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Form 990

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

OMB No 1545-0047

2016

Firm's address

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

For Paperwork Reduction Act Notice, see the separate instructions.

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

Open to Public Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service Inspection ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2016 calendar year, or tax year beginning December 31 2016, and ending , 20 16 January 1 C Name of organization ORLEX GOVERNMENT EMPLOYEES CREDIT UNION Check if applicable D Employer identification number Address change Doing business as 03-0211553 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change 5043 US ROUTE 5 802-334-5084 Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Amended return NEWPORT, VT 05855 G Gross receipts \$ Application pending F Name and address of principal officer H(a) is this a group return for subordinates? Yes No JENNIE A DION, PRESIDENT 527 YOUNG RD IRASBURG, VT 05845 H(b) Are all subordinates included? Tyes No If "No," attach a list (see instructions) 501(c) ( 14 ) 
 (insert no ) 
 4947(a)(1) or 
 527 Tax-exempt status WWW.ORLEX COM H(c) Group exemption number ▶ Website: ▶ Form of organization Corporation Trust Association M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities: To provide thrift savings and borrowing to our members, and to provide other financial services Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . . Number of independent voting members of the governing body (Part VI, line 1b) 7 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 3 Total number of volunteers (estimate if necessary) . 6 13 Total unrelated business revenue from Part VIII. column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 7b 0 00 Current Year Contributions and grants (Part VIII, line 1h). Program service revenue (Part VIII, line 2g) 327736 56 319683 53 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2103 69 4462 25 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 4954 87 6461 54 334795 12 330607 32 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) SCANNED 14 Benefits paid to or for members (Part IX, column (A), line 4) 23742 15 24492 42 169594 96 168280 50 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 121105 99 122577 99 17 Other expenses (Part IX, column (A), lines 11a-1ptd; 1(11+24e)/ []. Total expenses Add lines 13-17 (must equal Part IX, column (A), line. 314443 10 315350 91 18 20352 02 15256 41 19 Revenue less expenses Subtract line 18 frem line 12 End of Year Beginning of Current Year APR I 5811153.14 5726801 41 20 Total assets (Part X, line 16) 5216965 50 21 Total liabilities (Part X. line 26) 5316573 64 Net assets or fund balances. Subtract line 21 from GRDEN 494579 50 509835 91 22 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 03-28-Sign Jenne, Manager Here Date Print/Type preparer's name Preparer's signature Check I If Paid self-employed Preparer Firm's EIN **>** Firm's name **Use Only** 

🗍 Yes 🗌 No

Form **990** (2016)

Phone no

Cat No 11282Y

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Part			
<u>·</u>	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>	
ı	Briefly describe the organization's mission:  To provide thrift savings and borrowing to our members, and to provide other financial services		
	To provide with savings and borrowing to our members, and to provide other financial services		<b></b>
			• • • • • • • • • • • • • • • • • • • •
2	Did the organization undertake any significant program services during the year which were not listed on the		
		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
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, a		
7	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants are required to report the grants	as meas	others
	the total expenses, and revenue, if any, for each program service reported	100113 10	Others
4a	(Code) (Expenses \$including grants of \$) (Revenue \$		)
	Savings and CD's , clubs and money markets		
	Serving 1368 members since 1953 who hold aggregate total of 1716 savings, clubs and money markets and 215 CDs		
	Total amounts that our members have invested in these accounts		
	5avings \$2,095,522.00		
	Clubs: \$5,657 11		
	Money Markets \$246,565.21		
	CD's. 2,410,156 54		
	······································		
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$		_)
	Share Draft Checking Accounts with Debit Cards and Electronic Transfer		
	314 Checking Accounts with 232 active debit cardholders Share draft program began in November 1998, Debit card program began in May 2008		
	Share draft program began in November 1998, Debit card program began in May 2008	<b></b>	
	Total amount that our members have in these accounts \$441,879 04		
		<b></b>	<b></b>
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	Checklist of Required Schedules			
٠,			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.			_
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1 2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-	-	<del>                                     </del>
	candidates for public office? If "Yes," complete Schedule C, Part I	3		~
4	<b>Section 501(c)(3) organizations.</b> 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>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		v
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		,
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		v
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		V
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	V	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<b>V</b>
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		V
ď	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		V
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	~	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	_	~
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		·
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
	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	445		~
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		_
	If "Yes," complete Schedule G, Part III	19	655	<u> </u>
		Forn	n <mark>990</mark>	(2016)

