NATIONAL CREDIT UNION ADMINISTRATION ALEXANDRIA, VA 22314-3428 OFFICIAL BUSINESS

ТО

MUST BE RECEIVED BY: October 24, 2006

TO THE BOARD OF DIRECTORS OF THE CREDIT UNION ADDRESSED:

This booklet contains the third quarter 2006 5300 Call Report. All credit unions must complete pages 1 - 10 of this form. Page 11 is the PCA Net Worth Calculation Worksheet and requires no input unless you intend to use an optional Total Assets Election or Alternative Risk Based Net Worth calculation to compute your net worth ratio. Page 12 is the Standard Components of Risk Based Net Worth Requirement worksheet which is automated and requires no input. Pages 13 – 16 contain supplementary schedules and should be completed as applicable.

Please complete the Call Report using accounting and statistical information from your credit union's records as of September 30, 2006. A paper copy of the form has been provided for your convenience. However, we urge you to prepare the Call Report using the automated PC 5300 System which accompanies this report. This system is more efficient to use, more cost effective and helps to ensure more accurate data.

Please return your completed Call Report information as soon as possible, but no later than <u>October 24, 2006</u>. There is an instructional letter accompanying this report which provides you with the appropriate return address. Please follow these instructions carefully.

If you have any questions, please contact your National Credit Union Administration Regional Office or your state credit union supervisor, as appropriate.

NATIONAL CREDIT UNION ADMINISTRATION



THIRD QUARTER CALL REPORT

2006

INSTRUCTIONS FOR REPORTING REQUIREMENTS

This form has been divided into two sections--a core section and a section of supplementary schedules. All credit unions must complete the core section, pages 1 - 10. Supplementary schedules A-C on pages 13 -16, must be completed if they are applicable to your credit union:

Schedule	Reporting Requirement
A – Specialized Lending	 Complete this schedule if your credit union: has real estate loans outstanding or real estate lending activity year to date, has business loans outstanding or business lending activity year to date, has indirect loans outstanding, has participation loans outstanding or participation lending activity year to date, or has purchased loans from other financial institutions year to date.
B – Investments, Supplemental Information	 Complete this schedule if your credit union: has investments classified as Trading, Available for Sale, or Held to Maturity, has non-security investments that meet the requirements of Part 703.10(a), has investments purchased under an investment pilot program as defined by Part 703.19, has investment repurchase agreements, has investments not authorized by the FCU Act or NCUA Rules and Regulations, or has investments in brokered certificates of deposit or brokered share certificates.
C – Credit Union Service Organization (CUSO) Information	Complete this schedule if your credit union has a loan to or investment in a CUSO.

STATEMENT OF FINANCIAL CONDITION AS OF SEPTEMBER 30, 2006

(ROUND CENTS TO THE NEAREST WHOLE DOLLAR. DO NOT REPORT CENTS)

Credit Union Name:____

_____ Federal Charter/Certificate Number: ____

This page must be completed by	all credit unions	
ASSETS		
CASH:		
		Amount
1. Cash on Hand (Coin and Currency)		
2. Cash on Deposit (Amounts Deposited in Financial Institutions)	Amount	
a. Cash on Deposit in Corporate Credit Unions		
b. Cash on Deposit in Other Financial Institutions		
c. Total Cash on Deposit (Amounts Deposited in Financial Institutions)		
3. Cash Equivalents (Investments with Original Maturities of Three Months or Less)		

INVESTMENTS: If your credit union reports amounts for items 4, 5, or 6 below, complete Schedule B - Investments, Supplemental Information.

	А	В	C1	C2	D	E	
	<= 1 Year	>1-3 Years	>3-5 Years	>5-10 Years	> 10 Years	TOTAL AMOUNT	
4. Trading Securities							
5. Available for Sale Securities							
6. Held-to-Maturity Securities							
7. Deposits in commercial banks, S&Ls, savings banks							
8. Loans to and investments in natural person credit unions							
9. Membership capital at corporate credit unions							
10. Paid-in capital at corporate credit unions							
11. All other investments in corporate credit unions							
12. All other investments							
13. TOTAL INVESTMENTS (Sum of Items 4-12)							
LOANS Held for Sale: See Instructions	5.			•			
14. Loans Held for Sale							

