

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

B Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
METRO CREDIT UNION

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
200 REVERE BEACH PARKWAY

City or town, state or province, country, and ZIP or foreign postal code
CHELSEA, MA 02150

D Employer identification number
04-1695745

E Telephone number
(877) 696-3876

G Gross receipts \$ 85,892,865

F Name and address of principal officer
ROBERT M CASHMAN
200 REVERE BEACH PARKWAY
CHELSEA, MA 02150

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) (14) ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ WWW.METROCU.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1926

M State of legal domicile
MA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SEE DISCLOSURE IN SCHEDULE O

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	12
4 Number of independent voting members of the governing body (Part VI, line 1b)	10
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	363
6 Total number of volunteers (estimate if necessary)	11
7a Total unrelated business revenue from Part VIII, column (C), line 12	365,651
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	0
9 Program service revenue (Part VIII, line 2g)	57,344,966	64,297,484
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,995,426	6,174,093
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,089,803	997,772
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	64,430,195	71,469,349
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	22,270,552	22,688,647
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	33,837,419	33,706,703
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	56,107,971	56,395,350
19 Revenue less expenses Subtract line 18 from line 12	8,322,224	15,073,999

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,633,755,224	1,682,401,982
21 Total liabilities (Part X, line 26)	1,490,390,948	1,524,456,756
22 Net assets or fund balances Subtract line 21 from line 20	143,364,276	157,945,226

Part II 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

Sign Here

Signature of officer _____ Date 2018-11-13
ERIK M PORTER CFO
Type or print name and title _____

Paid Preparer Use Only

Print/Type preparer's name HARRY A KALAJIAN JR CPA	Preparer's signature HARRY A KALAJIAN JR CPA	Date	Check <input type="checkbox"/> if self-employed	PTIN P00464296
Firm's name ▶ WOLF & COMPANY PC			Firm's EIN ▶ 04-2689883	
Firm's address ▶ 99 HIGH STREET 21ST FLOOR BOSTON, MA 02110			Phone no (617) 439-9700	

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

SEE DISCLOSURE IN SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶

Part 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)? <i>If "Yes," complete Schedule A</i>		No
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		
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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i> 🗑️		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? <i>If "Yes," complete Schedule D, Part II</i> 🗑️		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 🗑️		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? <i>If "Yes," complete Schedule D, Part IV</i> 🗑️	Yes	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 🗑️		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		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> 🗑️	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 🗑️		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 🗑️		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> 🗑️		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 🗑️	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)? <i>If "Yes," complete Schedule D, Part X</i> 🗑️	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 🗑️	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 🗑️		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		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? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		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 government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
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 to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		
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? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	Yes	
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	Yes	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	Yes	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part 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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (12), 1b (10), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17, 18, 19, 20.

Part VII 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 trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
See Additional Data Table											

1b Sub-Total			
1c Total from continuation sheets to Part VII, Section A			
1d Total (add lines 1b and 1c)		4,076,268	0

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 16

	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>		No
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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
FISERV 255 FISERV DRIVE BROOKFIELD, WI 53045	IT SERVICES	1,750,371
PSCU 560 CARILLON PARKWAY ST PETERSBURG, FL 33716	CREDIT CARD SERVICES	1,336,042
VISA ACH PO BOX 742233 LOS ANGELES, CA 90074	DEBIT/ATM PROCESSING	1,111,355
INFOIMAGE 141 JEFFERSON DRIVE MENLO PARK, CA 94025	STATEMENT PRINTING	1,016,315
VERIZON 1095 AVENUE OF THE AMERICAS NEW YORK, NY 10013	COMMUNICATION SERVICES	732,921

