
FORMER CEO												
										+		
1b Sub-Total					<u> </u>	<u> </u>						
c Total from continuation sheets to Part				•	1	_		2.522.155				
d Total (add lines 1b and 1c)  Total number of individuals (including but					/e) v	vho re	ceiv	2,600,166 ed more than \$100	.000			330,173
of reportable compensation from the orga												
3 Did the organization list any former offic line 1a? If "Yes," complete Schedule J for						e, or h	_	est compensated er	· · ·	3	Yes Yes	No_
For any individual listed on line 1a, is the organization and related organizations grandividual									_	_		
5 Did any person listed on line 1a receive o	r accrue compe	nsation	from	n any	un -	related	d ord	ganization or individ	dual for	4	Yes	
services rendered to the organization $^{\gamma}If$ "	Yes," complete	Schedu	ıle J f	or s	uch	persor	7.			5		No
Section B. Independent Contractors  1 Complete this table for your five highest of		depend	lent c	ontr	acto	rs tha	t red	ceived more than \$	100,000 of comp	ens	ation	
from the organization Report compensati	on for the cale								tax year			,
Name and b	(A) usiness address								(B)		(C Compen	sation
PSCU  560 CARILLON PARKWAY ST PETERSBERG, FL 33716								DEBIT/CREDIT	CARD PROCESSOR		3,	140,298
FIS								DATA PROCESS	SOR/BILL PAYER		2,	087,354
PO BOX 4535 CAROL STREAM, IL 60197 DOCUTRUST SERVICES INC								MEMBED CTAT	EMENT PRINTING &			754,690
PO BOX 771048								MAILING	LITERI PRINTING &			734,090
ORLANDO, FL 328771048 LENDING SOLUTIONS								LOAN APPLICA	TION PROCESSOR			629,670
2200 POINT BLVD SUITE 110												
ELGIN, IL 60123 CO-OP FINANCIAL SERVICES								ATM NETWORK		-		497,497
9692 HAVEN AVE RANCHO CUCAMONGA, CA 91730								BRANCHING, R	EMUTE DE			
2 Total number of independent contractors (in	ncluding but no	t limited	d to t	hose	lıst	ed abo	ove)	who received more	than \$100,000	of		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization ▶ 20

Part	VII											
		Check If Schedul	e O contains :	a respo	onse or note to any	(,	his Part VIII <b>A)</b> revenue	Rel e:	(B) ated or xempt	Unre	lated ness	(D)  Revenue excluded from
									nction venue	reve	nue	tax under sections 512-514
s t	1a	Federated campaigi	ns	1a								
ant	ŀ	<b>b</b> Membership dues		<b>1</b> b								
ير ق	•	c Fundraising events		1c								
ffs,	•	d Related organizatio	ns	1d								
i <u>o</u> [≅	•	e Government grants (co	ontributions)	1e								
Sir	1	f All other contributions, and similar amounts no	gifts, grants,	_								
Contributions, Gifts, Grants and Other Similar Amounts	!	above  g Noncash contribution in lines 1a-1f \$		1f								
Con	h	Total.Add lines 1a-1	f		•							
	┵					Code						
Service Revenue	2a	INTEREST ON LOANS TO	) MEMBERS			522100	39,0	74,249	39,074	,249		
ž Š	b	SERVICE CHARGES AND	OTHER FEES			522100	15,8	67,529	15,730	,616	136,9	13
3	С	OTHER NONINTEREST IN	NCOME			522100	5,9	02,491	5,486	5,551	415,9	40
ξĒ	d											
E .	е											
Program	f	All other program se	rvice revenue									
Ĕ	g	<b>Total.</b> Add lines 2a-2f			▶ 60,8	344,269						
		Investment income (ir			nterest, and other	1	6,028,99	R				6,028,998
		similar amounts) . Income from investme			ond proceeds >	<u> </u>						
		Royalties				<b>-</b>						
		,	(ı) Rea		(II) Personal							
	6a	Gross rents										
	<b>.</b>	Less rental expenses				-						
	L	Less Tental expenses										
	c	; Rental income or (loss)										
	d	Net rental income of	r (loss)			-						
		- Mac Peritar meanie of	(ı) Securit		(II) Other							
	7a	Gross amount from sales of assets other than inventory	. ,	08,361	1,725,60:	1						
	ь	Less cost or other basis and sales expenses	152,5	80,417	1,898,89	5						
	c	Gain or (loss)	2	27,944	-173,29	4						
		Net gain or (loss)			<b>•</b>		54,65	D				54,650
Other Revenue	8a	Gross income from fu (not including \$ contributions reporte See Part IV, line 18	d on line 1c)	of								
Re	ь	Less direct expenses	s	b								
ē	c	: Net income or (loss)	from fundrais	sing ev	ents							
Oth	9a	Gross income from g See Part IV, line 19		es								
				а	1							
	b	Less direct expenses	s	b								
	c	: Net income or (loss)	from gaming	activit	ies <b>&gt;</b>							
	10a	Gross sales of invent returns and allowand	ory, less es	a								
	b	Less cost of goods s	old	b								
	C	Net income or (loss)		invent								
	11	Miscellaneous	Revenue		Business Code							
	-1	· •										
	<b>L</b>											
	ь	•										
	C	:										
		All other revenue										
		• <b>Total.</b> Add lines 11a			•							
	12	<b>Total revenue.</b> See	Instructions			L	66,927,91	7	60,291,416	<u></u>	552,853	6,083,648
												Form <b>990</b> (2017)