STATEMENT OF FINANCIAL CONDITION AS OF SEPTEMBER 30, 2006

This page must be completed by all credit unions

ASSETS -- CONTINUED

LOANS & LEASES: If your credit union has any real estate loans or member business loans outstanding or has originated any real estate loans or member business loans during the reporting period, complete Schedule A - Specialized Lending.						
	Interest Rate	Number of Loans	Amount			
15. Unsecured Credit Card Loans						
16. All Other Unsecured Loans/Lines of Credit						
17. New Vehicle Loans						
18. Used Vehicle Loans						
19. Total 1st Mortgage Real Estate Loans/Lines of Credit						
20. Total Other Real Estate Loans/Lines of Credit						
21. Leases Receivable						
22. Total All Other Loans/Lines of Credit						
23. TOTAL LOANS & LEASES (Sum of items 15-22)						
24. Less: Allowance for Loan & Lease Losses						
Other Assets:			Amount			
25. Foreclosed and Repossessed Assets		Amount				
a. Real Estate						
b. Automobiles						
c. Other						
d. Total Foreclosed and Repossessed Assets						
26. Land and Building						
27. Other Fixed Assets						
28. NCUA Share Insurance Capitalization Deposit						
29. Other Assets		Amount				
a. Accrued Interest on Loans						
b. Accrued Interest on Investments						
c. All Other Assets						
d. Total Other Assets						
30. TOTAL ASSETS (Sum of items 1, 2c, 3, 13-14, 23, 24, 25	d, 26-28, and 29d	l)				

	Number	Amount
31. Loans Granted Year-to-Date		
32. Loans Outstanding to Credit Union Officials and Senior Executive Staff		

STATEMENT OF FINANCIAL CONDITION AS OF SEPTEMBER 30, 2006

This	page	must be	com	pleted	bv á	all	credit	union	s
	page	maoriso		0.0004	~, .		oround		-

LIABILITIES:	A. < 1 Year	B1. 1 - 3 Years	B2. > 3 Years	C. Total Amount
1. Draws Against Lines of Credit				
2. Other Notes, Promissory Notes and Interest Payable				
3. Borrowing Repurchase Transactions				
4. Subordinated Debt				
5. Uninsured Secondary Capital				
6. TOTALS (each column)				
7. Accrued Dividends & Interest Payable on Shares & Deposits				
8. Accounts Payable and Other Liabilities				

SHARES/DEPOSITS:	Dividend Rate	Number of Accounts	A. < 1 Year	B1. 1 - 3 Years	B2. > 3 Years	C. Total Amount
9. Share Drafts						
10. Regular Shares						
11. Money Market Shares						
12. Share Certificates						
13. IRA/KEOGH Accounts						
14. All Other Shares						
15. TOTAL SHARES						
16. Non-Member Deposits						
17. TOTAL SHARES and DEPOSITS						

STATEMENT OF FINANCIAL CONDITION AS OF SEPTEMBER 30, 2006

This page must be completed by all credit unions

EQUITY:	Amount
18. Undivided Earnings	
19. Regular Reserves	
20. Appropriation for Non-Conforming Investments (SCU ONLY)	
21. Other Reserves.(Appropriations of Undivided Earnings)	
22. Miscellaneous Equity	
23. Accumulated Unrealized Gains (Losses) on Available for Sale Securities	
24. Accumulated Unrealized Net Gains (Losses) on Cash Flow Hedges	
25. Other Comprehensive Income (unless already included in item 23 or 24)	
26. Net Income (unless this amount is already included in Undivided Earnings)	

27. TOTAL LIABILITIES, SHARES, AND EQUITY (Sum items 6-8 and 17-26) (Must equal line 30, P.2)

If your credit union has any unfunded commitments or loans sold or swapped with recourse complete page 9 - Liquidity Commitments and Sources

NCUA INSURED SAVINGS COMPUTATION Share and deposit as described in Part 745 of the NCUA Rules and Regulations, if they are authorized by state law, and issued to members (or nonmembers in the case of low-income designated credit unions), other credit unions, or public units. Do not include notes payable or other forms of borrowings.				
	Amount			
A. Uninsured Member Shares and Deposits (see instructions for this line item)				
B. Uninsured Nonmember Shares and Deposits (see Instructions for this line item)				
C. TOTAL UNINSURED SHARES AND DEPOSITS (A+B)				
D. TOTAL INSURED SHARES AND DEPOSITS (items 17 less item C)				

INCOME AND EXPENSE

This page must be completed by all credit unions.