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 ▶ 56

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f \$ _____						
	h Total. Add lines 1a-1f ▶						
Program Service Revenue			Business Code				
	2a INTEREST INCOME ON LOANS		522100	47,466,562	47,466,562		
	b MEMBER FEES		522100	15,023,566	14,657,915	365,651	
	c LOAN FEES		522100	1,807,356	1,807,356		
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f ▶			64,297,484				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			3,017,786		3,017,786	
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss) ▶					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		14,516,383	3,063,440				
		b Less cost or other basis and sales expenses					
		14,423,516	0				
	c Gain or (loss)	92,867	3,063,440				
	d Net gain or (loss) ▶			3,156,307		3,156,307	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a						
	b Less direct expenses b						
c Net income or (loss) from fundraising events ▶							
9a Gross income from gaming activities See Part IV, line 19 a							
b Less direct expenses b							
c Net income or (loss) from gaming activities ▶							
10a Gross sales of inventory, less returns and allowances a							
b Less cost of goods sold b							
c Net income or (loss) from sales of inventory ▶							
Miscellaneous Revenue		Business Code					
11a VISA FEES		522100	648,348	648,348			
b MISC INCOME		900099	232,920	232,920			
c BOLI INCOME		900099	116,504	116,504			
d All other revenue							
e Total. Add lines 11a-11d ▶			997,772				
12 Total revenue. See Instructions ▶			71,469,349	64,929,605	365,651	6,174,093	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
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.				
5 Compensation of current officers, directors, trustees, and key employees.	3,054,785			
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.	14,113,602			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	1,609,268			
9 Other employee benefits.	2,466,741			
10 Payroll taxes.	1,444,251			
11 Fees for services (non-employees)				
a Management.				
b Legal.	333,117			
c Accounting.	427,055			
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	278,528			
12 Advertising and promotion.	1,443,117			
13 Office expenses.	2,828,369			
14 Information technology.	4,135,010			
15 Royalties.				
16 Occupancy.	5,298,259			
17 Travel.	128,999			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	218,462			
20 Interest.	9,605,187			
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	1,637,699			
23 Insurance.	442,427			
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.)				
a ATM DEBIT CARD EXPENSES	4,391,988			
b PROVISION FOR LOAN LOSS	979,328			
c MANUFACTURED HOMES RESE	510,795			
d OTHER EXPENSES	341,852			
e All other expenses	706,511			
25 Total functional expenses. Add lines 1 through 24e.	56,395,350			
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	8,722,115	1	9,512,993
	2 Savings and temporary cash investments	9,839,244	2	40,198,521
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	1,401,174,365	7	1,422,886,120
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,346,731	9	2,299,288
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 65,081,001		
	b Less accumulated depreciation	10b 27,622,779	39,928,400	10c 37,458,222
	11 Investments—publicly traded securities	107,664,152	11	119,247,693
	12 Investments—other securities See Part IV, line 11	32,603,492	12	16,451,589
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets	3,344,232	14	3,306,388
	15 Other assets See Part IV, line 11	28,132,493	15	31,041,168
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,633,755,224	16	1,682,401,982	
Liabilities	17 Accounts payable and accrued expenses	24,264,222	17	26,900,317
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D	4,205,714	21	4,268,290
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	193,733,640	23	165,151,049
	24 Unsecured notes and loans payable to unrelated third parties		24	
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	1,268,187,372	25	1,328,137,100	
26 Total liabilities. Add lines 17 through 25	1,490,390,948	26	1,524,456,756	
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds	0	30	0
	31 Paid-in or capital surplus, or land, building or equipment fund	0	31	0
	32 Retained earnings, endowment, accumulated income, or other funds	143,364,276	32	157,945,226
	33 Total net assets or fund balances	143,364,276	33	157,945,226
	34 Total liabilities and net assets/fund balances	1,633,755,224	34	1,682,401,982

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	71,469,349
2	Total expenses (must equal Part IX, column (A), line 25)	2	56,395,350
3	Revenue less expenses Subtract line 2 from line 1	3	15,073,999
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	143,364,276
5	Net unrealized gains (losses) on investments	5	-481,452
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-11,597
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	157,945,226

Part XII Financial Statements and Reporting

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

		Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both</p> <p><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes	
<p>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>	3a		No
<p>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</p>	3b		

Additional Data

Software ID:

Software Version:

EIN: 04-1695745

Name: METRO CREDIT UNION

Form 990 (2017)

Form 990, Part III, Line 4a:

METRO CREDIT UNION PROVIDES LOAN AND DEPOSIT PRODUCTS TO MEMBERSTHAT ASSIST THEM IN MEETING THEIR FINANCIAL NEEDS AS OF12/31/2017, METRO CREDIT UNION HAS NET LOANS OF \$1,423 MILLION ANDSHARE DEPOSITS OF \$1,328 MILLION