Part IX	Statement of Funct	tional Expenses
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orr	n 990 (2017)				Page <b>10</b>
	Irt IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	anızatıons must com	plete column (A)	_
	Check if Schedule O contains a response or note to any	line in this Part IX	<u> </u>		<u> </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	262,351			
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, line 15 and 16				
4	Benefits paid to or for members	6,159,795			
5	Compensation of current officers, directors, trustees, and key employees	1,802,211			
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	15,815,806			
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,348,619			
9	Other employee benefits	2,944,152			
10	Payroll taxes	1,301,459			
11	Fees for services (non-employees)				
ā	a Management				
ı	Legal	245,389			
	c Accounting	233,055			-
	d Lobbying				
	e Professional fundraising services See Part IV, line 17				
	Investment management fees				
	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	625,949			
12	Advertising and promotion	2,135,693			
13	Office expenses	2,421,044			
14	Information technology	2,578,927			
	Royalties				
	Occupancy	2,206,704			
	Travel				_
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	292,238			
	Interest	217,605			
	Payments to affiliates	· .			
	Depreciation, depletion, and amortization	1,736,218			
	Insurance	258,485			
	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)	200,000			
	a PROVISION FOR LOAN LOSS	7,160,300			
	b ATM/DEBIT CARD EXPENSE	4,434,206			
	c LOAN SERVICING EXPENSE	3,089,660			
	d MEMBER STATEMENT EXPENS	797,228			
	e All other expenses	2,664,906			
25	Total functional expenses. Add lines 1 through 24e	61,732,000			
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** (2017)

2

3

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

8,110,937

50.550.269

10,355,380

756.044.563

848,519

10.639.665

276.840.469

138,760

59,422,287

17,281,460

177,708

23.904.762

997.212.631

1,038,576,561

0

134,374,288

134,374,288

1.172.950.849

Form **990** (2017)

1,172,950,849

(B)

End of year

Page **11** 

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

Part II of Schedule L

Inventories for sale or use .

Less accumulated depreciation

Notes and loans receivable, net .

Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other

basis Complete Part VI of Schedule D

Intangible assets . . . . .

Other assets See Part IV, line 11 .

Grants payable . . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances .

Unrestricted net assets

Accounts payable and accrued expenses

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

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

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Unsecured notes and loans payable to unrelated third parties

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

Organizations that do not follow SFAS 117 (ASC 958), check here > 🗹 and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . . .

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

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

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

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

Investments—program-related See Part IV, line 11

Tax-exempt bond liabilities . . . . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 .

Cash-non-interest-bearing .

Savings and temporary cash investments . . . Pledges and grants receivable, net . . . Accounts receivable, net .

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and

10a

10b

contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete

20,821,582

10,181,917

753,337,078 1.070.081

(A)

Beginning of year

12,303,813

22.396.896

14,041,730

10.998.564

289.668.826

185.020

61,149,468

16,801,290

198.013

15.172.771

1.002.516.640

1,034,688,714

130,462,762

130,462,762

1,165,151,476

1,165,151,476

1

2 3

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10c

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30 0

31

32

33

34

Page **12** 

-227,944

No

Nο

No

Form 990 (2017)

134,374,288

Yes

Yes

Yes

2a

2b

2c

3a

3b

9

10

_	Nevenue less expenses subtract line 2 from line 1 from 1 f	_	i
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
_			

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))

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

If the organization changed its method of accounting from a prior year or checked "Other," explain in

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?

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

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

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

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

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

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

Consolidated basis

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

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

**Financial Statements and Reporting** 

**1** Accounting method used to prepare the Form 990

separate basis, consolidated basis, or both

Form 990 (2017)

Part XII

Schedule O

☐ Separate basis

consolidated basis, or both Separate basis

Audit Act and OMB Circular A-133?

~	Net assets of fund balances at beginning of year (must equal Fart X, line 33, column (A))	-	130,402,70
5	Net unrealized gains (losses) on investments	5	-1,056,44
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	

☐ Cash ☑ Accrual ☐ Other

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

#### **Additional Data**

**EIN:** 52-0284053

Form 990 (2017)

Software ID: Software Version:

> Name: MUNICIPAL EMPLOYEES CREDIT UNION OF BALTIMORE INC.