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Part	Checklist of Required Schedules (continued)			T
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<del>                                     </del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		,
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	_	,
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		,
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		~
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		V
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		V
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		,
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		,
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? If "Yes," complete Schedule L, Part III	27		,
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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	-	~
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		,
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		V
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		v
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		~
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? If "Yes," complete Schedule R, Part I.	33		V
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		V
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
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>	37		V
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	~	
		Forπ	1 990	(2016)

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								
			Yes	No					
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3								
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1							
С	3 =								
0-	reportable gaming (gambling) winnings to prize winners?	1c							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		ŀ						
<b>h</b>	Statements, filed for the calendar year ending with or within the year covered by this return  [2a]  [5a]  [	2b	,						
D	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?								
3a	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions).  Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	,						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	~						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		-						
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial								
	account)?	4a		•					
b	If "Yes," enter the name of the foreign country: ▶								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts								
	(FBAR)								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a_		~					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			_					
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or								
_	gifts were not tax deductible?	6b							
7 a	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods								
a	and services provided to the payor?	7a							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	-						
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was								
•	required to file Form 8282?	7c							
d	If "Yes," indicate the number of Forms 8282 filed during the year	-							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	ļ						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.		1						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) Organizations. Enter		}						
а	Initiation fees and capital contributions included on Part VIII, line 12		1						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		1	,					
11	Section 501(c)(12) organizations. Enter								
	Gross income from members or shareholders		1						
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		ł						
10-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	Ì						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
b 13	Section 501(c)(29) qualified nonprofit health insurance issuers.		Į						
13	Is the organization Incensed to issue qualified health plans in more than one state?	13a							
а	Note. See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which		1						
~	the organization is licensed to issue qualified health plans	ı	ł						
С	Enter the amount of reserves on hand								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a							
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	]						
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Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	struct	
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	7		
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2 2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		~
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		~
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		~
6	Did the organization have members or stockholders?	6	~	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	~	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	,	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	~	<u> </u>
ь	Each committee with authority to act on behalf of the governing body?	8b		
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	nue C		
4.0	Data and the state of the state	10a	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	~	
b	Describe in Schedule 0 the process, if any, used by the organization to review this Form 990.			
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule 0 how this was done	12c	,	
13	Did the organization have a written whistleblower policy?	13		~
14 15	Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by	14	~	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a		1
a	The organization's CEO, Executive Director, or top management official	15b		~
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	100		
16a	with a taxable entity during the year?	16a		~
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶	- FO4	-1/0\	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available Check all that apply	11 501(	(၁)(၁)S	oniy
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in financial statements available to the public during the tax year			y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re ORLEX GOVERNMENT EMPLOYEES CREDIT UNION 5043 US RT 5 NEWPORT, VT 05855 802-334-5084	corus	. –	

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Расе	

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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	n nor any relate	d org	anız			ompe	ensa	ated any currer	nt officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for	box, office	unles er an	Pos neck ss pe	rson Irect	e than o is both or/trust	n an	(D)  Reportable compensation from the	(E) Reportable compensation from related organizations	other compensation
	related organizations below dotted line)		Institutional trustee	ĕ	Key employee	Highest compensated employee	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) JENNIE DION, PRESIDENT		v		·				0	o	•
(2) SUSAN BEST, VICE PRESIDENT		v		v				0	0	
(3) SUZANNE FORTIN, SECRETARY		v		,				0	0	(
(4) JOHN WILDA, TREASURER		v		v				0	0	
(5) DONALD HOWELL DIRECTOR		v						0	O	(
(6) EDWARD BROCHU, JR, DIRECTOR		v					-	0	0	(
(7) PAULINE GAGE, DIRECTOR		,						0	0	(
(8)					,					
(9)					~					
(10)					V					
(11)										
(12)										
(13)										
(14)										<del>_</del>