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PETER HARRIS DIRECTOR/TREASURER	2 00	X		X				0	0	0
DONNA LEE DIRECTOR	2 00	X						0	0	0
JOHN IMBERGAMO VICE CHAIRMAN	2 00	X		X				0	0	0
JAMES HERNDON DIRECTOR	2 00	X						0	0	0
DAVID HOLTZMAN DIRECTOR	2 00	X						0	0	0
ARTHUR COHAN DIRECTOR/CLERK	2 00	X		X				0	0	0
ARNOLD BAER DIRECTOR	2 00	X						0	0	0
PAUL GULKO DIRECTOR	2 00	X						0	0	0
MARK SMOLLER CHAIRMAN OF THE BOARD	2 00	X		X				0	0	0
JOSEPH ZANG DIRECTOR	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARVIN L CASHMAN EVP/DIRECTOR	40 00	X						217,158	0	37,292
ROBERT M CASHMAN PRESIDENT & CEO	40 00	X		X				873,433	0	79,747
CHARLENE BAUER SVP CHIEF MARKETING OFFICER	40 00				X			192,346	0	26,024
JAY DUNHAM SVP SPECIAL PROJECTS & FACILITIES	40 00				X			203,320	0	25,873
MICHAEL MCGOVERN SVP CHIEF TECHNOLOGY OFFICER	40 00				X			222,445	0	18,174
TRACI MICHEL SVP OPERATIONS	40 00				X			162,714	0	24,218
ELIZABETH MULVEY SVP HUMAN RESOURCES	40 00				X			169,266	0	24,296
THOMAS NADEAU CHIEF OPERATING OFFICER	40 00				X			434,956	0	47,676
ERIK PORTER SVP, CFO	40 00				X			221,606	0	15,797
GREGORY SPENCER SVP BUSINESS INTELLIGENCE	40 00				X			172,197	0	24,525

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PAUL SWART SVP RETAIL SERVICES	40 00				X			185,344	0	16,206
LUCAS ROSS MORTGAGE CLIENT SERVICES SPECIALIST	40 00					X		229,616	0	17,234
MARY HELMING VP COMMERCIAL RELATIONSHIP MANAGER	40 00					X		207,688	0	26,017
DAWN DAWSON VP MORTGAGE OPER & 2ND MKT	40 00					X		197,404	0	25,417
WAHL THOMAS SVP SOLUTIONS MANAGEMENT MANAGER	40 00					X		194,837	0	28,652
DONOHUE THOMAS VP COMMERCIAL SERVICES MANAGER	40 00					X		191,938	0	15,906

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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 www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
METRO CREDIT UNION

Employer identification number
04-1695745

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
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 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

2 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	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 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)? Yes No

9 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

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

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e 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 1g, column (a)) held as
- a** 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 that are held and administered for the organization by
- | | | |
|--|------------|-----------|
| (i) unrelated organizations | Yes | No |
| 3a(i) | | |
| (ii) related organizations | | |
| 3a(ii) | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
| 3b | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

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 (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		11,575,702		11,575,702
b Buildings		29,864,306	9,147,107	20,717,199
c Leasehold improvements		2,688,208	1,158,999	1,529,209
d Equipment				
e Other		20,952,785	17,316,673	3,636,112
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				37,458,222

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)		

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)		

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
DEPOSITS	1,328,137,100
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	1,328,137,100

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements		1	71,469,349
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	71,469,349
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	71,469,349

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.

1	Total expenses and losses per audited financial statements		1	56,395,350
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	56,395,350
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	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	56,395,350

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 04-1695745

Name: METRO CREDIT UNION

Supplemental Information

Return Reference	Explanation
PART IV, LINE 2B	THE CREDIT UNION HOLDS FUNDS IN ESCROW TO PAY INSURANCE AND TAXES FOR ITS MEMBERS IN CONNECTION TO REAL ESTATE LOANS

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	<p>THE CREDIT UNION IS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED IN SECTION 501(C)(14) OF THE INTERNAL REVENUE CODE (THE "CODE") AND IS GENERALLY EXEMPT FROM FEDERAL INCOME TAXES PURSUANT TO SECTION 501(A) OF THE CODE. HOWEVER, STATE-CHARTERED CREDIT UNIONS ARE SUBJECT TO FEDERAL AND STATE TAXES ON UNRELATED BUSINESS INCOME. FOR THE YEAR ENDED DECEMBER 31, 2017 THERE WAS NO UNRELATED BUSINESS INCOME TAX. FOR THE YEAR ENDED DECEMBER 31, 2016, THE CREDIT UNION RECOGNIZED A \$5,000 REFUND ON UNRELATED BUSINESS INCOME, WHICH IS INCLUDED IN OTHER GENERAL AND ADMINISTRATIVE EXPENSES IN THE STATEMENTS OF NET INCOME. FOR THE YEAR ENDED DECEMBER 31, 2016 THERE WAS NO UNRELATED BUSINESS INCOME TAX. THE CREDIT UNION HAS EVALUATED ITS TAX POSITIONS AS OF DECEMBER 31, 2017 AND 2016 AND CONCLUDED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE. THE CREDIT UNION FILES FORM 990 IN THE U.S. FEDERAL JURISDICTION AND THE STATE OF MASSACHUSETTS. THE CREDIT UNION IS NO LONGER SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR YEARS BEFORE 2014.</p>

