

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

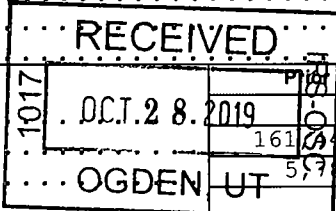
Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning 2017, and ending 20

Form header section containing: B Check if applicable (Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending); C Name of organization (MUNICIPAL CREDIT UNION), Doing business as, Number and street (22 CORTLANDT ST 26TH FLOOR), Room/suite, City or town, state or province, country, and ZIP or foreign postal code (NEW YORK, NY 10007); D Employer identification number (13-5261470); E Telephone number ((212) 238-3334); F Name and address of principal officer (P. KAY WOODS, 22 CORTLANDT ST 26TH FLOOR NEW YORK, NY 10007); G Gross receipts \$ (182,960,017); H(a) Is this a group return for subsidiaries? (Yes X, No); H(b) Are all subsidiaries included? (Yes, No); I Tax-exempt status (501(c)(3) X, 501(c)(14) (insert no), 4947(a)(1) or 527); J Website (WWW.NYMCU.ORG); K Form of organization (Corporation X); L Year of formation (1916); M State of legal domicile (NY).

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission or most significant activities (TO BUILD LIFETIME FINANCIAL RELATIONSHIPS WITH EACH MEMBER, PROVIDING COMPETITIVE PRODUCTS AND EXCELLENT SERVICES.); 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets; 3-7a Activities & Governance (Number of voting members, independent voting members, total individuals employed, total volunteers, total unrelated business revenue); 7b Net unrelated business taxable income; 8-12 Revenue (Contributions and grants, program service revenue, investment income, other revenue, total revenue); 13-19 Expenses (Grants and similar amounts paid, benefits paid, salaries, professional fundraising fees, total fundraising expenses, other expenses, total expenses, revenue less expenses); 20-22 Net Assets or Fund Balances (Total assets, total liabilities, net assets or fund balances).



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 section: Signature of officer (JANE E. DOBBS), Date (10.8.19), Type or print name and title (EVP)

Paid Preparer Use Only section: Print/Type preparer's name (PHILLIP GROFF), Preparer's signature, Date (10/08/2019), Check self-employed, PTIN (P01247783), Firm's name (KPMG LLP), Firm's EIN (13-5565207), Firm's address (345 PARK AVENUE NEW YORK, NY 10154-0102), Phone no (212-758-9700)

May the IRS discuss this return with the preparer shown above? (see instructions) (Yes X, No)

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2017)

SCANNED DEC 10 2019

**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  
TO BUILD LIFETIME FINANCIAL RELATIONSHIPS WITH EACH MEMBER, PROVIDING  
COMPETITIVE PRODUCTS AND EXCELLENT SERVICES.

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 SCHEDULE O.

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 ▶

DOILL 13-5261470

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-19 with various questions about organization status, lobbying, dues, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 20a through 38 regarding hospital facilities, financial statements, grants, compensation, tax-exempt bonds, and Schedule L, R, and O requirements.

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 line numbers (1a-14b), descriptions of questions, and Yes/No checkboxes. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 990, Form 1041, and Form 720.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 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.

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 Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, address, and telephone number of the person who possesses the organization's books and records

JANE E DOBBS 22 CORTLANDT ST NEW YORK, NY 10007

212-238-3334

**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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any 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			
(1) JAMES DURRAH BOARD CHAIR	6.00 0.	X		X				8,337.	0.	0.
(2) BERYL MAJOR 1ST VICE CHAIR	1.00 0.	X		X				5,176.	0.	0.
(3) LORETTA JONES 2ND VICE CHAIR	1.00 0.	X		X				8,807.	0.	0.
(4) C. RICHARD WAGNER 3RD VICE CHAIR	6.00 0.	X		X				378.	0.	0.
(5) S. NANA OSEI-BONSU TREASURER	5.00 0.	X		X				1,551.	0.	0.
(6) CAROLL DUNCANSON SECRETARY	5.00 0.	X		X				2,025.	0.	0.
(7) MARIO MATOS JR ASST TREASURER	6.00 0.	X		X				8,529.	0.	0.
(8) TESSA HACKETT-VIEIRA ASST SECRETARY	6.00 0.	X		X				265.	0.	0.
(9) TONY (AHMAD SHARIF) ABDALLAH DIRECTOR	3.00 0.	X						7,665.	0.	0.
(10) MARK BRANTLEY, ESQ DIRECTOR	4.00 0.	X						12,028.	0.	0.
(11) ELAN NIEVES, ESQ DIRECTOR	1.00 0.	X						0.	0.	0.
(12) JOY SCHWARTZ, ESQ DIRECTOR	6.00 0.	X						5,966.	0.	0.
(13) KAM WONG PRESIDENT/CEO	40.00 0.			X				7,579,162.	0.	32,167.
(14) NORMAN KOHN EVP/CHIEF CREDIT OFFICER	40.00 0.			X				674,717.	0.	36,507.