•	(A) Name and title		(C) Position (do not check more that box, unless person is b officer and a director/tr						(D)  Reportable compensation from	(E) Reportable compensation from related	am	(F) timated nount of other	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	com fr org: and	pensation om the anization direlated inizations	1
(15)					_							· · · · · ·	
(16)			_				_						
(17)										· 			
(18)				-				_					
(19)					_	-							
(20)				$\dashv$	-	-						·	
(21)				1		_							
(22)				$\dashv$		$\dashv$				-			—
(23)				-	-	-	-	-				<del></del>	
(24)				_	-	$\dashv$							
(25)			_	_	_	-	_	_			<del></del>		
	Cub Astal									0			
С	Sub-total		n A				. !		0				
d_ 2	Total (add lines 1b and 1c)	not limited	to the	ose			bove	) wi	o no received mo	ore than \$100,00	0 of		
3	Did the organization list any former off employee on line 1a? If "Yes," complete S									est compensate	d 3	Yes	No 🗸
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of rep greater tha	ortab ın \$1	le c 50,0	om 000'	pen ? <i>If</i>	satioi "Yes	n ar	nd other comp	edule J for suc	e		,
5	Did any person listed on line 1a receive of for services rendered to the organization?	r accrue co	mpen	satı	on i	fron	n any	unr	elated organiz	ation or individua	<u> </u>		<u> </u>
Section	n B. Independent Contractors	n res, co	Jiripie		JC//			<i>31</i> 30	ucii persori .				
1	Complete this table for your five highest of compensation from the organization. Rep year.	ompensate ort comper	ed ind isatio	epe n fo	nde r th	ent o	ontra alenda	acto ar y	ear ending with	d more than \$10 n or within the oi	0,000 o ganızatı	f on's ta	х
	(A) Name and business addr	ess							(B) Description of se	rvices	(C) Compens		
					_								
							-	46.	and linted also	who who			
2	Total number of independent contractor	rs (includin	g but	no	ot III	mite	o to	τno	ose iisted abo	ve) wiid			

Form **990** (2016)

Par	<u>t VIII</u>	`Statement of Revenue					
	·	Check if Schedule O contains	a response or note t	o any line in th	is 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				
gra Iou	b	Membership dues	1b	1		ĺ	
ts,	С	Fundraising events	1c				
를 즐	d	Related organizations	1d	}		}	
ns, Sim	е	Government grants (contributions)	1e	]	1	1	
rtio er S	f	All other contributions, gifts, grants,	_	J	1		
호환		and similar amounts not included above	_ 1f				
a d	g	Noncash contributions included in lines ta	-1f \$				
	h	Total. Add lines 1a-1f	<u> </u>		<del> </del>		<u> </u>
Program Service Revenue	2-	MITERISTICALICANIS	Business Code				
ě	2a	INTEREST ON LOANS			272917 54		<del> </del>
2	b	PROGRAM SERVICE FEES OTHER PROGRAM FEES			46570 13		<del> </del>
Ž	d	OTHER PROGRAM FEES			195 86		<u> </u>
Š	e				<del> </del>	<del> </del>	<del></del>
grai	f	All other program service revenu			<del> </del>	<del> </del>	<del> </del>
Po	g	Total. Add lines 2a-2f	· · · · · •	319683 53	1	L	<u> </u>
	3	Investment income (including	dividends, interest,	317003 33	·		4462 25
	4	Income from investment of tax-exen	not bond proceeds		<del> </del>		4402 23
	5	Royalties			<del></del>		<del>                                     </del>
		(ı) Real	(ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss) .					
	7a	Gross amount from sales of (i) Securities	es (II) Other				
Į.	_	assets other than inventory					
ĺ	ь	Less cost or other basis					
ł		and sales expenses			ŀ		
	C	Gain or (loss)					••
	d	Net gain or (loss)	· <u>· · · · • </u>	<del></del>	<del> </del>	<del>-</del>	
venue	8a	Gross income from fundraising events (not including \$					
Other Re		of contributions reported on line 1c See Part IV, line 18	а		:		
₹	b	•	b				
_	C	Net income or (loss) from fundrais					
ľ	9a	Gross income from gaming activity					
1		See Part IV, line 19					'
		Less. direct expenses					•
}		Net income or (loss) from gaming					
	ıva	Gross sales of inventory, fereturns and allowances .					
- 1			a			!	
		Less cost of goods sold	<u> </u>				-
ŀ	С	Net income or (loss) from sales of  Miscellaneous Revenue	_ <del></del>				
}	11-	<del></del>	Business Code		- <i>-</i>		
- 1	11a	GAINS (LOSS) ON INVESTMENTS LOAN INSURANCE REBATE		<del></del>	<del></del>	3507 66	
1		ATM SERVICE CHARGE INCOME				296 00	
- 1		All other revenue			2657.88	270 00	
- 1		Total. Add lines 11a-11d.		6461 54	2037.08		<del></del>
1	12	Total revenue See instructions		330607 33	322341 41	3803.66	4462.25