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
METRO CREDIT UNION

Employer identification number
04-1695745

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input checked="" type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	1b Yes									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2 Yes									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a No	4b Yes								
<p>4c Participate in, or receive payment from, an equity-based compensation arrangement?</p>	4c No									
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	5b								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	6b								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7									
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8									
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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 other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

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 1A	TAX INDEMNIFICATION AND GROSS-UP PAYMENTS MARVIN CASHMAN'S COMPENSATION INCLUDED \$6,532 TAX GROSS-UP PAYMENT ROBERT CASHMAN'S COMPENSATION INCLUDED \$6,532 TAX GROSS-UP PAYMENT
PART I, LINE 4B	THE CREDIT UNION HAS ENTERED INTO SUPPLEMENTAL EXECUTIVE RETIREMENT PLANS WITH CERTAIN EXECUTIVES. THE PLANS CALL FOR ANNUAL CONTRIBUTIONS AND AN ANNUAL INTEREST RATE OF 5.50%. THE CONTRIBUTIONS ARE HELD IN A RABBI TRUST. AS OF DECEMBER 31, 2017 AND 2016, THE PLANS ARE FULLY FUNDED AND ARE INCLUDED IN BOTH OTHER ASSETS AND OTHER LIABILITIES IN THE AMOUNT OF \$1,428,000 AND \$963,000, RESPECTIVELY. THE CREDIT UNION'S EXPENSE IN CONNECTION WITH THESE PLANS FOR THE YEARS ENDED DECEMBER 31, 2017 AND 2016 AMOUNTED TO \$471,000 AND \$435,000, RESPECTIVELY.

Additional Data

Software ID:
Software Version:
EIN: 04-1695745
Name: METRO CREDIT UNION

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1MARVIN L CASHMAN EVP/DIRECTOR	(i)	199,656	12,000	5,502	28,600	8,692	254,450	0
	(ii)	0	0	0	0	0	0	0
1ROBERT M CASHMAN PRESIDENT & CEO	(i)	638,271	202,458	32,704	13,500	66,247	953,180	0
	(ii)	0	0	0	0	0	0	0
2CHARLENE BAUER SVP CHIEF MARKETING OFFICER	(i)	179,270	10,857	2,219	8,704	17,320	218,370	0
	(ii)	0	0	0	0	0	0	0
3JAY DUNHAM SVP SPECIAL PROJECTS & FACILITIES	(i)	189,701	11,260	2,359	10,193	15,680	229,193	0
	(ii)	0	0	0	0	0	0	0
4MICHAEL MCGOVERN SVP CHIEF TECHNOLOGY OFFICER	(i)	209,499	12,366	580	11,155	7,019	240,619	0
	(ii)	0	0	0	0	0	0	0
5TRACI MICHEL SVP OPERATIONS	(i)	148,750	13,500	464	8,675	15,543	186,932	0
	(ii)	0	0	0	0	0	0	0
6ELIZABETH MULVEY SVP HUMAN RESOURCES	(i)	159,051	9,734	481	8,780	15,516	193,562	0
	(ii)	0	0	0	0	0	0	0
7THOMAS NADEAU CHIEF OPERATING OFFICER	(i)	360,933	71,203	2,820	31,500	16,176	482,632	0
	(ii)	0	0	0	0	0	0	0
8ERIK PORTER SVP, CFO	(i)	202,033	19,000	573	8,820	6,977	237,403	0
	(ii)	0	0	0	0	0	0	0
9GREGORY SPENCER SVP BUSINESS INTELLIGENCE	(i)	159,412	12,299	486	8,999	15,526	196,722	0
	(ii)	0	0	0	0	0	0	0
10PAUL SWART SVP RETAIL SERVICES	(i)	174,450	10,381	513	9,364	6,842	201,550	0
	(ii)	0	0	0	0	0	0	0
11LUCAS ROSS MORTGAGE CLIENT SERVICES SPECIALIST	(i)	31,327	198,197	92	11,589	5,645	246,850	0
	(ii)	0	0	0	0	0	0	0
12MARY HELMING VP COMMERCIAL RELATIONSHIP MANAGER	(i)	138,051	69,060	577	10,637	15,380	233,705	0
	(ii)	0	0	0	0	0	0	0
13DAWN DAWSON VP MORTGAGE OPER & 2ND MKT	(i)	178,679	17,750	975	9,788	15,629	222,821	0
	(ii)	0	0	0	0	0	0	0
14WAHL THOMAS SVP SOLUTIONS MANAGEMENT MANAGER	(i)	183,116	8,038	3,683	9,858	18,794	223,489	0
	(ii)	0	0	0	0	0	0	0
15DONOHUE THOMAS VP COMMERCIAL SERVICES MANAGER	(i)	180,840	10,419	679	9,053	6,853	207,844	0
	(ii)	0	0	0	0	0	0	0