INTE	EREST INCOME:	Amount
1.	Interest on Loans (Gross-before interest refunds)	
2.	(Less) Interest Refunded	
3.	Income from Investments (Including Interest and Dividends)	
4.	Trading Profits and Losses (Realized and Unrealized Gains/Losses)	
5.	TOTAL INTEREST INCOME (Sum of items 1-4)	
INTE	EREST EXPENSE:	
6.	Dividends on Shares (Includes dividends earned during current period)	
7.	Interest on Deposits (Total interest expense for deposit accounts) (SCU ONLY)	
8.	Interest on Borrowed Money	
9.	TOTAL INTEREST EXPENSE (Sum of items 6-8)	
10.	Provision for Loan & Lease Losses	
11.	NET INTEREST INCOME AFTER PROVISION FOR LOAN AND LEASE LOSSES	
	(Item 5 less item 9 less item 10)	
NON	I_INTEREST INCOME:	
12.	Fee Income	
13.	Other Operating Income (Include unconsolidated CUSO Income)	
14.	Gain (Loss) on Investments (DO NOT include Gain or Loss on Trading Securities)	
15.	Gain (Loss) on Disposition of Fixed Assets	
16.	Other Non-operating Income (Expense)	
17.	TOTAL NON-INTEREST INCOME (Sum of items 12-16)	
NON	I_INTEREST EXPENSE:	
18.	Total Employee Compensation and Benefits	
19.	Travel and Conference Expense	
20.	Office Occupancy Expense	
21.	Office Operations Expense	
22.	Educational and Promotional Expenses	
23.	Loan Servicing Expense	
24.	Professional and Outside Services	
25.	Member Insurance	
26.	Operating Fees (Examination and/or supervision fees)	
27.	Miscellaneous Operating Expenses	
28.	TOTAL NON-INTEREST EXPENSE (Sum of items 18-27)	
29.	NET INCOME (LOSS) (line 11 plus line 17 less line 28)	
RES	ERVE TRANSFERS:	
30.	Transfer to Regular Reserves	

MISCELLANEOUS INFORMATION

This page must be completed by all credit unions

1.	Indicate in the box at the right the number of the description below that best characterizes the last audit performed of your credit union's records						
	1 = Financial statement audit performed by state licensed p	persons					
	2 = Balance sheet audit performed by state licensed perso	ns					
	3 = Examinations of internal controls over call reporting per	rformed by state licensed persons					
	4 = Supervisory Committee audit performed by state licens	sed persons					
	5 = Supervisory Committee audit performed by other extern	nal auditors					
	6 = Supervisory Committee audit performed by the supervi	sory committee or designated staff					
	Effective date of last audit						
			MM	YY			
2.	Effective date of the most recent Supervisory Committee ve	erification of Members'	101101				
	accounts						
			MM	YY	ΥY		
3.	Does your credit union maintain share/deposit insurance of	overage in addition to the NCUSIF?					
	(Do not include Life Savings and Borrowers' Protection Ins	urance or Surety Bond Coverage.)		Yes	No		
	If so, indicate the name of the insurance company						
	Dollar amount of shares and/or deposits insured by the cor	mpany named above					
4.	Number of current members (not number of accounts)						
5.	Number of potential members						
6.	Number of credit union employees who are:						
	a. Full-Time (26 hours or more per week)						
	b. Part-Time (25 hours or less per week)						
7.	Programs or service offerings: (Check all that apply)						
	a. Indirect Lending	k. Investment Pilot Program					
	b. Participation Loans	I. Investments not authorized by the FCU Act (SCU ONLY)					
	c. Real Estate Loans	m. Deposits and Shares Meeting		a)			
	d. Member Business Loans	n. Brokered Certificates of Deposit		u)			
14 a	d above are checked, complete Schedule A -	If k-n above are checked, complete		la D	ļ I		
	cialized Lending	Investments	Scheut	lie D -			
•	e. Risk Based Loans	o. Overdraft Protection					
	f. Direct Financing Leases	p. Overdraft Lines of Credit					
	g. Mortgage Processing	q. ATM / Debit Card Program					
	h. Approved Mortgage Seller	r. Interest Only First Mortgages					
	i. Debt Cancellation/Suspension j. Borrowing Repurchase	s. Insurance/Investment Sales t. Brokered Deposits (shares acqu					
	Agreements	through a third party)					
8.	Credit Union Member Service Branch Information						
0.	a. Number of credit union branches						
	b. Does the credit union provide member services through				J		
	services center?						