	90 (2016)				Page 10
	t IX Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must con	anlota all columns. Ai	Il other erganization	no must complete sel	(mn /4)
0000	Check if Schedule O contains a respon				
	ot include amounts reported on lines 6b, 7b, b, 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.				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members	24492 42 146305 67			
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 8	Other salaries and wages				
9	Other employee benefits	10000 00			
10	Payroll taxes	11974 83			
11	Fees for services (non-employees)				
а	Management				
b	Legal				
C	Accounting				
d	Lobbying		<del></del>		
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column			<del></del>	
g	(A) amount, list line 11g expenses on Schedule O) .				
12	Advertising and promotion	3499 44			<del></del>
13	Office expenses	23554 12			
14	Information technology	9581 17			
15	Royalties				
16	Occupancy	18107 29			
17	Travel	2289 36			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	1475 46			
20	Interest	2222.00			
21	Payments to affiliates	3000 00		<del></del>	
22	Depreciation, depletion, and amortization .	10004 06 7795 80			
23	Insurance	7793 80			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	PROGRAM SERVICE EXPENSES	39746 92			
b	PROVISION FOR LOAN AND LEASE LOSS	-4612 81			
С	OTHER MISC	8137 18			
d	SHARE INSURANCE	0 00			
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	315350 91			
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				
	following SOP 98-2 (ASC 958-720)				5 000 (2016)

P	art X	Balance Sheet			rage i
	,	Check if Schedule O contains a response or note to any line in this Pa	rt X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	78349 84	1	128599 68
	2	Savings and temporary cash investments	1055976 36	2	838248 88
	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.			
	6	Complete Part II of Schedule L	Í	5	
ěts	7	Notes and loans receivable, net	4586461 78		4660169 96
Assets	8	Inventories for sale or use	430040178	8	4000107 70
•	9	Prepaid expenses and deferred charges	11985 24	9	18712 79
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 61874 31			
	b	Less: accumulated depreciation 10b 33777 99	27620 38	10c	28096 32
	11	Investments—publicly traded securities	<del></del>	11	<del></del>
	12	Investments—other securities. See Part IV, line 11		12	
j	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	50759 54	15	52973 78
	16	Total assets. Add lines 1 through 15 (must equal line 34)	5811153 14		5726801 41
	17	Accounts payable and accrued expenses	21525 00		16044 60
	18	Grants payable		18	
	19	Deferred revenue		19	<del></del>
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities	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	
Lia	23	Secured mortgages and notes payable to unrelated third parties .		23	
	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	5295048 64		5200920 90
	_26	Total liabilities. Add lines 17 through 25	5316573 64	26	5216965 50
S		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
2	27	Unrestricted net assets		27	
ala	27 28	Temporarily restricted net assets		28	
8	29	Permanently restricted net assets		29	
Net Assets or Fund Balances	23	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.			
ts c	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund .		31	
As	32	Retained earnings, endowment, accumulated income, or other funds	494579 50		509835 91
Net	33	Total net assets or fund balances	494579 50		509835 91
_	34	Total liabilities and net assets/fund balances	5811153 14	34	5726801 41
					Form <b>990</b> (2016)

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.

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Form 990 (2016)