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
 ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization METRO CREDIT UNION	Employer identification number 04-1695745
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
 Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						▶ \$						

Part III Grants or Assistance Benefiting Interested Persons.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SUBURBAN SERVICES ERIC COHEN	FAMILY MEMBER OF DIRECTOR	264,500	CLEANING SERVICES		No
(2) WINBROOK	DAVID HOLTZMAN DIRECTOR	220,100	OFFICE SUPPLIES		No
(3) SMOLLER INSURANCE AGENCY	MARK SMOLLER DIRECTOR	188,223	INSURANCE AGENT		No

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART II - LOANS TO OFFICERS AND DIRECTORS	ALL LOANS MADE TO DIRECTORS, OFFICERS OR KEY EMPLOYEES FOLLOWED THE LENDING GUIDELINES FOR LOANS TO ANY CREDIT UNION MEMBER AT THE STATED RATES AND TERMS IN EFFECT AT THE TIME OF THE LOAN

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
METRO CREDIT UNION

Employer identification number

04-1695745

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1 - BRIEFLY DESCRIBE THE ORGANIZATION'S MISSION	METRO CREDIT UNION PROVIDES LOAN AND DEPOSIT PRODUCTS TO MEMBERS THAT ASSIST THEM IN MEETING THEIR FINANCIAL NEEDS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION STATEMENT	<p>FOR OVER 90 YEARS, METRO CREDIT UNION HAS BEEN PROVIDING FINANCIAL SERVICES TO COMMUNITIES THROUGHOUT MASSACHUSETTS AS ONE OF THE LARGEST CREDIT UNIONS IN THE STATE, METRO HAS \$16 BILLION IN ASSETS, MORE THAN 180,000 MEMBERS, AND IS ABLE TO SERVE ANYONE IN ESSEX, MIDDLESEX, SUFFOLK, NORFOLK, PLYMOUTH, BARNSTABLE OR WORCESTER COUNTIES AS A FULL-SERVICE CREDIT UNION, METRO OFFERS ALL OF THE FINANCIAL PRODUCTS AND DELIVERY INNOVATIONS THAT YOU'D EXPECT FROM A LARGE FINANCIAL INSTITUTION FOUNDED IN 1926 AND HEADQUARTERED IN CHELSEA, MASSACHUSETTS, METRO CREDIT UNION IS A COOPERATIVE FINANCIAL INSTITUTION, OWNED BY AND OPERATED FOR THE PEOPLE WHO USE AND BENEFIT FROM OUR PRODUCTS AND SERVICES WE'RE DIFFERENT FROM BANKS BECAUSE WE ARE A NON-PROFIT COOPERATIVE THAT IS DEDICATED TO THE FINANCIAL SUCCESS OF OUR MEMBERS, AND NOT FOCUSED ON PAYING DIVIDENDS TO STOCKHOLDERS OR MAXIMIZING PROFITS FOR SHAREHOLDERS THE MONEY WE BRING IN IS REINVESTED IN YOU, OUR MEMBERS, THROUGH BETTER RATES AND LOWER FEES THE PHILOSOPHY OF METRO CREDIT UNION IS "PEOPLE HELPING PEOPLE " EACH MEMBER IS AN EQUAL OWNER, REGARDLESS OF HOW MUCH MONEY IS DEPOSITED WITH THE CREDIT UNION WE ARE COMMITTED TO FINANCIAL EDUCATION WHETHER ITS SIMPLE TIPS TO HELP YOU BETTER MANAGE YOUR FINANCES OR SEMINARS AND PROGRAMS DESIGNED TO HELP YOU NAVIGATE MORE COMPLICATE</p> <p>D FINANCIAL SITUATIONS, WE WANT TO ENSURE THAT YOU HAVE THE RIGHT ADVICE, GUIDANCE AND RESOURCES TO MAKE SMART FINANCIAL DECISIONS AS A CREDIT UNION, WE PROVIDE PRODUCTS AND SERVICES THAT ARE AFFORDABLE AND FLEXIBLE WE PARTNER WITH AFFORDABLE HOUSING ORGANIZATIONS ACROSS THE STATE TO ENSURE THAT EVERY PROSPECTIVE HOMEBUYER HAS ACCESS TO AS MANY RESOURCES AS POSSIBLE TO REALIZE THEIR DREAM OF HOMEOWNERSHIP WE HAVE GENUINE MEMBER FOCUS ALL OF OUR GUIDANCE AND SERVICES ARE DELIVERED THROUGH ENGAGED EMPLOYEES THEY LISTEN TO MEMBERS FIRST, UNDERSTAND THEIR SPECIFIC SITUATION, AND PROVIDE THE SOLUTIONS THAT BEST FIT THE NEEDS OF THE INDIVIDUAL OR BUSINESS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	MARVIN L CASHMAN, THE EXECUTIVE VICE PRESIDENT IS THE FATHER OF ROBERT M CASHMAN, THE CHIEF EXECUTIVE OFFICER MARK SMOLLER, BOARD DIRECTOR, IS RELATED TO MARVIN L CASHMAN, EVP AND ROBERT CASHMAN, CEO