CONTACT AND CERTIFICATION PAGE

This page must be completed by all credit unions

The regulations implementing the U.S.A. Patriot's Act require financial institutions to identify contacts to receive information for Fince Marging in terrorist acts or morely laundering activities. The logical person to designate for this would be the individual in noting of the credit unions bank Secore/ Act Compliance and Customer Hierdinfication Programs. The contact information will be used by NCUA and FinCEN and will not be released to the public. Primary Contact Secondary Contact Name Email Address Email Address Fax Number Image of the credit unions bank Secondary Contact Name Fax Number Image of the credit of the public designate for this would be the individual in noting the Secondary Contact Fax Number Image of the credit of the public designate for this would be the individual in contact information is the same as above. Please include a cell number below if it is available. The Emergency Contact Information is the same as above. Please include a cell number below if it is available. The Emergency Contact Information is the same as above. Please include a cell number below if it is available. The Emergency Contact Information is the same as above. Please include a cell number below if it is available. The Emergency Contact Information is the same as above. Please include a cell number below if it is available. The Emergency Contact Information is the same as above. Please include a cell number below if it is available. The Emergency Contact Neme Primary Con	U.S. Patriot Act Informatio	<u>n</u>				
oredble evidence of engaging in ierrorist acts or money laundering activities. The logical person to designate for this would be the individual in charge of the credit union's Bank Scereey Act Compliance and Customer leditification Programs. The contact information will be used by NCUA and FinCEN and will not be released to the public. Primary Contact Secondary Contact Name Email Address						
Information will be used by NCUA and FincEN and will not be released to the public. Secondary Contact Name Name Image: Contact Secondary Contact Email Address Email Address Email Address Image: Contact Secondary Contact Eax Number Fax Number Fax Number Image: Contact Fax Number Image: Contact Telephone Number Image: Contact Fax Number Image: Contact Image: Contact Energency Contact Information Extension Image: Contact Image: Contact Image: Contact This information is requested so NCUA can distribute critical, time sensitive information is to a serior credit union official fait has decision-making autority. Also, please provide primary contact information for a serior credit union official fait has decision-making autority. Also, please provide primary contact information for a serior credit union softical fait has decision-making autority. Also, please provide primary contact information for a serior credit union softical fait has decision-making autority. Also, please provide primary contact information for a serior credit union softical fait has decision-making autority. Also, please provide primary contact information for a serior credit union softical fait has decision-making autority. Also, please prime available. This information for secondary contact Immerity on tact information for a serior credit union softical fait has decision-making autority. Also, please primary Contact Secondary Contact						
Primary Contact Secondary Contact Name Name				cation Programs. The contact		
Name Name Email Address Email Address Fax Number Fax Number Telephone Number Telephone Number Extension Extension Emergency Contact Information Extension The Emergency Contact Information is the same as above. Please include a cell number below if it is available. This information is requested so NCUA can distribute critical, time sensitive information to emergency contacts at credit unions. Please provide primary contact information or a senior credit union official that has decision-making authority. Also, please provide primary contact senior official. Emergency contact Information is for the confidential use of NCUA and vul no be receded to the public. Primary Contact Secondary Contact Name Name Email Address Email Address Fax Number Fax Number Telephone Number Telephone Number Extension Extension Cedit Phone Cell Phone Credit Union Name:				ondary Contact		
Email Address Email Address Fax Number Fax Number Talephone Number Telephone Number Extension Extension Energency Contact Information Extension Energency Contact Information Extension Energency Contact Information Extension Image: Contact Information Extension Image: Contact Information is the same as above. Please include a cell number below if it is available. This Information is requested so NCUA can distribute critical, time sensitive information to rearce union autority. Also, please provide information to reacondary contact senior ordit union decision-making authority. Also, please provide information to reacondary contact senior ordit union decision-making authority. Also, please provide information to reacondary contact senior ordit union decision-making authority. Also, please provide information to reacondary contact senior ordit union decision-making authority. Also, please provide information to reacondary contact senior ordit union decision-making authority. Also, please provide information to reacondary contact senior ordit union decision-making authority. Also, please provide information to reacondary contact senior ordit union decision-making authority. Also, please provide information to reacondary contact senior ordit union and the decision-making authority. Also, please provide information to reacondary contact senior official. Emergency Contact Matter Secondary Contact Secondary Conta	F11		360			
Fax Number Fax Number Telephone Number Telephone Number Extension Extension Emergency Contact Information Extension Image: Contact Information The Emergency Contact Information is the same as above. Please include a cell number below if it is available. This information is requested so NCUA can distribute critical, time sensitive information to regency contacts at credit unions. Please provide information for a senior credit union official that has decision-making authority. Also, please provide information to rescondary contact senior official. Emergency contact information is to resondary contact Primary Contact Secondary Contact Name Name Email Address Email Address Fax Number Fax Number Telephone Number Extension Cell Phone Cell Phone Credit Union Name: Fax Number Extension: Office Hours: Last Name: Certified Correct By (Signature) Last Name: First Name: Prepared By (Signature) Date: Last Name: First Name: Prepared By (CEQ (The person responsible for the day operations of the credit union)	Name		Name			