**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			
( 15) RICHARD CASAMASSA EVP/CHIEF MEMBER SERVICE	40.00 0.			X				555,513.	0.	36,859.
( 16) KIM THOMPSON EVP/CHIEF OFFICER OF HR/LR	40.00 0.			X				858,366.	0.	16,225.
( 17) CAROLE PORTER SVP/CHIEF RETAIL BANKING	40.00 0.				X			411,075.	0.	35,859.
( 18) LINDA LAMBERT SVP/CHIEF FINANCIAL OFFICER	50.00 0.				X			468,530.	0.	14,791.
( 19) JANET PERKINS SVP/CHIEF INNOVATION OFFICER	40.00 0.				X			296,338.	0.	35,460.
( 20) THOMAS SICILIANO GENERAL COUNSEL	40.00 0.				X			657,390.	0.	36,507.
( 21) PHILIP VELTRE DEPUTY COUNSEL	40.00 0.					X		304,637.	0.	39,567.
( 22) ROBERT SOLOWAY VP/INFORMATION TECHNOLOGY	40.00 0.					X		286,759.	0.	38,802.
( 23) AMY KONG VP/ENTERPRISE RISK MANAGEMENT	40.00 0.					X		284,093.	0.	32,167.
( 24) AHMED CAMPBELL VP/LOAN OPERATIONS	40.00 0.					X		280,314.	0.	36,507.
( 25) URMILLA JORAWAR CHIEF INTERNAL AUDITOR	40.00 0.					X		274,736.	0.	31,266.
<b>1b Sub-total</b>								8,314,606.	0.	68,674.
<b>c Total from continuation sheets to Part VII, Section A</b>								4,677,751.	0.	354,010.
<b>d Total (add lines 1b and 1c)</b>								12,992,357.	0.	422,684.

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 **89**

- 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual **3** X
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual **4** X
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person **5** X

**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
ATTACHMENT 1		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **101**



**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 <b>Total.</b> Add lines 1a-1f . . . . .		0		
Program Service Revenue	2a <u>LOAN INTEREST</u>	Business Code 900099	98,871,143	98,871,143	
	b <u>FEEs &amp; SERVICE CHARGES</u>	522100	65,830,792	64,558,414	1,272,378
	c <u>INSURANCE REIMBURSEMENT</u>	522100	7,641,203	3,591,368	4,049,835
	d <u>OTHER OPERATING INCOME</u>	900099	1,863,888	1,863,888	
	e _____				
	f All other program service revenue . . . . .				
	g <b>Total.</b> Add lines 2a-2f . . . . .		174,207,026		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). . . . .		8,752,991		8,752,991
	4 Income from investment of tax-exempt bond proceeds . . . . .		0		
	5 Royalties . . . . .		0		
	6a Gross rents . . . . .	(i) Real (ii) Personal			
	b Less rental expenses . . . . .				
	c Rental income or (loss) . . . . .				
	d Net rental income or (loss) . . . . .		0		
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other			
	b Less cost or other basis and sales expenses . . . . .				
	c Gain or (loss) . . . . .				
	d Net gain or (loss) . . . . .		0		
	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 . . . . .		0		
	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 . . . . .		0			
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 . . . . .		0			
Miscellaneous Revenue		Business Code			
11a _____					
b _____					
c _____					
d All other revenue . . . . .					
e <b>Total.</b> Add lines 11a-11d . . . . .		0			
12 <b>Total revenue.</b> See instructions . . . . .		182,960,017	168,884,813	5,322,213	8,752,991

**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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . . .	197,470.			
2 Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .	66,000.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . .	0.			
4 Benefits paid to or for members . . . . .	4,453,512.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	11,806,193.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	296,409.			
7 Other salaries and wages . . . . .	43,800,021.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,273,299.			
9 Other employee benefits . . . . .	12,811,215.			
10 Payroll taxes . . . . .	3,799,247.			
11 Fees for services (non-employees)				
a Management . . . . .	0.			
b Legal . . . . .	192,825.			
c Accounting . . . . .	516,320.			
d Lobbying . . . . .	0.			
e Professional fundraising services See Part IV, line 17.	0.			
f Investment management fees . . . . .	0.			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	2,664,855.			
12 Advertising and promotion . . . . .	6,887,914.			
13 Office expenses . . . . .	11,568,322.			
14 Information technology . . . . .	4,839,342.			
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	12,469,743.			
17 Travel . . . . .	564,562.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . . .	1,543,322.			
20 Interest . . . . .	0.			
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	7,610,729.			
23 Insurance . . . . .	833,685.			
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 PROVISION FOR LOAN LOSS	13,022,445.			
b DEBIT & CREDIT CARD EXP	7,251,878.			
c LOAN SERVICING EXPENSE	3,959,668.			
d PROVISION FOR UBIT	448,000.			
e All other expenses _____	1,505,039.			
25 Total functional expenses Add lines 1 through 24e	165,382,015.			
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) . . . . .	0.			