Form 990, Part III, Line 4a:

MECU PROVIDES CONSUMER AND BUSINESS LOANS TO MEMBERS AT COMPETITIVE RATES THESE LOANS INCLUDE MORTGAGE, HOME EOUITY, VEHICLE, CREDIT CARD AND UNSECURED LOANS IN 2017, MECU PAID A LOAN INTEREST REBATE TO ITS MEMBERS

#### Form 990, Part III, Line 4b: MECU PROVIDES DEPOSIT PRODUCTS AND SERVICES TO CONSUMER AND BUSINESS MEMBERS THESE DEPOSIT PRODUCTS INCLUDE SAVINGS, CHECKING, MONEY MARKET, CERTIFICATES OF DEPOSIT AND INDIVIUAL RETIREMENT ACCOUNTS AS OF DECEMBER 31, 2017, MECU HAD 199,965 DEPOSIT ACCOUNTS OUTSTANDING MECU'S DEPOSIT RATES CONTINUE TO BE SOME OF THE MOST COMPETITIVE RATES OFFERED BY FEDERALLY INSURED FINANCIAL INSTITUTIONS. MECU ALSO PAID AN

EXTRAORDINARY DIVIDEND TO ITS MEMBERS IN 2017

#### Form 990, Part III, Line 4c: MECU STRIVES TO OFFER PRODUCTS AND SERVICES DESIGNED TO IMPROVE THE ECONOMIC AND SOCIO WELL BEING OF ALL MEMBERS FROM ALL SOCIO-ECONOMIC BACKGROUNDS MECU IS COMMITTED TO MEMBER FINANCIAL EDUCATION. SOME OF THE PROGRAMS THAT MECU PROVIDES INCLUDE DISCOUNTED MORTGAGE RATES. THROUGH FIRST-TIME HOMEBUYER'S PROGRAMS AND BUY IN BALTIMORE LOANS, HOME BUYERS' WORKSHOPS, CREDIT REPAIR WORKSHOPS, BASICS OF MONEY

MANAGEMENT, NEW EMPLOYEE AND PRE-RETIREMENT WORKSHOPS AND FREE CREDIT COUNSELING SERVICES

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

## **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.

DLN: 93493317074868 OMB No 1545-0047

(Form 990)

1

2

2

5

8

Assets included in Form 990, Part X

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

Open to Public ▶ Attach to Form 990. Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Inspection Name of the organization **Employer identification number** MUNICIPAL EMPLOYEES CREDIT UNION OF BALTIMORE INC 52-0284053 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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 Revenue included on Form 990, Part VIII, line 1

