

**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF BUSINESS REGULATION
DIVISION OF BANKING**



**CREDIT UNION SUPPLEMENT TO THE NCUA 5300 CALL REPORT
FOR THE PERIOD ENDING DECEMBER 31, 2007**

This Credit Union Supplement to the NCUA 5300 Call Report (the "Report") as well as the accompanying NCUA 5300 Call Report are required by law: Section 6 of Chapter 4 of Title 19 of the General Laws of Rhode Island and is to be filed by Rhode Island Credit Unions. The Credit Union shall maintain supporting documentation to verify all entries contained in both the Report and the NCUA 5300 Call Report, including any applicable schedules and/or exhibits, until the next scheduled examination of the Credit Union by the Division of Banking.

NOTE: The Reports of Condition and Income accompanying this Report must be signed by an authorized officer and must be attested to by not less than three (3) directors.

We, the undersigned directors, attest to the correctness of the Report of Condition (including the supporting schedules) accompanying this Report and declare that it has been examined by us.

I, _____
Name and Title of Officer Authorized to Sign This Report

Director

of the named Credit Union do hereby declare that the Reports of Condition and Income (including the supporting schedules) contained in the accompanying NCUA 5300 Call Report are true to the best of my knowledge and belief.

Director

Director

Signature of Officer Authorized to Sign This Report

Date of Signature

Legal Title of Credit Union

Street Address

City State Zip Code

RETURN THE COMPLETED NCUA 5300 CALL REPORT AND STATE SUPPLEMENTAL CALL REPORT
ON OR BEFORE January 22, 2008 TO
THE DIVISION OF BANKING
233 RICHMOND STREET, SUITE 231, PROVIDENCE, RI 02903-4231.

Person to whom questions about this report should be directed:

Name/Title

Area Code/Phone Number



**CREDIT UNION SUPPLEMENT TO THE NCUA 5300S CALL REPORT
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SCHEDULE AA

CONCENTRATION OF CREDIT

- 1) Provide the number of loans comprising the credit union's largest concentration of loans to a single borrower including loans to related parties of said borrower.....# _____
- 2) Provide the aggregate dollar amount of all loans comprising the credit union's largest concentration of loans to a single borrower (provide information for the number of loans included in item 1 above).....\$ _____
- 3) Provide the dollar amount of the largest single loan balance in the credit union's loan portfolio.....\$ _____
- 4) Report the aggregate loans to one borrower with balances exceeding the limit prescribed by R.I. Gen. Laws § 19-5-16.

<u>Number of loans</u>	<u>Loan balance</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

- 5) Complete **Confidential Exhibit A** (enclosed) for all concentrations of credit as of the Report date.

SCHEDULE BB

OTHER REAL ESTATE OWNED ("OREO")

	<u>Number Of Properties</u>	<u>Current Balance</u>	<u>Estimated Loss on Disposal</u>
OREO	# _____	\$ _____	\$ _____

Total current balance must agree to the "Oreo" line of the NCUA 5300 Call report.

SCHEDULE CC

**PARTICIPATION/PURCHASED LOANS AND
LOANS ORIGINATED AND/OR
SERVICED BY ANOTHER INSTITUTION**

<u>Number of Loans</u>	<u>Name of Originating Institution</u>	<u>Servicing Institution</u>	<u>Current Balance</u>
# _____	_____	_____	\$ _____
# _____	_____	_____	\$ _____
# _____	_____	_____	\$ _____
# _____	_____	_____	\$ _____
TOTAL			\$ _____



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SCHEDULE DD

ASSETS SOLD WITH AN AGREEMENT TO REPURCHASE

<u>Description of Assets Sold and Terms of Repurchase</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total	\$ _____

SCHEDULE EE

LIQUIDITY RESERVES

<u>Name of Reserve Agent</u>	<u>Amount on Deposit</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
	<u>Amount of Written Contractual Credit Line</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

SCHEDULE FF

LOANS BROKERED AND FUNDED BY THIRD -PARTY LENDERS

<u>Number of Loans</u>	<u>Broker fees received</u>	<u>Dollar Amount of Loans Brokered</u>
# _____	_____	\$ _____



**CREDIT UNION SUPPLEMENT TO THE NCUA 5300S CALL REPORT
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SCHEDULE AR1

MAIN OFFICE AND BRANCHES LOCATIONS

Main Office _____, _____ Manager
 Branch _____, _____ Manager
 Branch _____, _____ Manager
 Branch _____, _____ Manager
 Branch _____, _____ Manager
 Branch _____, _____ Manager
 Branch _____, _____ Manager
 Branch _____, _____ Manager

SCHEDULE AR2

CUSTOMER BANK COMMUNICATION TERMINALS (“CBCT'S/AUTOMATED TELLER MACHINES”)

Attach a schedule showing the number and location(s) of all Credit Union owned or leased CBCT'S/ATM'S (place a "/" where indicated).