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	201,812,316.	<b>1</b>	116,185,461.
	<b>2</b> Savings and temporary cash investments . . . . .	197,211,838.	<b>2</b>	300,838,373.
	<b>3</b> Pledges and grants receivable, net . . . . .	0.	<b>3</b>	0.
	<b>4</b> Accounts receivable, net . . . . .	1,595,556,417.	<b>4</b>	7,394,157.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	0.	<b>5</b>	0.
	<b>6</b> 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 . . . . .	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	0.	<b>7</b>	1,762,795,404.
	<b>8</b> Inventories for sale or use . . . . .	0.	<b>8</b>	0.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	65,124,260.	<b>9</b>	68,661,300.
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 65,932,140.		
	<b>b</b> Less accumulated depreciation . . . . .	<b>10b</b> 35,573,737.	26,950,751.	<b>10c</b> 30,358,403.
	<b>11</b> Investments - publicly traded securities . . . . .	299,663,193.	<b>11</b>	0.
	<b>12</b> Investments - other securities See Part IV, line 11 . . . . .	0.	<b>12</b>	290,193,751.
	<b>13</b> Investments - program-related See Part IV, line 11 . . . . .	0.	<b>13</b>	5,852,626.
	<b>14</b> Intangible assets . . . . .	0.	<b>14</b>	0.
	<b>15</b> Other assets See Part IV, line 11 . . . . .	96,217,432.	<b>15</b>	103,508,869.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	2,482,536,207.	<b>16</b>	2,685,788,344.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	70,376,684.	<b>17</b>	77,241,071.
	<b>18</b> Grants payable . . . . .	0.	<b>18</b>	0.
	<b>19</b> Deferred revenue . . . . .	0.	<b>19</b>	0.
	<b>20</b> Tax-exempt bond liabilities . . . . .	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .	0.	<b>21</b>	0.
	<b>22</b> 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 . . . . .	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0.	<b>24</b>	0.
	<b>25</b> 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 . . . . .	2,298,096,259.	<b>25</b>	2,492,768,099.
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	2,368,472,943.	<b>26</b>	2,570,009,170.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .		<b>27</b>	
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .	0.	<b>30</b>	0.
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .	0.	<b>31</b>	0.
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	114,063,264.	<b>32</b>	115,779,174.
<b>33</b> Total net assets or fund balances . . . . .	114,063,264.	<b>33</b>	115,779,174.	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	2,482,536,207.	<b>34</b>	2,685,788,344.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	182,960,017.
2	Total expenses (must equal Part IX, column (A), line 25)	2	165,382,015.
3	Revenue less expenses Subtract line 2 from line 1	3	17,578,002.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	114,063,264.
5	Net unrealized gains (losses) on investments	5	50,233.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-15,912,325.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	115,779,174.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? 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 <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	X	
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?		X
3b	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		

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

MUNICIPAL CREDIT UNION

Employer identification number

13-5261470

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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?, 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)?, 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

Table with 2 columns: Revenue and Assets. Rows include: 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, 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

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

Schedule D (Form 990) 2017

JSA 7E1268 2 000

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?

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?
b If "Yes," explain the arrangement in Part XIII and complete the following table

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g (Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, 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
(ii) related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

Small table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 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

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total.

**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) AVAILABLE FOR SALE	54,182,398.	FMV
(B) HELD TO MATURITY	236,011,353.	COST
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	290,193,751.	

**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)		
<b>Total.</b> (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)	
<b>Total.</b> (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	
(2) MEMBER ACCOUNTS	2,492,768,099.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	2,492,768,099.

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 . . . . .			<b>1</b>	166,550,737.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>			
b	Donated services and use of facilities . . . . .	<b>2b</b>			
c	Recoveries of prior year grants . . . . .	<b>2c</b>			
d	Other (Describe in Part XIII) . . . . .	<b>2d</b>			
e	Add lines 2a through 2d . . . . .			<b>2e</b>	
3	Subtract line 2e from line 1 . . . . .			<b>3</b>	166,550,737.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>			
b	Other (Describe in Part XIII) . . . . .	<b>4b</b>	16,409,280.		
c	Add lines 4a and 4b . . . . .			<b>4c</b>	16,409,280.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . .			<b>5</b>	182,960,017.

**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 . . . . .			<b>1</b>	148,972,735.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities . . . . .	<b>2a</b>			
b	Prior year adjustments . . . . .	<b>2b</b>			
c	Other losses . . . . .	<b>2c</b>			
d	Other (Describe in Part XIII) . . . . .	<b>2d</b>			
e	Add lines 2a through 2d . . . . .			<b>2e</b>	
3	Subtract line 2e from line 1 . . . . .			<b>3</b>	148,972,735.
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 . . . . .	<b>4a</b>			
b	Other (Describe in Part XIII) . . . . .	<b>4b</b>	16,409,280.		
c	Add lines 4a and 4b . . . . .			<b>4c</b>	16,409,280.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . .			<b>5</b>	165,382,015.

**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

SEE PAGE 5

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**Part XIII** Supplemental Information (continued)

PART X, LINE 2:

THE CREDIT UNION IS EXEMPT FROM FEDERAL, NEW YORK STATE AND NEW YORK CITY INCOME TAXES. HOWEVER, CERTAIN INCOME, SUCH AS ATM FEES EARNED FROM NON-MEMBERS, MAY BE SUBJECT TO INCOME TAXES. THESE TAXES WERE NOT MATERIAL TO THE FINANCIAL STATEMENTS AND ARE INCLUDED IN OTHER EXPENSES.

THERE ARE NO DIFFERENCES BETWEEN THE FINANCIAL STATEMENT VALUE OF EXISTING ASSETS AND LIABILITIES AND THEIR RESPECTIVE TAX BASES AND, THEREFORE, NO DEFERRED TAX ASSETS OR LIABILITIES ARE RECOGNIZED. DEFERRED TAX ASSETS AND LIABILITIES, WHEN THEY ARISE, WILL BE MEASURED USING ENACTED TAX RATES AND LAWS.

THE CREDIT UNION EVALUATES UNCERTAIN TAX POSITIONS USING THE TWO-STEP PROCESS REQUIRED BY GAAP. THE FIRST STEP REQUIRES A DETERMINATION OF WHETHER IT IS MORE LIKELY THAN NOT THAT A TAX POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING RESOLUTION OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED ON THE TECHNICAL MERITS OF THE POSITION. UNDER THE SECOND STEP, A TAX POSITION THAT MEETS THE MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD IS MEASURED AT THE LARGEST AMOUNT OF BENEFIT THAT IS GREATER THAN FIFTY PERCENT LIKELY OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE CREDIT UNION BELIEVES THEY DO NOT HAVE ANY UNCERTAIN TAX POSITIONS.