Fax Number Fax Number Telephone Number Telephone Number Extension Extension Emergency Contact Information Extension Image: Contact Information The Emergency Contact Information is the same as above. Please include a cell number below if it is available. This information is requested so NCUA can distribute critical, time sensitive information to regency contacts at credit unions. Please provide information for a senior credit union official that has decision-making authority. Also, please provide information to rescondary contact senior official. Emergency contact information is to resondary contact Primary Contact Secondary Contact Name Name Email Address Email Address Fax Number Fax Number Telephone Number Extension Cell Phone Cell Phone Credit Union Name: Fax Number Extension: Office Hours: Last Name: Certified Correct By (Signature) Last Name: First Name: Prepared By (Signature) Date: Last Name: First Name: Prepared By (CEQ (The person responsible for the day operations of the credit union)						
Telephone Number Telephone Number Extension Extension Emergency Contact Information Extension Emergency Contact Information is the same as above. Please include a cell number below if it is available. This information is requested so NCUA can distribute critical, time sensitive information to emergency contact at eredit unions. Please provide primary contact information for a senior credit union official that has decision-making authority. Also, please provide information to research the confidential use of NCUA and value of the cleased to the public. Primary Contact Secondary Contact Name Name Email Address Email Address Fax Number Fax Number Telephone Number Extension Cell Phone Cell Phone Credit Union Name:	Email Address		Email Address			
Telephone Number Telephone Number Extension Extension Emergency Contact Information Extension Emergency Contact Information is the same as above. Please include a cell number below if it is available. This information is requested so NCUA can distribute critical, time sensitive information to emergency contact at eredit unions. Please provide primary contact information for a senior credit union official that has decision-making authority. Also, please provide information to research the confidential use of NCUA and value of the cleased to the public. Primary Contact Secondary Contact Name Name Email Address Email Address Fax Number Fax Number Telephone Number Extension Cell Phone Cell Phone Credit Union Name:	E. Musshan		E. Number			
Extension Extension Emergency Contact Information Image: Contact Image: Contact Information Image: Contact Image: Co	Fax Number		Fax Number			
Extension Extension Emergency Contact Information Image: Contact Image: Contact Information Image: Contact Image: Co	Telephone Number		Telephone Number			
Emergency Contact Information Image: Contact Information Image: Contact Information is the same as above. Please include a cell number below if it is available. This information is requested so NCUA can distribute critical, time sensitive information to emergency contacts at credit unions. Please provide primary contact information for a senior credit union official that has decision-making authority. Also, please provide information for a senior official. Emergency contact information is for the confidential use of NCUA and will not be released to the public. Primary Contact Secondary Contact Name Name Email Address Email Address Fax Number Fax Number Telephone Number Etension Extension Extension Cell Phone Cell Phone Credit Union Name: Federal Charter: Telephone No: Frax Number Extension: Office Hours: Last Name: Date: Prepared By (Signature) Date: Last Name: First Name: Prese print Manager/CEO (The person responsible for the day to day operations of the credit union)						
The Emergency Contact Information is the same as above. Please include a cell number below if it is available. This information is requested so NCUA can distribute critical, time sensitive information to emergency contacts at credit unions. Please provide information for a senior critical. Emergency contact information for a senior critical that has decision-making authrory. Also, please provide information for a senior critical that has decision-making authrory. Also, please provide information for secondary contact senior official. Emergency contact information is for the confidential use of NCUA and will not be released to the public. Name Primary Contact Secondary Contact Name Name Information for a senior critical. The sensitive information is for the confidential use of NCUA and will not be released to the public. Name Primary Contact Secondary Contact Pax Number Fax Number Primary Contact Telephone Number Fax Number Primary Contact Cerdit Union Name: Federal Charter: Fax No: Telephone No: Fax No: Primary Contact Primary Contact Last Name: Date: Date: Prepared By (Signature	Extension		Extension			
The Emergency Contact Information is the same as above. Please include a cell number below if it is available. This information is requested so NCUA can distribute critical, time sensitive information to emergency contacts at credit unions. Please provide information for a senior critical. Emergency contact information for a senior critical that has decision-making authrory. Also, please provide information for a senior critical that has decision-making authrory. Also, please provide information for secondary contact senior official. Emergency contact information is for the confidential use of NCUA and will not be released to the public. Name Primary Contact Secondary Contact Name Name Information for a senior critical. The sensitive information is for the confidential use of NCUA and will not be released to the public. Name Primary Contact Secondary Contact Pax Number Fax Number Primary Contact Telephone Number Fax Number Primary Contact Cerdit Union Name: Federal Charter: Fax No: Telephone No: Fax No: Primary Contact Primary Contact Last Name: Date: Date: Prepared By (Signature						
This information is requested so NCUA can distribute critical, time sensitive information to emergency contacts at credit unions. Prease provide primary contact information for a senior credit union official that has decision-making authority. Also, please provide information for secondary contact senior official. Emergency contact information is for the confidential use of NCUA and will not be released to the public. Primary Contact Secondary Contact Name	Emergency Contact Inform	ation				