Cat No 52283D

Schedule D (Form 990) 2017

Subject to the community of the community of the control of the community of the control of th	Sche	dule D	(Form 990) 2017											Page <b>2</b>
terms (check all that apply)   Cannor exchange programs   Cannor exchange p	Par	Ш	Organizations M	aintaining Col	lections of Art	, Histor	ical T	reası	ıres, o	r Other	· Similar A	Assets (	continued)	
Scholarly research    Color   Color   Color   Color	3	-		quisition, accessio	n, and other recor	ds, check	any of	the fo	llowing 1	that are	a sıgnıfıcant	use of its	s collection	
Scholarly research   Scholarly research   Scholarly research   Scholarly research   Scholarly research   Scholarly research   Scholarly	а		Public exhibition			d		Loan	or exch	ange pro	grams			
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII and the organization solicit or receive donations of air, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	b		Scholarly research			e		Othe	r					
Solution the year, did the organization solicit or receive donations of art, historical treasures or other similar sizes to be sold to raise funds rather than to be maintained as part of the organization?    Secrew and Custodial Arrangements.	c		Preservation for future	e generations										
No   No   No   No   No   No   No   No	4			organization's col	lections and expla	in how th	ey furtl	her the	e organı	zation's e	exempt purp	ose in		
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 10.    Segman part   September	5										mılar	□ Ye	es 🗆 No	<b>o</b>
b If "Yes," explain the arrangement in Part XIII and complete the following table  Beginning balance  Distributions during the year  Ending balance  Distributions during the year  Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part XIII	Pai	rt IV	Complete of the or			orm 990	), Part	IV, lı	ne 9, o	r report	ed an amo	ount on F	Form 990,	Part
d Additions during the year    Distributions during the year   1d	1a				an or other interm	nediary for	contri	bution	s or oth	er assets	not	☐ Ye	es 🗹 No	o
Additions during the year   1d	b	If "Y	es," explain the arrange	ement in Part XIII	and complete the	following	table					Amount		-
Distributions during the year   Ie   If   If   If   If   If   If   If	С	Begir	nning balance							1c				_
Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	d	Addıt	tions during the year							1d				_
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	е	Dıstr	ibutions during the yea	r						1e				_
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Complete   Complet	f	Endır	ng balance							1f				_
Part V Endowment Funds. Complete if the organization answered "Yes" or Form 990, Part IV, line 10.    Complete   Complete	_		•		, ,	,					•			•
Calcument year   Calc													💌	
1a Beginning of year balance	Pa	rt V	Endowment Fun	as. Complete in	<del>-</del>								(e)Four year	s hack
to Net investment earnings, gains, and losses d Grants or scholarships .  e Other expenditures for facilities and programs .  f Administrative expenses	1a	Beginr	ning of year balance .		(a)current year	(6)	noi yea	"	(C) I WO y	ears back	(d) Timee y	ears back	(e) our year	5 Dack
d Grants or scholarships		-												
d Grants or scholarships	С	Net in	vestment earnings, gair	ns, and losses										-
and programs .														-
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as	e		•	es										
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as  a Board designated or quasi-endowment ▶  b Permanent endowment ▶  The percentages on lines 2a, 2b, and 2c should equal 100%  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations	f	Admın	istrative expenses .											
Board designated or quasi-endowment ▶  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 that are held and administered for the organization by (i) unrelated organizations	g	End of	year balance											
Perround in the percentages on lines 2a, 2b, and 2c should equal 100%  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations	2	Provi	de the estimated perce	entage of the curre	ent year end balar	nce (line 1	g, colu	mn (a	)) held a	ıs				•
Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2c should equal 100%  Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations	а	Boar	d designated or quasi-e	endowment <b>&gt;</b>										
The percentages on lines 2a, 2b, and 2c should equal 100%   Are there endowment funds not in the possession of the organization that are held and administered for the organization by   Yes   No   3a(i)	Ь	Perm	nanent endowment 🕨											
A ce there endowment funds not in the possession of the organization that are held and administered for the organization by   Yes   No	С	Tem	porarily restricted endo	wment <b>&gt;</b>										
No   No   No   No   No   No   No   No		The	percentages on lines 2a	a, 2b, and 2c shou	ıld equal 100%									
The stand organizations   Sa(ii)   Sa	3а	orga	nization by	•	ssion of the organi	zatıon tha	t are h	eld an	d admın	istered f	or the	_	Yes	No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?							•							
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value  1a Land	<b>h</b>		_									<u> </u>		
Land, Buildings, and Equipment.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.     Description of property   (a) Cost or other basis (investment)   (b) Cost or other basis (other)   (c) Accumulated depreciation   (d) Book value				_								. L	30	
Complete if the organization answered "Yes" on Form 990, Part IV, Ine 11a. See Form 990, Part X, Inne 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value  1a Land						downiene	Turius							
1a Land     311,898     311,898       b Buildings     2,689,443     556,361     2,133,082       c Leasehold improvements     6,053,929     1,896,708     4,157,221       d Equipment     11,766,312     7,728,848     4,037,464       e Other     1     1     1						orm 990	), Part	IV, li	ne 11a	. See Fo	orm 990, P	art X, lır	ne 10.	
b Buildings       2,689,443       556,361       2,133,082         c Leasehold improvements       6,053,929       1,896,708       4,157,221         d Equipment       11,766,312       7,728,848       4,037,464         e Other       Other       10,000		Descr	ription of property			ost or other	basis (	other)	(c) Acc	umulated	depreciation	(	( <b>d)</b> Book value	!
b Buildings       2,689,443       556,361       2,133,082         c Leasehold improvements       6,053,929       1,896,708       4,157,221         d Equipment       11,766,312       7,728,848       4,037,464         e Other       0       4       4	1a	Land					3:	11,898						311,898
c Leasehold improvements         6,053,929         1,896,708         4,157,221           d Equipment         11,766,312         7,728,848         4,037,464           e Other         1         2         1         2         1         2         1         2         2         1         2         <									<u> </u>		556,361		2,	
<b>d</b> Equipment			_				-		<u> </u>		•			
e Other			·						<u> </u>			-		
							•	-			<u> </u>	<u> </u>		<u> </u>
				olumn (d) must e	qual Form 990, Pa	art X, colu	mn (B)	, line .	10(c) )		<b>&gt;</b>	1	10	,639,665