**Part XIII** Supplemental Information (continued)

PART XI LINE 4B

OTHER ADJUSTMENTS

DIVIDENDS ON MEMBER ACCOUNTS 4,453,512

PROVISION FOR LOAN LOSSES 11,955,768

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TOTAL 16,409,280

PART XII LINE 4B

OTHER ADJUSTMENTS

DIVIDENDS ON MEMBER ACCOUNTS 4,453,512

PROVISION FOR LOAN LOSSES 11,955,768

-----

TOTAL 16,409,280

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

MUNICIPAL CREDIT UNION

Employer identification number

13-5261470

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II 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

1 (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
<b>(1)</b> AFR AMER CREDIT UNION COALITION P O BOX 392136 SNELLVILLE, GA 30039	57-1091138	501(C)(3)	15,000				GENERAL SUPPORT
<b>(2)</b> MEDGAR EVERS ED FNDN INC 1650 BEDFORD AVE BROOKLYN, NY 11225	11-2561640	501(C)(3)	55,556				GENERAL SUPPORT
<b>(3)</b> NATIONAL CREDIT UNION FOUNDATION 5710 MINERAL POINT RD MADISON, WI 53705	39-1383650	501(C)(3)	30,000				GENERAL SUPPORT
<b>(4)</b> NEW YORK CREDIT UNION FOUNDATION P O BOX 15118 ALBANY, NY 12212	16-1527073	501(C)(3)	7,500				GENERAL SUPPORT
<b>(5)</b> PBA WIDOWS AND CHILDREN'S FUND INC 611 E PALISADE AVE ENGLEWD CLIFS, NJ 07632	13-2949036	501(C)(3)	10,000				GENERAL SUPPORT
<b>(6)</b>							
<b>(7)</b>							
<b>(8)</b>							
<b>(9)</b>							
<b>(10)</b>							
<b>(11)</b>							
<b>(12)</b>							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 5
- 3** Enter total number of other organizations listed in the line 1 table . . . . . 5

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2017)

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHOLARSHIPS	21	66,000			
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information

PART I, LINE 2:

TRANSFERS OR GRANTS TO TAX-EXEMPT ORGANIZATIONS WILL BE USED PURSUANT TO THE POLICIES OF THE GRANTEE ORGANIZATIONS TO FURTHER THEIR EXEMPT PURPOSES. THE FILING ORGANIZATION MAINTAINS ADEQUATE BOOKS AND RECORDS OF SUCH TRANSFERS AND GRANTS. NO ADDITIONAL MONITORING IS PERFORMED.

SCHOLARSHIP APPLICANTS MUST BE A MEMBER, A CHILD OR GRANDCHILD OF A MEMBER IN GOOD STANDING OF MUNICIPAL CREDIT UNION. THE APPLICANT MUST BE A HIGH SCHOOL SENIOR ATTENDING COLLEGE FOR THE FIRST TIME OF APPLICATION. SCHOLARSHIP FUNDS MUST BE USED (1) FOR TUITION AND ASSOCIATED COSTS, (2)

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

ONLY AT AN ACCREDITED EDUCATIONAL INSTITUTION, AND (3) THE MEMBER AGREES

TO USE ANY SCHOLARSHIP FUND AWARDED AT AN ACCREDITED EDUCATIONAL

INSTITUTION ONLY. TO BE ELIGIBLE FOR THE PUBLIC RELATIONS & MARKETING

COUNCIL SCHOLARSHIP, STUDENTS MUST HAVE THEIR OWN ACCOUNT AT MUNICIPAL

CREDIT UNION. ALSO, AS A CONDITION OF RECEIVING ONE OF THE MCU

SCHOLARSHIPS, STUDENTS MUST ATTEND AN AWARDS CEREMONY AT MCU'S CORPORATE

HEADQUARTERS, 22 CORTLANDT STREET, NEW YORK, NY, AND CONSENT TO MCU'S USE

OF THEIR NAMES, STATEMENTS AND LIKENESS, WITHOUT COMPENSATION, FOR

PROMOTIONAL PURPOSES IN CREDIT UNION PUBLICATIONS, ADVERTISEMENTS, AND

WEBSITE. JUDGING WILL BE BASED ON BOTH SUBJECTIVE CRITERIA AND WEIGHTED,

**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information

OBJECTIVE CRITERIA. THESE INCLUDE ACADEMIC ACHIEVEMENTS, EXTRACURRICULAR AND COMMUNITY ACTIVITIES, ESSAY, ETC.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

MUNICIPAL CREDIT UNION

Employer identification number

13-5261470

**Part I Questions Regarding Compensation**

**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

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> First-class or charter travel             | <input checked="" type="checkbox"/> Housing allowance or residence for personal use    |
| <input 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 checked="" type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		
<b>5b</b>		
<b>6a</b>		
<b>6b</b>		
<b>7</b>		
<b>8</b>		
<b>9</b>		

**b** If any of the boxes on 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 . . . . .

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? . . . . .

**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

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input 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 |

**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

- a** Receive a severance payment or change-of-control payment? . . . . .
  - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .
  - c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**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

- a** The organization? . . . . .
  - b** Any related organization? . . . . .
- If "Yes" on line 5a or 5b, describe in Part III

**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

- a** The organization? . . . . .
  - b** Any related organization? . . . . .
- If "Yes" on line 6a or 6b, describe in Part III

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. . . . .