This information is requested so NCUA can distribute critical, time sensitive information to emergency contacts at credit unions. Prease provide primary contact information for a senior credit union official that has decision-making authority. Also, please provide information for secondary contact senior official. Emergency contact information is for the confidential use of NCUA and will not be released to the public. Primary Contact Secondary Contact Name	The	Emergency Contact Information is th	ne same as above. Please inclu	de a cell number below if it is available		
Please provide primary contact information for a senior credit union official that has decision-making authority. Also, please provide information is for the confidential use of NCUA and will not be released to the public. Image: Secondary Contact Secondary Contact Name Name Email Address Email Address Fax Number Fax Number Telephone Number Telephone Number Extension Extension Cell Phone Cell Phone Fax Name: Office Hours: Telephone No: Fax Number Fax Name: Certified Correct By (Signature) Last Name: Date: Prepared By (Signature) First Name: Last Name: First Name: Prepared By (CEO (The person responsible for the day to day operations of the credit union)						
provide information for secondary contact senior official. Emergency contact information is for the confidential use of NCUA and will not be released to the public. Name Name Name Name Email Address Email Address Fax Number Fax Number Telephone Number Telephone Number Extension Extension Cell Phone Cell Phone Credit Union Name: Fax Norther Fax Name: Office Hours: Prepared By (Signature) Date: Last Name: Certified Correct By (Signature) Last Name: First Name: Please print Manager/CEO (The person responsible for the day to day operations of the credit union)						
and will not be released to the public. Secondary Contact Name Name Image Name Email Address Email Address Fax Number Fax Number Telephone Number Fax Number Extension Extension Cell Phone Cell Phone Credit Union Name: Federal Charter: Telephone No: Federal Charter: Extension: Office Hours: Last Name: Date: Image: Certified Correct By (Signature) Last Name: First Name: MI: Please print Manager/CEO (The person responsible for the day to day operations of the credit union)						
Name Name Image: Certified Correct By (Signature) Last Name: Prepared By (Signature) Date:						
Email Address Email Address Fax Number Fax Number Telephone Number Telephone Number Extension Extension Cell Phone Cell Phone Credit Union Name:	Pri	mary Contact	Sec	ondary Contact		
Fax Number Fax Number Telephone Number Telephone Number Extension Extension Extension Extension Cell Phone Cell Phone Credit Union Name:	Name		Name			
Fax Number Fax Number Telephone Number Telephone Number Extension Extension Extension Extension Cell Phone Cell Phone Credit Union Name:						
Telephone Number Telephone Number Extension Extension Cell Phone Cell Phone Credit Union Name: Federal Charter:	Email Address		Email Address			
Telephone Number Telephone Number Extension Extension Cell Phone Cell Phone Credit Union Name: Federal Charter:						
Extension Extension Cell Phone Cell Phone Credit Union Name:	Fax Number		Fax Number			
Extension Extension Cell Phone Cell Phone Credit Union Name:	Telephone Number		Telephone Number			
Cell Phone Cell Phone Credit Union Name:						
Credit Union Name: Federal Charter: Telephone No: Fax No: Extension: Office Hours: Last Name: Date: Prepared By (Signature) Date: Last Name: Date: Certified Correct By (Signature) Date: Last Name: Prepared By (Signature) Last Name: Manager/CEO (The person responsible for the day to day operations of the credit union)	Extension		Extension			
Credit Union Name: Federal Charter:						
Telephone No: Fax No: Extension: Office Hours: Last Name: Date: Prepared By (Signature) Date: Last Name: Date: Certified Correct By (Signature) Date: Last Name: Prepared By (Signature) Last Name: Pate: Vertified Correct By (Signature) Date: Last Name: First Name: Please print Manager/CEO (The person responsible for the day to day operations of the credit union)	Cell Phone		Cell Phone			
Telephone No: Fax No: Extension: Office Hours: Last Name: Date: Prepared By (Signature) Date: Last Name: Date: Certified Correct By (Signature) Date: Last Name: Prepared By (Signature) Last Name: Pate: Vertified Correct By (Signature) Date: Last Name: First Name: Please print Manager/CEO (The person responsible for the day to day operations of the credit union)						
Telephone No: Fax No: Extension: Office Hours: Last Name: Date: Prepared By (Signature) Date: Last Name: Date: Certified Correct By (Signature) Date: Last Name: Prepared By (Signature) Last Name: Pate: Vertified Correct By (Signature) Date: Last Name: First Name: Please print Manager/CEO (The person responsible for the day to day operations of the credit union)	Credit Union Name			Federal Charter		
Extension: Office Hours: Last Name: Date: Prepared By (Signature) Date: Last Name: Date: Certified Correct By (Signature) Date: Last Name: Pirst Name: Please print Manager/CEO (The person responsible for the day to day operations of the credit union)						
Last Name: Date: Prepared By (Signature) Last Name: Date: Certified Correct By (Signature) Last Name: First Name: Please print Manager/CEO (The person responsible for the day to day operations of the credit union)						
Prepared By (Signature) Last Name: Date:	Telephone No:			Fax No:		
Prepared By (Signature) Last Name: Date:			Office Hours:			
Last Name:			Office Hours:			
Certified Correct By (Signature) Last Name: Please print Manager/CEO (The person responsible for the day to day operations of the credit union)	Extension: Last Name:		Office Hours:			
Certified Correct By (Signature) Last Name: Please print Manager/CEO (The person responsible for the day to day operations of the credit union)	Extension: Last Name:	Prepared By (Signature)	Office Hours:			
Please print Manager/CEO (The person responsible for the day to day operations of the credit union)	Extension: Last Name:	Prepared By (Signature)	Office Hours:	Date:		
Please print Manager/CEO (The person responsible for the day to day operations of the credit union)	Extension: Last Name: Last Name:		Office Hours:	Date:		
	Extension: Last Name: Last Name:		Office Hours:	Date:		
Last Name: First Name:MI:	Extension: Last Name: Last Name: Last Name:	Certified Correct By (Signature)		Date: Date:		
	Extension: Last Name: Last Name: Last Name:	Certified Correct By (Signature)		Date: Date:		
Please print President of the Board (Chairperson)	Extension: Last Name: Last Name: Last Name: <i>Please print</i>	Certified Correct By (Signature)		Date: Date: First Name:MI: s of the credit union)		