### **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

Open to Public Inspection

Name o	of the or	ganization		Employer identification number
ORLE	X GOV	ERNMENT EMPLOYEES CREDIT UNION		03-0211553
Par	t I	Organizations Maintaining Donor Adv		ds 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	Aggre	egate value of contributions to (during year)		
3		egate value of grants from (during year)		
4		egate value at end of year		
5		he organization inform all donors and donor	advisors in writing that the assets by	eld in donor advised
		are the organization's property, subject to the		
6		ne organization inform all grantees, donors, a	•	
•		for charitable purposes and not for the bene-		
Par	t II	Conservation Easements.		
		Complete if the organization answered	'Ves" on Form 990 Part IV line 7	
1	Purn	ose(s) of conservation easements held by the		
•		reservation of land for public use (e.g., recrea	- · · · · · · · · · · · · · · · · · · ·	a historically important land area
		rotection of natural habitat		a certified historic structure
	=		☐ Freservation of	a certified historic structure
2		reservation of open space plete lines 2a through 2d if the organization he	old a gualified consequence contribute	n in the form of a conseniation
2		nent on the last day of the tax year	a quaimed conservation contribution	Held at the End of the Tax Year
_		· · · · · · · · · · · · · · · · · · ·		
a		number of conservation easements	• • •	. 2a
b		acreage restricted by conservation easement		2b
C		per of conservation easements on a certified h		. 2c
d		per of conservation easements included in		1 1
_		•		2d
3		per of conservation easements modified, trans	sterred, released, extinguisned, or tern	ninated by the organization during the
_	tax ye			
4		per of states where property subject to conse		
5		the organization have a written policy required		
_		ons, and enforcement of the conservation ea		
6	Staff a	and volunteer hours devoted to monitoring, inspect	ing, handling of violations, and enforcing o	conservation easements during the year
_	<u></u>			tt e de Maria
7		nt of expenses incurred in monitoring, inspectin	g, handling of violations, and enforcing o	conservation easements during the year
_	<b>▶</b> \$		0/10 1	
8		each conservation easement reported on line	2(d) above satisfy the requirements of	
		ection 170(h)(4)(B)(ii)?	•	Yes No
9	In Par	t XIII, describe how the organization reports of	conservation easements in its revenue	and expense statement, and
		ce sheet, and include, if applicable, the text o		ancial statements that describes the
		ization's accounting for conservation easeme		
Part	Ш	Organizations Maintaining Collections		Other Similar Assets.
		Complete if the organization answered '		
1a	If the	organization elected, as permitted under SF	AS 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, ed	ucation, or research in turtherance of
		service, provide, in Part XIII, the text of the f		
b	If the	organization elected, as permitted under S	FAS 116 (ASC 958), to report in its r	evenue statement and balance sheet
	works	of art, historical treasures, or other similar	assets held for public exhibition, ed	ucation, or research in furtherance of
	public	service, provide the following amounts relati	ng to these items:	
	(i) Re	venue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) As	sets included in Form 990, Part X		<b>&gt;</b> \$
2	If the	organization received or held works of art,	historical treasures, or other similar	assets for financial gain, provide the
_	follow	ring amounts required to be reported under S	FAS 116 (ASC 958) relating to these ite	ems
а		nue included on Form 990, Part VIII, line 1		
h	Asset	s included in Form 990, Part X .		• \$