**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 . . . . .

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

**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 aren't 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					
1 KAM WONG PRESIDENT/CEO	(i)	583,897.	1,807,170.	5,188,095.	0.	32,167.	7,611,329.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 NORMAN KOHN SVP/CHIEF CREDIT OFFICER	(i)	247,330.	300,000.	127,387.	0.	36,507.	711,224.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 RICHARD CASAMASSA SVP/CHIEF MEMBER SERVICE	(i)	260,000.	240,000.	55,513.	0.	36,859.	592,372.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 KIM THOMPSON SVP/CHIEF OFFICER OF HR/LR	(i)	386,223.	250,000.	222,143.	0.	16,225.	874,591.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 CAROLE PORTER SVP/CHIEF RETAIL BANKING	(i)	210,032.	135,000.	66,043.	0.	35,859.	446,934.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 LINDA LAMBERT SVP/CHIEF FINANCIAL OFFICER	(i)	208,308.	210,000.	50,222.	0.	14,791.	483,321.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 JANET PERKINS SVP/CHIEF INNOVATION OFFICER	(i)	222,666.	45,000.	28,672.	0.	35,460.	331,798.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 PHILIP VOLTRE DEPUTY COUNSEL	(i)	184,737.	72,000.	47,900.	0.	39,567.	344,204.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 THOMAS SICILIANO GENERAL COUNSEL	(i)	273,107.	300,000.	84,283.	0.	36,507.	693,897.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 ROBERT SOLOWAY VP/INFORMATION TECHNOLOGY	(i)	202,690.	60,000.	24,069.	0.	38,802.	325,561.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 AMY KONG VP/ENTERPRISE RISK MANAGEMENT	(i)	180,199.	63,000.	40,894.	0.	32,167.	316,260.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 AHMED CAMPBELL VP/LOAN OPERATIONS	(i)	174,742.	70,000.	35,572.	0.	36,507.	316,821.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 URMILLA JORAWAR CHIEF INTERNAL AUDITOR	(i)	165,523.	80,000.	29,213.	0.	31,266.	306,002.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14	(i)							
15	(i)							
16	(i)							



**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

PART I, LINE 1A:

FIRST-CLASS TRAVEL

FIRST-CLASS TRAVEL WAS INCURRED BY BOARD MEMBERS AND EXECUTIVES FOR CONFERENCES AND MEETINGS ON BEHALF OF MUNICIPAL CREDIT UNION. THE AMOUNTS INCURRED OUT OF POLICY ARE TREATED AS TAXABLE INCOME TO THE INDIVIDUAL BOARD MEMBERS AND EXECUTIVES.

TAX GROSS-UP PAYMENT

TAX GROSS-UP PAYMENTS WERE RECEIVED BY KAM WONG, PRESIDENT/CEO. THE AMOUNTS RECEIVED WERE TREATED AS TAXABLE INCOME TO THE PRESIDENT/CEO.

HOUSING

HOUSING LEASE PAYMENTS WERE RECEIVED BY KIM THOMPSON, EVP/CHIEF OFFICER OF HR/LR. THE AMOUNTS RECEIVED WERE TREATED AS TAXABLE INCOME TO THE EVP/CHIEF OFFICER OF HR/LR

PERSONAL SERVICES

A CHAUFFEUR WAS USED BY AND PAID FOR BY MUNICIPAL CREDIT UNION ON BEHALF OF KAM WONG, PRESIDENT/CEO. THE AMOUNTS PAID WERE TREATED AS TAXABLE

**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

INCOME TO THE PRESIDENT/CEO.

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

**Transactions With Interested Persons**

OMB No 1545-0047

**2017**

**Open To Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information

Name of the organization <b>MUNICIPAL CREDIT UNION</b>	Employer identification number <b>13-5261470</b>
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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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the 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

1	(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
				(1)									
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
<b>Total</b> . . . . . ▶							\$						

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

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**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) BROOKE REMEL OLIVER DURRAH	SEE PART V	84,960	EMPLOYEE COMPENSATION		X
(2) KEVIN S VIEIRA	SEE PART V	46,518	EMPLOYEE COMPENSATION		X
(3) NICOLE SICILIANO	SEE PART V	83,644	EMPLOYEE COMPENSATION		X
(4) DAVID KOHN	SEE PART V	81,288	EMPLOYEE COMPENSATION		X
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

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

SCHEDULE L, PART IV

BROOKE REMEL OLIVER DURRAH IS A FAMILY MEMBER OF JAMES DURRAH, BOARD MEMBER.

KEVIN S. VIEIRA IS A FAMILY MEMBER OF TESSA I. HACKETT-VIEIRA, BOARD MEMBER.

NICOLE SICILIANO IS A FAMILY MEMBER OF THOMAS SICILIANO, KEY EMPLOYEE.