DELINQUENT LOANS, LOAN CHARGE OFFS AND RECOVERIES

This page must be completed by all credit unions

This page mus	st be completed by				1
		Re	portable Delinquen		
DELINQUENT LOANS BY COLLATERAL TYPE	1 to <2 months	2 to <6 months	6 to <12 months	12 months and over	Total Reportable Delinquency
			Report Amount Onl	У	-
1 Unsecured Credit Card Loans					
2 All Other Consumer Loans					
3 a. 1st Mortgage Fixed Rate/Hybrid/Balloon					
b. 1st Mortgage Adjustable Rate					
4 a. Other Real Estate Fixed Rate/Hybrid/Balloon					
b. Other Real Estate Adjustable Rate					
5 Leases Receivable					
6 Total Delinquent Loans					
7 Total Number of Delinquent Loans					
ADDITIONAL DELINQUENCY INFORMATION					
(Included in the delinquency reported above.)		Re	portable Delinquer	ncv]
			Report Amount Onl		J
9 Indiract Landing	I	r		у 	
8 Indirect Lending.					
9 Participation Loans					
10 Member Business Loans excluding Agricultural Loans					
11 Agricultural Loans					
	VTD	1	VTD	ſ	
LOAN LOSS INFORMATION	YTD Charge Offe		YTD Recoveries		
12 Unsecured Credit Card Loans	Charge Offs		Recoveries	,	
13 All Other Consumer Loans					
14 Total 1st Mortgage Loans					
15 Total Other Real Estate Loans					
16 Leases Receivable					
17 Total					
	YTD		YTD		
ADDITIONAL LOAN LOSS INFORMATION	Charge Offs		Recoveries		
18 Indirect Loans					
19 Participation Loans					
20 Member Business Loans excluding Agricultural Loans					
21 Agricultural Loans		J			
22 All loans charged off due to Bankruptcy YTD]			
23 Number of members with loans who have filed for:					
a. Chapter 7 Bankruptcy YTD					
b. Chapter 13 Bankruptcy YTD					
c. Chapter 11 Bankruptcy YTD					
24 Total Outstanding loan balances subject to bankruptcies	identified in item 23a	ı - 23c.		[
25 Congressional Reporting Requirement					
a. Dollar amount of loans with interest rates that exceed	15% (F	CUs Only)		1	
b. Aggregate weighted average interest rate for the loans	•			•	
with interest rates that exceed 15%		CUs Only)			

LIQUIDITY, COMMITMENTS AND SOURCES

All credit unions must complete lines 8 through 10 of this form and, if applicable, lines 1 through 7.