_____ Schedule attached

_____ Not applicable (no CBCT's/ATM's owned or leased)

SCHEDULE AR3

OFFICERS OF CORPORATION

<u>Name</u>	<u>Title</u>	<u>Name</u>	<u>Title</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



**CREDIT UNION SUPPLEMENT TO THE NCUA 5300S CALL REPORT
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**SCHEDULE AR4
DIRECTORS OF CORPORATION**

<u>Name</u> _____	<u>Name</u> _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**SCHEDULE AR5
SUPERVISORY COMMITTEE MEMBERS
(Designate whether elected _____ or appointed _____)**

<u>Name</u> _____	<u>Name</u> _____
_____	_____
_____	_____
_____	_____

**SCHEDULE AR6
MISCELLANEOUS INFORMATION**

1. Has your credit union received brokered deposits in the past 6 months? YES___ NO___
If **Yes**, please explain, in detail on a separate **confidential** exhibit.

2. Has the credit union invested in or made loans to a CUSO? YES___ NO___



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SCHEDULE AR6

MISCELLANEOUS INFORMATION (continued)

3. Indicate with a check mark (“√”) if the Credit Union engages in any of the following activities either directly or indirectly:

<u>Activity</u>	<u>On Credit Union Premises</u>	<u>Off Credit Union Premises</u>	<u>Direct</u>	<u>Through CUSO/ Other</u>
_____ Insurance ¹	_____	_____	_____	_____
_____ Securities	_____	_____	_____	_____
_____ Fixed Annuities	_____	_____	_____	_____
_____ Variable Annuities	_____	_____	_____	_____

4. Audit/Verification of Accounts

Please provide the name and address of the person, firm, or committee that performed the last annual audit and/or verification of member accounts:

Name: _____

Address: _____

Date of last audit or verification of accounts: _____

5. Information Technology System

If in-house system, indicate type of equipment: _____

Name of Information Systems officer: _____

6. Surety Bond Coverage:

Amount of coverage: \$ _____

Carrier of bond: _____

Have any bond claims been filed in last six months? Yes _____ No _____

If **Yes**, attach a **confidential** exhibit with an explanation of the circumstances surrounding each claim.

¹Excludes credit-life, credit-accident, credit disability and similar loan protection insurance.



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SCHEDULE AR6

MISCELLANEOUS INFORMATION (continued)

7. Provide the following information:
- a) Credit Union's business hours: _____
 - b) Main office telephone number: _____
 - c) Main office facsimile number: _____
 - d) Name and e-mail address of Credit Union's Chief Executive Officer:
 - i) Name: _____
 - ii) E-mail address: _____
 - e) Name and e-mail address and telephone number of the person responsible for responding to questions regarding this report.
 - i) Name: _____
 - ii) E-mail address: _____ Telephone Number: _____
 - f) Complete **Confidential Exhibit B** (enclosed) regarding the Credit Union's Critical Contact Officer².
 - g) Federal Employee Identification Number on the enclosed **Confidential Exhibit B**.
8. Provide the name and address of the company's attorney for service:
- Name: _____
- Address: _____
- Telephone: _____
9. Give dates of any amendments to your charter or by-laws since the last report:
- _____
10. Please provide the name, title, address, telephone number, facsimile number and e-mail address, if applicable, for the individual responsible for responding to customer complaints.
- Name: _____
- Title: _____
- Address: _____
- Telephone number: _____
- Facsimile number: _____
- E-mail address: _____

²Critical Contact Officer is the responsible senior Financial Institution official designated to receive critical time-sensitive information in the event of an emergency. This individual must be accessible by telephone, fax or email at all times including non-business hours.



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CONFIDENTIAL EXHIBIT B

Name of Credit Union: _____

CRITICAL CONTACT OFFICER

Primary Critical Contact Officer:

Name: _____

Title: _____

Telephone number: _____
Business hours Non-business hours

Facsimile number: _____
Business hours Non-business hours

E-mail address: _____
Business hours Non-business hours

Back-up Critical Contact Officer:

Name: _____

Title: _____

Telephone number: _____
Business hours Non-business hours

Facsimile number: _____
Business hours Non-business hours

E-mail address: _____
Business hours Non-business hours

FEDERAL EMPLOYER IDENTIFIATION NUMBER

Federal Employer Identification Number: _____