_					
ヒヘト	~dl~		QQ(I)	201	•

rar	Organizations Maintaining	COII	ections of	Aπ, HIS	storicai	ı reasure:	s, or U	tner Similar	ASS	iets (cor	ntinuea)
3,	Using the organization's acquisition, collection items (check all that apply)		ssion, and o	ther reco	ords, che	ck any of t	he follo	wing that are	a sig	nificant	use of its
а	☐ Public exhibition			d	☐ Loan	or exchan	ge prog	grams			
b	☐ Scholarly research										
С	Preservation for future generation										
4	Provide a description of the organiza XIII.	tion's	collections	and expl	ain how t	they furthe	r the or	ganızatıon's ex	cemp	ot purpo:	se in Part
5	During the year, did the organization assets to be sold to raise funds rather	r than	to be maint								s 🗌 No
Par	t IV Escrow and Custodial Arra							-			
	Complete if the organization 990, Part X, line 21.										Form
1a	Is the organization an agent, trustee included on Form 990, Part X?						itions o		not	_	s 🗌 No
b	If "Yes," explain the arrangement in P	art XII	I and compl	lete the fo	ollowing t	able:			Am	ount	
С	Beginning balance						10				-
d	Additions during the year						10	i l			
е	Distributions during the year						10	9			
f	Ending balance						1				
2a	Did the organization include an amou										
	If "Yes," explain the arrangement in P	art XII	I Check her	re if the e	xplanatio	n has beer	provid	ed on Part XIII	•		
Par	t V Endowment Funds.			_		_					
	Complete if the organization			·				I . n =:			<del></del>
		(a) (	Current year	( <b>b</b> ) Pr	or year	(c) Two yea	ars back	(d) Three years b	ack	(e) Four y	ears back
1a	3 3										
b	Contributions								$\rightarrow$		
С	Net investment earnings, gains, and			i							
	losses								$\dashv$		
d	Grants or scholarships	-		ļ							
е	Other expenditures for facilities and programs										
	_			ļ							
f	Administrative expenses		· · · · · · · · · · · · · · · · · · ·						+		
g	End of year balance	ha a		d balanc	o (lino 1a	oolumn (	)) bold				<del></del>
2	Provide the estimated percentage of t	ne cui	rrent year ei	oz	e (inte 1g	i, columni (a	a)) Held	as.			
a	Board designated or quasi-endowmer Permanent endowment ▶			70							
b		···· <sup>%</sup>									
С	Temporarily restricted endowment ►			000/							
3a	The percentages on lines 2a, 2b, and Are there endowment funds not in the				zation the	at are held	and ac	ministered for	the		
Sa	organization by:	e poss	56551011 01 11	ie organi	zation the	at are rielu	and ac	iriiriisterea ioi	1110	T.	es No
	•									3a(i)	63 140
	(i) unrelated organizations					• •			•	3a(ii)	_
	(ii) related organizations				 rod on Sc	 shadula P2	•		•	3b	
ь 4	Describe in Part XIII the intended uses								•	00	
				on s end	JVVIII CITE TO	J1103.					
Part	VI Land, Buildings, and Equip Complete if the organization	anem	uorod "Voc	" on For	m 000 f	Part IV In	a 11a	See Form 99	n P	art X lu	ne 10
	Description of property	alisv	(a) Cost or o		T -	or other basis		Accumulated	<del>, .</del>	(d) Book	
	Description of property	l	(investm		1 ' '	ther)		epreciation		(a) Book	· u.ue
10	Land	-+					<u> </u>				
1a h	Buildings	. }		·							
b	Leasehold improvements	<u> </u>			<del>                                     </del>						
ч С	Equipment	-			<del> </del>	61874 31		33777 99			28096 32
d e	Other					0.074.31	<u> </u>	5555			
	Add lines 1a through 1e. (Column (d) n	nust e	gual Form 9	90, Part	X, column	(B), line 10	Oc).	•			
	,										

