

**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, 2015**

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.

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

Legal Title of Credit Union

of the named Credit Union do hereby declare that this Report and the filed NCUA 5300 Call Report are true to the best of my knowledge and belief.

Street Address

Signature of Officer Authorized to Sign This Report

City State Zip Code

Date of Signature

Person to who questions about this report should be directed:

Name/Title

Area Code/Phone Number

Email Address

RETAIN THE ORIGINAL COPY AND RETURN AN ELECTRONIC COPY OF THE COMPLETED STATE SUPPLEMENTAL CALL REPORT VIA SECURE EMAIL*, ON OR BEFORE JANUARY 22, 2016 TO:

Dennis.Patten@DBR.RI.GOV

***If sent as an encrypted file - pdf, zip, etc. - the State's firewall will reject it and won't send a notification to the sender or recipient.**



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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

ASSETS SOLD WITH AN AGREEMENT TO REPURCHASE

(ONLY FOR ITEMS NOT REPORTED ON LINES 16 & 17 OF SCHEDULE B OF NCUA 5300)

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



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**SCHEDULE CC
LIQUIDITY RESERVES**

<u>Name of Reserve Agent</u>	<u>Amount on Deposit</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**SCHEDULE DD
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>
# _____	_____	\$ _____

**SCHEDULE AR1
CUSTOMER BANK COMMUNICATION TERMINALS (“CBCT’S/AUTOMATED TELLER MACHINES”)**

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

Indicate whether:

_____ Schedule attached, _____ Reported on NCUA Profile, or _____ Not applicable (no CBCT’s/ATM’s owned or leased).

**SCHEDULE AR2
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. Designate whether your Supervisory Committee is elected _____ or appointed _____.

4. Information Technology System

If in-house system, provide name if listed as “Other” on Profile: _____



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SCHEDULE AR2

MISCELLANEOUS INFORMATION (continued)

5. Surety Bond Coverage:

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.

6.

Provide the name and address of the company's attorney for service:

Name: _____

Address: _____

Telephone: _____

7. 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: _____



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Name of Credit Union: _____

PAYMENT TRANSMITTAL VOUCHER
\$55.00 Filing Fee

Check must be payable to: “General Treasurer, State of Rhode Island”

Make a copy of this Page

and

Mail the Original Page with your check to:

State of Rhode Island
Department of Business Regulation
Division of Banking
1511 Pontiac Avenue
Building 69-2
Cranston, RI 02920-4407