DAVID KOHN IS A FAMILY MEMBER OF NORMAN KOHN, OFFICER.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

MUNICIPAL CREDIT UNION

**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](http://www.irs.gov/form990)

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

Employer identification number

13-5261470

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

FOUNDED IN 1916 FOR NEW YORK CITY MUNICIPAL WORKERS, MUNICIPAL CREDIT UNION (THE CREDIT UNION) IS THE OLDEST CREDIT UNION IN NEW YORK STATE AND THE LARGEST METRO NEW YORK CREDIT UNION OFFERING A WIDE ARRAY OF FINANCIAL SERVICES TO ITS MEMBERS. MCU IS CHARTERED UNDER NEW YORK STATE BANKING LAW. THE CREDIT UNION CURRENTLY PROVIDES SERVICES TO OVER 550,000 MEMBERS AND MANAGES OVER \$2.9 BILLION IN MEMBER ASSETS. MEMBERSHIP IS AVAILABLE TO EMPLOYEES OF THE CITY OF NEW YORK AND ITS AGENCIES, EMPLOYEES OF THE FEDERAL AND NEW YORK STATE GOVERNMENTS IN THE FIVE BOROUGHS, EMPLOYEES OF HOSPITALS, NURSING HOMES AND SIMILAR FACILITIES WHICH ARE LOCATED WITHIN NEW YORK STATE, AND OTHERS WHO ARE ELIGIBLE AS SPECIFIED IN THE CREDIT UNION'S BYLAWS."

FORM 990, PART VI, SECTION A, LINE 6:

THE CREDIT UNION DISCOVERED A SIGNIFICANT DIVERSION OF ASSETS IN 2018, PRIOR TO THE FILING OF THIS TAX RETURN. THE DIVERSION OF ASSETS INCLUDED BUSINESS EXPENSE REIMBURSEMENT, CAR ALLOWANCE, LONG TERM DISABILITY INSURANCE, DENTAL CLAIMS, PERSONAL LEAVE, GIFT CARD PURCHASES, PETTY CASH REQUESTS, AND TAX LIABILITY PAYMENTS. AS OF THE FILING OF THIS RETURN, THE TOTAL DIVERSION OF ASSETS DISCOVERED IS \$13,613,088. THE IDENTIFIED PERSONS INVOLVED HAVE BEEN TERMINATED, IF EMPLOYED, OR REMOVED FROM ANY GOVERNING BOARD OVERSIGHT POSITION THE IDENTIFIED PERSONS INVOLVED ARE UNDER INVESTIGATION AND/OR LITIGATION. THE CREDIT UNION HAS FILED AN INSURANCE CLAIM FOR THE DIVERSION OF ASSETS.

Name of the organization MUNICIPAL CREDIT UNION	Employer identification number 13-5261470
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FORM 990, PART VI, SECTION A, LINES 7A AND 7B:

THE CREDIT UNION IS COMPRISED OF APPROXIMATELY 550,000 MEMBER OWNERS, EACH OF WHICH HAS EQUAL RIGHTS. TO BECOME A MEMBER OF MUNICIPAL CREDIT UNION, A PERSON MUST BE ELECTED TO MEMBERSHIP, PAID FOR ONE OR MORE SHARES, PAID ENTRANCE FEES AS PROVIDED FOR IN THE BY-LAWS, AND MUST BE EMPLOYED (A) IN THE CITY GOVERNMENT OF THE CITY OF NEW YORK, OR (B) IN THE GOVERNMENT OF ANY OF THE COUNTIES WITHIN THE TERRITORIAL LIMITS OF THE CITY OF NEW YORK, OR (C) IN THE BOARD OF EDUCATION OF THE CITY OF NEW YORK, OR (D) IN THE BOARD OF HIGHER EDUCATION, OR (E) IN THE NEW YORK CITY HEALTH AND HOSPITALS CORPORATION, OR (F) IN THE NEW YORK CITY HOUSING AUTHORITY, OR (G) IN ANY SIMILAR AUTHORITY NOW OR HEREAFTER ORGANIZED AND EXISTING PURSUANT TO THE PUBLIC AUTHORITIES LAW, LAWS 1939, CHAPTER 870, OR ACTS AMENDATORY THEREOF, WHERE SAID AUTHORITY HAS JURISDICTION SOLELY OF FUNCTIONS WITHIN ANY OR ALL OF THE FIVE COUNTIES WITHIN THE TERRITORIAL LIMITS OF THE CITY OF NEW YORK, OR (H) IN ANY AGENCY OPERATING WITHIN THE GREATER NEW YORK CITY METROPOLITAN AREA AND WHICH IS, AT LEAST IN PART, FUNDED BY THE CITY OF NEW YORK, THE STATE OF NEW YORK, OR ONE OF THE AGENCIES, SUBDIVISIONS OR DEPARTMENTS THEREOF, OR (I) BY ANY INDIVIDUAL, EMPLOYER, AGENCY, PARTNERSHIP, CORPORATION, OR OTHER ENTITY WITH WHICH THE CREDIT UNION MAINTAINED A PAYROLL DEDUCTION TYPE RELATIONSHIP AS OF APRIL 10, 1986, OR (J) BY OR IN ANY HOSPITAL, NURSING HOME, HEALTH FACILITY, AND THEIR AFFILIATES, EITHER PRIVATE OR PUBLIC, LOCATED IN THE STATE OF NEW YORK, OR (K) BY INSURANCE COMPANIES WHO OFFER HEALTH RELATED INSURANCE IN THE STATE OF NEW YORK, OR (L) BY