	(a) Decomption of conjunts are enteren					orm 990, Part X, line 12.
	(a) Description of security or category (including name of security)	•		(b) Book value		Method of valuation end-of-year market value
1) Financial	derivatives				-	<del></del>
(2) Closely-h	neld equity interests					
(3) Other				•		
(A)						
(B)						_
(C)						
(D)						
(E)	***************************************				·	
(F)						
(G)						
(H)						
	must equal Form 990, Part X, col (B) line 12)					
Part VIII	Investments—Program Related		<b>-</b> 0	00 5-4 5/1-	44 0 5	000 D-1V 1 40
	Complete if the organization answ	werea "Yes"				
	(a) Description of investment			b) Book value		Method of valuation end-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)				•		. <del></del> .
(6)						
(7)						
(8)						
(9)	1					
	) must equal Form 990, Part X, col. (B) Inne 13.)  Other Assets.					
Part IX	Other Assets.					
		vored "Vee"	on Form O	O Part IV line	11d Soo Ec	rm 000 Part V line 15
	Complete if the organization answ		on Form 9	90, Part IV, line	e 11d. See Fo	
/4\	Complete if the organization answ	vered "Yes" ) Description	on Form 9	90, Part IV, line	e 11d. See Fo	rm 990, Part X, line 15.
	Complete if the organization answ		on Form 9	90, Part IV, line	e 11d. See Fo	
(2)	Complete if the organization answ		on Form 9	90, Part IV, line	e 11d. See Fo	
(2)	Complete if the organization answ		on Form 9	90, Part IV, line	e 11d. See Fo	
(2) (3) (4)	Complete if the organization answ		on Form 9	90, Part IV, line	e 11d. See Fo	
(2) (3) (4) (5)	Complete if the organization answ		on Form 9	90, Part IV, line	e 11d. See Fo	
(2) (3) (4) (5) (6)	Complete if the organization answ		on Form 9	90, Part IV, line	e 11d. See Fo	
(2) (3) (4) (5) (6) (7)	Complete if the organization answ		on Form 9	90, Part IV, line	e 11d. See Fo	
(2) (3) (4) (5) (6) (7) (8)	Complete if the organization answ		on Form 9	90, Part IV, line	e 11d. See Fo	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colum	Complete if the organization answ	) Description		90, Part IV, line		
(2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answar (a  fann (b) must equal Form 990, Part X, co  Other Liabilities.	Description  of (B) line 15.)				(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column	Complete if the organization answar (a  fann (b) must equal Form 990, Part X, co  Other Liabilities.	Description  of (B) line 15.)				(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) <b>Fotal.</b> (Column	Complete if the organization answ (a	Description  of (B) line 15.)				(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colum	nn (b) must equal Form 990, Part X, co Other Liabilities. Complete if the organization answ	Description  of (B) line 15.)	on Form 99			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colum Part X	Complete if the organization answ (a factor)  In (b) must equal Form 990, Part X, complete if the organization answ line 25.  (a) Description of liability	of (B) line 15.)  vered "Yes"	on Form 99			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colum Part X	Complete if the organization answar (a)  Inn (b) must equal Form 990, Part X, complete if the organization answar (a)  Complete if the organization answar (a)  Ine 25.  (a) Description of liability come taxes	of (B) line 15.)  vered "Yes"	on Form 9			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colum Part X	Complete if the organization answar (a)  Inn (b) must equal Form 990, Part X, complete if the organization answar (a)  Complete if the organization answar (a)  Ine 25.  (a) Description of liability come taxes	of (B) line 15.)  vered "Yes"		90, Part IV, line		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	Complete if the organization answar (a)  Inn (b) must equal Form 990, Part X, complete if the organization answar (a)  Complete if the organization answar (a)  Ine 25.  (a) Description of liability come taxes	of (B) line 15.)  vered "Yes"		90, Part IV, line		(b) Book value
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Par	Reconciliation of Revenue per Audited Financial Statements With Revenue pe Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	r Return.
1	Total revenue, gains, and other support per audited financial statements	11
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	<del>   </del>
а	Net unrealized gains (losses) on investments 2a	
b	Donated services and use of facilities	- , <sup>24</sup>
C	Recoveries of prior year grants	-
d	Other (Describe in Part XIII.)	<del> </del>
e	Add lines 2a through 2d	- <sub>2e</sub>
3	Subtract line 2e from line 1	3
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.)	-
c	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
art	XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
- а	Donated services and use of facilities	
b	Prior year adjustments	-
c	Other losses	1
d	Other (Describe in Part XIII.)	-
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
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.)	┥
c	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
_	XIII Supplemental Information.	1. <del>2</del>
Parl	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional i	nformation.
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Schedule D (For		Page <b>5</b>
Part XIII	Supplemental Information (continued)	
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### 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.

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

► 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.

Open to Public Inspection

ORLEX GOVERNMENT EMPLOYEES CREDIT UNION	03-0211553
PART VI LINE 11b: THE BOARD OF DIRECTORS REVIEWS FORM 990 AT ITS REGULAR MONTHLY ME	ETING PRIOR TO THE FILING, AND
RECORDS SUCH IN THE MEETING MINUTES	
PART VI LINE 19: DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC BY PROVIDING COPIES UPO	N REQUEST, AND BY POSTING
DOCUMENTS ON THE LOBBY BULLETIN BOARD.	
PART VI LINE 12c: MONITORING OF THE CONFLICT OF INTEREST POLCIY IS DONE PERIODICALLY B	BY THE BOARD OF DIRECTORS AND
SUPERVISORY COMMITTEE	
PART VI LINE 6. THE CREDIT UNION'S CUSTOMERS PURCHASE ONE SHARE VALUED AT \$25 00 TO I	BECOME ELIGIBLE TO JOIN
PART VI LINE 7a PER BY-LAWS OF THE CREDIT UNION, MEMBERS HOLD A SHARE OF THE CREDIT	UNION AND HAVE THE RIGHT TO
ELECT MEMBERS OF THE BOARD	
PART VI LINE 7b: PER BY-LAWS OF THE CREDIT UNION, MEMBERS VOTE ON THE LIMITS OF BORRO	OWING POWER GRANTED TO
THE BOARD OF DIRECTORS	
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