Part VII Investments—Other Securities. Complete if the See Form 990, Part X, line 12.	he organization ans	wered "Yes" on Form 9	90, Part IV, line 11b.
(a) Description of security or category (including name of security)	(b) Book value		nod of valuation of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			_
(A) AVAILABLE FOR SALE SECURITIES	272,138,469		F
(B) CERTIFICATES OF DEPOSIT (C)	4,702,000		С
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 )	276,840,469		
Part VIII Investments—Program Related.	Forms COO Down IV		Doub V June 12
Complete if the organization answered 'Yes' on l  (a) Description of investment	(b) Book value		nod of valuation
(1)			of-year market value
(2)			_
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )	<b>•</b>		
Part IX Other Assets. Complete if the organization answered (a) Description	d 'Yes' on Form 990, P	art IV, line 11d See Form	990, Part X, line 15 <b>(b)</b> Book value
(1) ACCRUED INTEREST RECEIVABLE			2,970,957
(2) NCUSIF DEPOSIT (3) CASH SURRENDER VALUE OF LIFE INSURANCE			9,975,103 38,981,624
(4) OTHER ASSETS			7,258,035
(5) LOANS AVAILABLE-FOR-SALE (6)			236,568
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)			<b>▶</b> 59,422,287
Part X Other Liabilities. Complete if the organization a	answered 'Yes' on F	orm 990, Part IV, line	
See Form 990, Part X, line 25.  1. (a) Description of liability	(b) i	Book value	
(1) Federal income taxes			
MEMBERS' SHARES AND SAVINGS		996,441,852	
CAPITAL LEASE OBLIGATION		770,779	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	<u>•</u>	997,212,631	
2. Liability for uncertain tax positions. In Part XIII, provide the text organization's liability for uncertain tax positions under FIN 48 (ASC.			_

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

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2c d 2d 2e e

2b

2a 2b

2c

2d

4a

4b

Explanation

173,294

2e

3

4c

5

Page 4

67,101,211

61,905,294

173,294

61,732,000

61.732.000

Schedule D (Form 990) 2017

3 3 67,101,211 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . 4a

4 4b -173,294 b Add lines **4a** and **4b** . . . . . . . . 4c c

-173,294Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . 5 5 66,927,917

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Other (Describe in Part XIII ) . . . . . .

d Add lines 2a through 2d . . . . . . . . . 

Amounts included on line 1 but not on Form 990, Part IX, line 25

Donated services and use of facilities . . .

3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b . . 

b

Schedule D (Form 990) 2017

Part XI

b

1

2

c

Add lines **4a** and **4b** . . . . . . . . . . . . . . . . Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . .

5 Part XIII **Supplemental Information** 

Return Reference

See Additional Data Table

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

Page <b>5</b>		Schedule D (Form 990) 2017
	ormation (continued)	Part XIII Supplemental Info
	Explanation	Return Reference

Schedule D (Form 990) 2017

### Additional Data

Software ID: Software Version:

> **EIN:** 52-0284053 MUNICIPAL EMPLOYEES CREDIT UNION OF Name:

BALTIMORE INC.

Supplemental Information

Return Reference Explanation PART IV, LINE 2B MECU HOLDS FUNDS IN ESCROW FOR BUSINESS REAL ESTATE LOANS FOR THE PURPOSE OF PAYING CERTAL N BILLS SUCH AS REAL ESTATE TAXES AND INSURANCE WE ALSO HAVE ESCROW FOR SITUATIONS WHERE IT CANNOT BE DETERMINED WHO OWNS THE LAND OR WHO GROUND RENT SHOULD BE PAID TO AT

ECU HOLDS THESE FUNDS IN ESCROW TO PAY GROUND RENT ON BEHALF OF THE MEMBER

MORTGAGE SETTLEMENT, SO THE BUYER IS REQUIRED TO PAY 3 YEARS WORTH OF GROUND RENT AT SETTLEMENT M

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2	MANAGEMENT HAS ASSESSED THE CREDIT UNION'S ACTIVITIES AND ANY POTENTIAL FEDERAL OR STATE I NCOME TAX LIABILITY AND DETERMINED THAT THE CREDIT UNION HAS NO UNCERTAIN TAX POSITIONS TH AT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS ADDITIONALLY, NO INTEREST AND PENALTIES HAVE BEEN RECORDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL S TATEMENTS RELATED TO UNCERTAIN TAX POSITIONS CURRENTLY, THE 2016, 2015, AND 2014 FEDERAL INCOME TAX RETURNS ARE OPEN FOR EXAMINATION BY THE IRS THE FILING YEARS OPEN FOR EXAMINAT ION BY THE STATE, IF APPLICABLE, MAY BE EQUAL TO, GREATER THAN OR LESS THAN THE YEARS OPEN

Supplemental Information

FOR EXAMINATION BY THE IRS

upplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	LOSS ON SALE OF FIXED ASSETS RECLASSED FROM EXPENSES -173,294

S

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	LOSS ON SALE OF FIXED ASSETS RECLASSED FROM EXPENSES 173,294

efile GRAPHIC print - DO NOT PROCESS As Filed Data DLN: 93493317074868 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 Part I **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 ✓ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part III 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 (c) IRC section (a) Name and address of (b) EIN (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) (book, FMV, appraisal, noncash assistance organization grant cash or assistance or government assistance other) (1) See Additional Data (3) (5) (6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2017