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THE FEDERAL GOVERNMENT PROVIDED SUCH EMPLOYEE WORKS WITHIN THE TERRITORIAL LIMITS OF THE CITY OF NEW YORK, OR (M) BY COMPANIES THAT PRODUCE AND/OR SUPPLY HOSPITALS IN THE STATE OF NEW YORK WITH MEDICAL AND OTHER TYPE HEALTH CARE PRODUCTS, OR (N) BY PRIVATE COLLEGES LOCATED IN THE CITY OF NEW YORK AND PRIVATE AND PUBLIC COLLEGES IN THE COUNTIES OF NASSAU, SUFFOLK, WESTCHESTER, OR (O) BY ARAMARK CORPORATION AT NYACK HOSPITAL IN NYACK, NEW YORK, OR (P) EMPLOYEES OF THE CITY OF YONKERS, NEW YORK, OR (Q) BY THE CITY OF MT. VERNON, NEW YORK, OR (R) KAWASAKI RAIL CAR, INC., OR (S) MUNICIPAL CREDIT UNION, OR (T) AS CEMETERY WORKERS WORKING WITHIN THE CITY OF NEW YORK, OR (U) AS SOCIAL WORKERS AND COUNSELORS AT PRIVATE CENTERS AND NOT-FOR-PROFIT SHELTERS LOCATED IN THE CITY OF NEW YORK, OR (V) BY THE ARCHDIOCESE OF NEW YORK AND BROOKLYN, OR (W) AS TAXI DISPATCHERS FOR AIRPORTS IN THE CITY OF NEW YORK, OR (X) AS AIRCRAFT FUELERS AND MAINTENANCE WORKERS IN THE CITY OF NEW YORK, OR (Y) BY ST. PETER'S CHURCH IN YONKERS, NEW YORK, OR (Z) ANY ASSOCIATION OF SUCH EMPLOYEES.

THE FOLLOWING ADDITIONAL PERSONS MAY BECOME MEMBERS: (1) ALL STUDENTS ENROLLED IN: (A) A COLLEGE, UNIVERSITY, SCHOOL, OR INSTITUTION, IN THE CITY UNIVERSITY OF NEW YORK (CUNY) EDUCATION SYSTEM; OR (B) ST. JOHN'S UNIVERSITY (ATTENDING CAMPUSES LOCATED IN NEW YORK STATE); (2) ALL MEMBERS OF ST. PETER'S CHURCH IN YONKERS, NEW YORK; (3) ANY ASSOCIATION OF EMPLOYEES WHICH ARE PRINCIPALLY COMPRISED OF INDIVIDUALS WHO ARE ELIGIBLE FOR MEMBERSHIP; (4) AN OFFICER OR EMPLOYEE OF THE STATE OF NEW YORK EMPLOYED IN THE CITY OF NEW YORK; (5) ANY OTHER CREDIT UNION

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ORGANIZED UNDER THE LAWS OF THE STATE OF NEW YORK. MEMBERSHIP IS NOT TERMINATED BY CESSATION OF EMPLOYMENT. ALL MEMBERS MUST MAINTAIN AT LEAST ONE SHARE ON DEPOSIT. MEMBERSHIP IS ALSO PERMITTED FOR THE FOLLOWING PEOPLE PURSUANT TO N.Y. BANKING LAW §451-A: (1) THE FAMILY MEMBERS OF PERSONS WITHIN THE FIELD OF MEMBERSHIP. "FAMILY MEMBER" MEANS A PERSON RELATED BY BLOOD, MARRIAGE OR LIVING IN THE SAME HOUSEHOLD WITH A PERSON WITHIN THE FIELD OF MEMBERSHIP AND THEIR LINEAL ANCESTORS AND DESCENDANTS INCLUDING PERSONS SO RELATED BY ADOPTION, SIBLINGS, STEPPARENTS, STEPCHILDREN AND STEPSIBLINGS; AND "HOUSEHOLD" MEANS PERSONS LIVING IN THE SAME RESIDENCE AND MAINTAINING A SINGLE ECONOMIC UNIT; OR (2) ANY EMPLOYEE OF THE CREDIT UNION; OR (3) ANY MEMBER WHO LEAVES THE FIELD OF MEMBERSHIP AND WHO HAS NOT WITHDRAWN OR BEEN EXPELLED MAY RETAIN MEMBERSHIP; OR (4) ANY INCORPORATED OR UNINCORPORATED ORGANIZATION COMPOSED PRINCIPALLY OF PERSONS ELIGIBLE TO MEMBERSHIP IN THE CREDIT UNION AND THAT ORGANIZATION'S EMPLOYEES; OR (5) ANY PERSON WHO IS ELIGIBLE FOR MEMBERSHIP BY REASON OF THE FACT THAT HE OR SHE IS AN EMPLOYEE OF A COMMON EMPLOYER OR OF A CREDIT UNION SHALL NOT BECOME INELIGIBLE, AFTER THE TERMINATION OF SUCH EMPLOYMENT, AS LONG AS HE OR SHE RECEIVES A PENSION OR ANNUITY FROM, OR UNDER, A PLAN OR OTHER ARRANGEMENT ESTABLISHED BY SUCH COMMON EMPLOYER OR CREDIT UNION.

FORM 990, PART VI, SECTION A, LINES 7A AND 7B

ELECTION OF MEMBERS TO THE BOARD OF DIRECTORS AND THE SUPERVISORY COMMITTEE TAKES PLACE AT THE ANNUAL MEETING. MEMBERS BECOME ELIGIBLE FOR ELECTION TO THE BOARD OF DIRECTORS OR THE SUPERVISORY COMMITTEE AFTER