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE METRO CREDIT UNION IS A MEMBERS ONLY CREDIT UNION MEMBERSHIP IS OPEN TO ANYONE WHO LIVES, WORKS OR HAS A PLACE OF BUSINESS IN ESSEX, MIDDLESEX, SUFFOLK, NORFOLK, PLYMOUTH, BARNSTABLE OR WORCESTER COUNTIES ANNUALLY THE MEMBERS VOTE FOR THE BOARD OF DIRECTORS THAT ACT ON BEHALF OF MEMBERS AS THE GOVERNING BODY OF THE CREDIT UNION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	SEE DISCLOSURE FOR LINE 6

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	SEE DISCLOSURE FOR LINE 6

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	ALL FINANCIAL DATA REPORTED RECONCILES TO THE YEAR END FINANCIAL STATEMENTS PRESENTED TO THE BOARD OF DIRECTORS THE RETURN IS REVIEWED BY THE CFO AND THEN REVIEWED BY THE BOARD PRIOR TO TRANSMITTING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ON AN ANNUAL BASIS, OR IF A CHANGE OCCURS DURING THE YEAR, SENIOR MANAGEMENT AND THE BOARD OF DIRECTORS ARE REQUIRED TO SIGN AN ACKNOWLEDGMENT FORM AND DISCLOSURE STATEMENT AND RETURN IT TO THE CEO OR CHAIRMAN OF THE BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE PROCESS INCLUDES REVIEW OF RECOMMENDATIONS PROVIDED BY AN OUTSIDE COMPENSATION CONSULTANT, USE OF INDUSTRY SPECIFIC DATA CONTAINING COMPARABLE COMPENSATION, REVIEW OF AVAILABLE SURVEY DATA PUBLISHED BY HUMAN RESOURCE ORGANIZATIONS, REVIEW AND APPROVAL BY THE PERSONNEL COMMITTEE AND THE BOARD OF DIRECTORS, AND CONTEMPORANEOUS DOCUMENTATION AND RECORD KEEPING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	ALL DOCUMENTS RELATED TO THE ORGANIZATION OF THE METRO CREDIT UNION AND ALL 990 FILINGS ARE AVAILABLE UPON REQUEST BY ANY PERSON OR ORGANIZATION THAT REQUEST THE INFORMATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	FAS 158 NET PENSION ADJUSTMENT -11,597

990 Schedule O, Supplemental Information

Return Reference	Explanation
2C	THERE WAS NO CHANGE IN THE OVERSIGHT PROCESS OR SELECTION PROCESS OF METRO CREDIT UNION DURING THE TAX YEAR 2017