Schedule I (Form 990) 2017	,					Page <b>2</b>		
		Domestic Individuational space is needed	als. Complete if the orga	anızatıon answered "Yes'	on Form 990, Part IV, line 22			
(a) Type of grant or	•	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance		
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
Part IV Suppleme	ental Informati	<b>on.</b> Provide the inf	ormation required in	Part I, line 2; Part III	, column (b); and any other a	dditional information.		
Return Reference	Explanati	on		_				
PART I, LINE 2		MECU HAS A COMMITTEE THAT MEETS AND DETERMINES WHAT CHARITABLE CONTRIBUTIONS WILL BE MADE THE COMMITTEE SELECTS 501(C)(3), PUBLIC CHARITIES, THAT BENEFIT THE CREDIT UNION MOVEMENT AND THE BALTIMORE COMMUNITY						

Schedule I (Form 990) 2017

### **Additional Data**

FOUNDATION OF MD & DC

COLUMBIA, MD 21046

190

8975 GUILFORD ROAD SUITE

**Software ID: Software Version:** 

**EIN:** 52-0284053

Name: MUNICIPAL EMPLOYEES CREDIT UNION OF

BALTIMORE INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
AFRICAN AMERICAN CREDIT UNION COALITION PO BOX 392136 SNELLVILLE, GA 30039	57-1091138	501(C)(3)	15,000				TO INCREASE THE STRENGTH OF THE CREDIT UNION MOVEMENT	
THE CREDIT UNION	52-1749045	501(C)(3)	31,500				SUPPORT CREDIT	

UNIONS AND THE

THEY SERVE

COMMUNITIES THAT

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 90-0091850 501(C)(3) 50.000 BALTIMORE OFFICE OF PROVIDE GRANTS FOR PROMOTION AND THE ARTS BALTIMORE CITY NEIGHBORHOODS 10 E BALTIMORE ST 10TH

10 E BALTIMORE ST 10TH
FLOOR
BALTIMORE, MD 21202

MARYLAND CHAPTER OF CYSTIC FIBROSIS
FOUNDATION

SEARCH FOR A CURE FOR CYSTIC FIBROSIS

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

10626 YORK RD SUITE A COCKEYSVILLE, MD 21030

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance LIVE BALTIMORE 04-3627393 501(C)(3) 15.000 WORK TO INCREASE

343 N CHARLES ST 1ST FLOOR BALTIMORE, MD 21201		(-/(-/			RESIDENCY IN BALTIMORE CITY
BALTIMORE CITY FOUNDATIONYOUTH WORKS 101 W 24TH ST	52-1212473	501(C)(3)	25,000		BALTIMORE CITY SUMMER JOBS PROGRAM FOR YOUTH

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

BALTIMORE, MD 21218

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (b) EIN (c) IRC section organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance IBOOKS FOR STUDENTS YORKWOOD ELEMENTARY 10.000 PURCHASE PRICE TO GIVE BOOKS TO THE SCHOOL SCHOOL FOR THE

SCHOOL'S CHILDREN

5931 YORKWOOD RD

BALTIMORE, MD 21239

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	19331	7074	868
Schedule J		С	ompensati	ion Information	40	1B No	1545-0	0047
•	n 990)	For certain Office  Complete if the or	, line 23.	2017				
•	tment of the Treasury al Revenue Service	▶ Information a		(Form 990) and its instructions <i>gov/form990</i> .	is at		o Pul	
Nar MUN	me of the organiz NICIPAL EMPLOYEES TIMORE INC				Employer identificat			
		ons Regarding Compens	ation		52-0284053			
	- Quiosii	ons regarding compense					Yes	No
1a				the following to or for a person liste y relevant information regarding the				
		s or charter travel		Housing allowance or residence for	•			
		companions	님	Payments for business use of perso				
		nification and gross-up paymen	ts 📙	Health or social club dues or initiati				
	☐ Discretion	nary spending account	Ш	Personal services (e g , maid, chau	rreur, cner)			
b		xes in line 1a are checked, did s all of the expenses described ab		ollow a written policy regarding payn iplete Part III to explain	nent or reimbursement	1b		
2				or allowing expenses incurred by all	- 1-2	2		
	airectors, truste	ees, officers, including the CEO/	Executive Director	r, regarding the items checked in line	e la'			
3	organization's C	CEO/Executive Director Check a	ill that apply Dor	d to establish the compensation of t not check any boxes for methods CEO/Executive Director, but explain				
	<b>✓</b> Compens	ation committee		Written employment contract				
		ent compensation consultant	✓	Compensation survey or study				
	☐ Form 990	of other organizations	$\checkmark$	Approval by the board or compensa	ition committee			
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	ance payment or change-of-cor	ntrol payment?			4a		No
b		r receive payment from, a supp		ified retirement plan?		4b	Yes	
c	•	r receive payment from, an equ	•	· ·		4c		No
	If "Yes" to any	of lines 4a-c, list the persons ar	nd provide the app	olicable amounts for each item in Par	t III			
	Only 501(c)(3	s), 501(c)(4), and 501(c)(29	) organizations	must complete lines 5-9.				
5		ed on Form 990, Part VII, Section Contingent on the revenues of		the organization pay or accrue any				
а	The organization	n?				5a		
b	Any related org					5b		
	-	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section contingent on the net earnings of		the organization pay or accrue any				
а	The organization					<b>6</b> a		
b	Any related org					6b		
_	•	6a or 6b, describe in Part III						
7		ed on Form 990, Part VII, Secti escribed in lines 5 and 6? If "Ye		the organization provide any nonfixe rt III	d	7		
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," d	escribe	8		
9	If "Yes" on line 53 4958-6(c)?	8, dıd the organızatıon also foll	ow the rebuttable	presumption procedure described in	Regulations section	9		
For F	Paperwork Redu	uction Act Notice, see the In	structions for Fo	orm 990. Cat No. !	50053T Schedule J	(Form	990)	2017