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COMPLETING ONE YEAR OF MEMBERSHIP. THE CREDIT UNION INFORMS THE MEMBERSHIP NOT LESS THAN 10 DAYS AND NOT MORE THAN 45 DAYS PRIOR TO THE ANNUAL MEETING OF THE NAMES OF ALL CANDIDATES AND THE OFFICE FOR WHICH THEY ARE NOMINATED. ELECTIONS ARE HELD BY CLOSED BALLOT.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND REVIEWED BY THE EVP. ONCE THE FORM 990 IS REVIEWED BY THE EVP, THE BOARD REVIEWS AND APPROVES. A COMPLETE COPY OF THE FINAL FORM 990 (INCLUDING ALL REQUIRED SCHEDULES) AS ULTIMATELY FILED WITH THE IRS IS PROVIDED TO THE FULL BOARD.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL EMPLOYEES ARE COVERED BY THE CONFLICT OF INTEREST POLICY, AS WELL AS THE ACTING BOARD. THE SECRETARY OF THE BOARD ANNUALLY SENDS OUT A REQUEST OF DISCLOSURE OF INSIDER ACCOUNTS QUESTIONNAIRES TO MANAGEMENT AND THE BOARD. THE HUMAN RESOURCES DEPARTMENT SENDS OUT A DISCLOSURE OF RELATIVES FORM TO ALL EMPLOYEES. CONFLICTS OF INTEREST ARE REVIEWED BY SENIOR MANAGEMENT AND TRANSACTIONS OR REQUESTS ARE EITHER APPROVED OR DENIED. THE CREDIT UNION REVISED ITS CONFLICT OF INTEREST POLICY IN 2018 TO INCORPORATE RESTRICTIONS ON PERSONS WITH CONFLICTS TO RECUSE THEMSELVES FROM PARTICIPATING IN THE GOVERNING BODY'S DELIBERATIONS AND DECISIONS IN THE TRANSACTION.

FORM 990, PART VI, SECTION B, LINE 13:

THE CREDIT UNION DID NOT HAVE A WRITTEN WHISTLEBLOWER POLICY IN PLACE

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DURING 2017. HOWEVER, THE CREDIT UNION TOOK THE APPROPRIATE STEPS TO ESTABLISH A WRITTEN POLICY IN 2019 TO ENCOURAGE PERSONNEL TO, IN GOOD FAITH, REPORT ANY ACTION OR SUSPECTED ACTION TAKEN BY OR WITHIN THE CREDIT UNION THAT IS ILLEGAL, FRAUDULENT, OR IN VIOLATION OF ANY CREDIT UNION POLICY.

FORM 990, PART VI, SECTION B, LINE 15A AND 15B:

THE CREDIT UNION HAS AN ESTABLISHED COMPENSATION COMMITTEE THAT CONSISTS OF SELECTED BOARD MEMBERS AND THE CEO. THE POLICY OF MUNICIPAL CREDIT UNION IS TO PROVIDE AN ANNUAL CEO PERFORMANCE EVALUATION TO BE COMPLETED BY DECEMBER OF THE CURRENT YEAR. THE EVALUATION WILL COVER THE PERIOD OF JANUARY TO DECEMBER OF THE CURRENT YEAR. A COPY OF THE BLANK EVALUATION FORM WILL BE SENT TO EACH DIRECTOR TO OBTAIN THEIR COMMENTS BASED ON THE CRITERIA ESTABLISHED FOR NECESSARY CEO PERFORMANCE, WHICH SHOULD BE PREPARED BY DECEMBER OF CURRENT YEAR. THE COORDINATING COMMITTEE IS CHARGED WITH THE RESPONSIBILITY OF COMPILING THE INFORMATION AND SUBMITTING THE REPORT TO THE FISCAL POLICY COMMITTEE, THE BOARD AND TO THE CHAIR. THE CHAIR OF THE BOARD AND THE SECRETARY OF THE BOARD SHALL MEET WITH THE CEO TO DISCUSS THE EVALUATION AND SECURE THE CEO'S COMMENTS. IT IS THE POLICY OF THE CREDIT UNION TO ADOPT A JOB EVALUATION PLAN TO MEASURE ALL JOBS TO ESTABLISH JOB GRADES. RATES OF PAY ARE SET FOR EACH JOB GRADE ON THE BASIS OF INTERNAL AND EXTERNAL SALARY SURVEYS. THE BOARD DELEGATED THE AUTHORITY TO THE CHIEF EXECUTIVE OFFICER TO DETERMINE SALARY RANGES AND GRADES FOR ALL POSITIONS WITHIN THE ORGANIZATION. THE CREDIT UNION REVISED ITS COMPENSATION REVIEW PROCESS IN

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2019 TO INCLUDE AN INDEPENDENT COMPENSATION EVALUATOR TO REVIEW ALL POSITIONS AND COMPENSATION GOING FORWARD, THIS INCLUDES REVIEWING COMPARABLE DATA FOR REASONABLENESS. THE REVIEW AND DECISIONS WILL BE CONTEMPORANEOUSLY SUBSTANTIATED.

FORM 990, PART VI, SECTION C, LINE 19:  
FINANCIAL STATEMENTS ARE AVAILABLE ON THE WEBSITE. OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:  
CHANGE IN PENSION BENEFIT ASSETS -15,912,326

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
OCD MEDIA LLC 8 EAST 36TH STREET NEW YORK, NY 10016	ADVERTISING	3,352,515.
LOOMIS FARGO CO DEPT CH 10500 PALATINE, IL 60055	ARMORED CAR SERVICE	2,782,324.
NCP SOLUTIONS LLC PO BOX 11407 BIRMINGHAM, AL 35246	QTLY/MTHLY STMT MAIL	2,356,430.
DIEBOLD INCORPORATED PO BOX 643543 PITTSBURGH, PA 15264-3543	ATM PURCHASES/MAINTA	2,031,862.
LENDING SOLUTIONS INC 2200 POINT BLVD ELGIN, IL 60123	UNDERWRITING SUPPORT	2,004,052.