For each individual whose compensation must be reported on Schedule J, report instructions, on row (ii) Do not list any individuals that are not listed on Form 9 <b>Note.</b> The sum of columns (B)(i)-(iii) for each listed individual must equal the to	990	, Part VII	•	``	ū	·	vidual
(A) Name and Title			kdown of W-2 and/c compensation			(D) Nontaxable benefits	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			
See Additional Data Table		•			•		

Page 3 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 REPORTED IN PART VII AND SCHEDULE J. ADRIAN JOHNSON - NO DISBURSEMENT IN 2017 JOHN HAMILTON - NO DISBURSEMENT IN 2017 KATHY DAY SHELTON - NO DISBURSEMENT IN

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

Additional Data	3							
			Software ID:					
			Software Version:					
			EIN:	52-0284053				
				BALTIMORE INC	EES CREDIT UNION OF			
	J,		irectors, Trustees, K				T	T
(A) Name and Title	F	<u>``</u>	of W-2 and/or 1099-MISC	<u> </u>	(C) Retirement and other deferred	( <b>D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B)
		(i) Base Compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	compensation	Deticits	(6)(1)-(0)	reported as deferred on prior Form 990
1JOHN HAMILTON CEO	(1)	410,831	60,000	6,980	44,274	11,513	533,598	0
	(11)	0	0	0	0	0		0
1ADRIAN JOHNSON SENIOR VP AND CFO	(1)	197,712	9,500	1,290	17,922	21,913	248,337	0
	(11)	o	0	0	0	0	C	0
<b>2</b> KATHY DAY SHELTON SR VP AND COO	(1)	183,870	9,500	1,290	27,687	25,013	247,360	0
	(11)	О	0	0	0	0	C	0
3PATRICIA ROBERTS SR VP BRANCH	(1)	93,665	0	279,569	0	0	373,234	136,500
ODEDATIONS DETIDED	(11)	0	0	0	0	0	0	0
4RICHARD SMITH VICE PRESIDENT OF	(1)	175,592	6,500	1,588	6,054	11,148	200,882	2 0
LENDING	(11)	0	0	0	0	0	C	0
5NATALIE WOOMER VP OF ACCOUNTING AND	(1)	151,615	6,500	1,287	23,072	9,861	192,335	0
CONTROLLER	(11)	О	0	0	0	0	C	0
6DENISE JONES-FRASIER VP OF OPERATIONS	(1)	128,678	6,500	1,663	31,091	3,235	171,167	, 0
	(11)	0	0	0	0	0	C	0
7CHRISTOPHER LUMLEY VP OF INFORMATION	(1)	148,390	6,500	450	35,531	27,394	218,265	0
SERVICES	(11)	0	0	0	0	0	0	0
8MICHELLE WILLIAMS VP OF HUMAN RESOURCES	(1)	138,614	6,500	1,177	24,564	11,523	182,378	0
St HOLITH NESCONCES	- 1							

270

192,008

1,470

24,172

199,239

192,008

9THOMAS POE VP OF MARKETING

10BERT HASH FORMER CEO (1)

|(II)|

(1)

166,827

6,500

efile GRAPH	C print - DO NOT PROCESS	As Filed Data -		DLN	N: 93493317074868
SCHEDUL (Form 990 or EZ)	O90- Complete to profession and complete to pro	n to Form 990 or 9 responses to specific questide any additional informatio 990 or 990-EZ. and its instruction /form990.	ons on n.	OMB No 1545-0047  2017  Open to Public Inspection	
Internal Revenue (co Name of the org MUNICIPAL EMPLO BALTIMORE INC	nization EES CREDIT UNION OF	Employer iden 52-0284053	tification number		
Return Reference	O, Supplemental Informat		Explanation		
FORM 990, PART VI, SECTION A, LINE 4	THE BYLAWS WERE AMENDED YLAND CREDIT UNION ACT AN E MANDATED COMPOSITION CONTROL OF THE MANDATE OF THE MANDATE OF THE MENT OF THE MANDATE OF THE MENT	MENDMENT 2 REDUCES  OF THE BOARD, CLARIFI  SIBILITIES, CLARIFIES CI  ETINGS, DEFINES WHAT  ITS, ADDRESSES HOW 1  IENDMENT 3 ESTABLISH  IS AND CLARIFIES AUTH	THE SIZE OF THE BOARD O ES THE STATUS OF DIRECT ERTAIN DIRECTOR REIMBUF CONSTITUTES A QUORUM THE BOARD FILLS VACANCIE HES A PROCESS FOR BOARD HORIZED VOTING METHODS	F DIRECTORS, OR EMERITUS, RSEMENTS, ADI FOR BOARD MEES, AND MAKES DOMINATIONS FOR THE ELEC	CHANGES TH DESCRIBES DRESSES TH EETINGS, DESCR NON-SUBSTAN OF CANDIDA

Return Explanation

FORM 990, THE CREDIT UNION'S MEMBERS HAVE RIGHTS TO ELECT THE MEMBERS OF THE GOVERNING BODY THE CRE DIT UNION'S MEMBERS ALSO RECEIVE A SHARE OF THE ORGANIZATION'S PROFITS IN THE FORM OF CASH DIVIDENDS

LINE 6

Return Explanation
Reference

LINE 7A

FORM 990, PART VI, GOVERNING BODY

MEMBERS OF THE CREDIT UNION HAVE THE RIGHT TO ELECT ONE OR MORE MEMBERS OF THE ORGANIZATION'S GOVERNING BODY

### 990 Schedule O, Supplemental Information Return Explanation

Reference

FORM 990. MEMBERS OF THE CREDIT UNION HAVE THE RIGHT TO APPROVE THE GOVERNING BODY'S ELECTION AND RE PART VI. MOVAL OF MEMBERS OF THE GOVERNING BODY THEY MUST APPROVE AMENDMENTS TO CHANGE THE ARTICLE SECTION A. IS OF INCORPORATION. THE MEMBERSHIP MUST ALSO APPROVE CHANGES TO THE BYLAWS THAT IMPACT MEM.

LINE 7B BERSHIP MEETINGS. VOTING RIGHTS OF THE MEMBERS. ANY CHANGE IN THE FIELD OF MEMBERSHIP AND ANY CHANGE TO THE BYLAWS REGARDING THE BOARD OF DIRECTORS.

Return Explanation
Reference

LINE 11B

FORM 990, THE VP OF ACCOUNTING/CONTROLLER PERFORMS A DETAILED REVIEW OF THE TAX RETURN THE CFO AND PART VI, BOARD THEN REVIEW THE TAX RETURN PRIOR TO FILING WITH THE IRS

SECTION B,

Return Explanation
Reference

FORM 990,	BOARD DIRECTORS, MECU EMPLOYEES AND SUPERVISORY AND CREDIT COMMITTEE MEMBERS ARE REQUIRED
PART VI,	TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY THE RESPONSES ARE REVIEWED BY M
SECTION B,	ECU'S HUMAN RESOURCES DEPARTMENT TO VERIFY THAT EVERYONE IS IN COMPLIANCE WITH MECU'S CONF
LINE 12C	LICT OF INTEREST POLICY

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	FOR THE CEO, A DESIGNATED COMMITTEE AND THE BOARD REVIEW DATA FROM INDUSTRY RELATED SURVEY S OTHER ANALYSIS MAY BE PREPARED BY AN EXTERNAL CONSULTANT AS NEEDED THIS DATA IS USED T O REVIEW COMPENSATION ALONG WITH CEO PERFORMANCE TO DETERMINE SALARY FOR VP LEVEL EMPLOYE ES AND ABOVE, A DISIGNATED COMMITTEE AND THE BOARD REVIEW DATA FROM INDUSTRY RELATED SURVE YS OTHER ANALYSIS AS NEEDED MAY BE PREPARED BY AN EXTERNAL CONSULTANT AND IS ALSO REVIEWE D WITH DIRECTION FROM THE BOARD, THE CEO WORKING WITH THE HR DEPARTMENT, MAKES DECISIONS ON EXECUTIVE LEVEL COMPENSATION

Return Explanation

FORM 990,	FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE AVAILABLE UP
PART VI,	ON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D)
SECTION C,	
LINE 19	

Return Explanation
Reference

FORM 990, PART XI.

ADJUSTMENT FOR REALIZED GAINS ON INVESTMENT INCLUDED IN NET INCOME -227,944

990 Schedule O, Supplemental Information

LINE 9