1. Ui	-BALANCE SHEET COMMITMENTS		Amoun	
	ofunded Commitments for Business Leans			t
A.			/ unoun	
	Commercial Real Estate, Construction and Land Development			
В.	Other Unfunded Business Loan Commitments			
2. Ui	nfunded Commitments for All Remaining Loans (Non-Business Loans)			
A.	Revolving Open-End lines secured by 1-4 Family Residential Properties			
В.	Credit Card Lines			
C.	Outstanding Letters of Credit			
D.	Unsecured Share Draft Lines of Credit			
E.	Overdraft Protection Program Commitments			
F.	Other Unfunded Commitments			
	ITINGENT LIABILITIES			
3.	Loans Transferred with Recourse			
4.	Dollar Amount of Pending Bond Claims			
5.	Other Contingent Liabilities			
CRE	DIT AND BORROWING ARRANGEMENTS			
6.	Amount of Borrowings Subject to Early Repayment at Lender's Option			
7.	Lines of Credit			
	7a. Total Credit Lines			
	7b. Total Committed Credit Lines.			
			Ī	
8.	Is your credit union a member of the Federal Home Loan Bank?	YES	NO	
9.	Has your credit union filed an application to borrow from the Federal	0		
-	Reserve Bank Discount Window?	YES	NO	
10.	Has your credit union pre-pledged collateral with the Federal Reserve	0		
	Bank Discount Window?	YES	NO	

INFORMATION SYSTEMS & TECHNOLOGY

All credit unions must complete lines 1-3 and 11-12 of this form. Complete lines 4-10 and 13-14 if

applicable.

1.	Indicate in the box at the right the number of t	he statement below which	best describes the system		
	the credit union uses to maintain its share and	l loan records.			
		Vendor Supplied In-House Other	e System 3 = Vendor On-Line	Service Burea	u
2.	Indicate in the box below the name of the prin		nation processing vendor		
			inalien proceesing renderi		
				Yes	No
3.	Are you undergoing a data processing conve	rsion presently or plan to i	n the next 12 months?	103	
0.					
4.	How do your members access/perform electr	onic financial services (se	lect all that apply):		
	Home Banking Via Internet Website		Automatic Teller Machine (ATM)	
	Wireless		Kiosk		
	Home Banking/PC Based		Other		
	Audio Response/Phone Based				
5.	What services do you offer electronically (se	lect all that apply):			
	Member Application		View Account History		
	New Loan		Merchandise Purchase		
	Account Balance Inquiry		Share Account Transfers		
	Share Draft Orders		Bill Payment		
	New Share Account		Download Account History		
	Loan Payments		Electronic Cash		
	Account Aggregation		Electronic Signature Authe		
	Internet Access Services		Certification		
	Other (please specify)				
6.	If your credit union has a World Wide Website	e Address, please			
	provide it in the box				
7.	If you have a world wide website, please indi	cate the type (select only o	one)		
		=Transactional	/		
8.	If you have a transactional world wide websit	e, how many members us	e it		
9.	If you have a transactional website, please pl	rovide the name of the		ļ	
	primary vendor used to deliver such services				
10.	If you do not have a website, do you plan to a	add one in the future?			
	a. If Yes to #10, in how many months				
	b. If Yes to #10, what type of site (select only 1 = Informational 2 = Interactive 3=	/ one) =Transactional			
11.	Does the credit union have internet access?				
12.	Does the credit union have FedLine Access?				
			ante a constante da		
13.	If the credit union processes ACH transactions, is it an Originating Depository Financial Institution?				
14.	If the credit union processes ACH transaction	ns, is it a Receiving Depos	itory Financial Institution?		

PCA NET WORTH CALCULATION WORKSHEET

No credit union is required to provide input on this page unless it has chosen an alternative total assets option offered on lines 9 through 11 to calculate Net Worth or have elected to calculate an alternative Risk Based Net Worth ratio

o <u>Electronic Filers</u>: Information entered on preceding schedules will populate line items below on the PC 5300 Automated System, excluding optional items 9, 10 and 11.

o Manual Call Report Filers : Leave this page blank or use it as a manual net worth calculation worksheet.

NET WORTH TO TOTAL ASSETS RATIO

NUMERATOR: NET WORTH

1.	Undivided Earnings
2.	Regular Reserves
3.	Appropriation for Non-Conforming Investments (SCU ONLY)
4.	Other Reserves (Appropriations of Undivided Earnings)
5.	Uninsured Secondary Capital (Low Income Designated Credits Unions Only)
6.	Net Income (unless this amount is already included in Undivided Earnings)
7.	TOTAL NET WORTH (Sum of items 1-6)
5. 6.	Uninsured Secondary Capital (Low Income Designated Credits Unions Only) Net Income (unless this amount is already included in Undivided Earnings)

DENOMINATOR: TOTAL ASSETS

Amount

8. Total Assets (quarter-end)	
Total Assets Elections (Optional)	

Total Assets Elections (optional)			
Retain line 8 quarter-end total assets above as net worth ratio denominator, or select one of the total assets computation			
options below by inputting the result in the appropriate line item. Line 12 below will compute your net worth ra	tio using line 8		
quarter-end total assets as your denominator unless you enter an amount in line 9, 10 or 11.			
9. Average of Daily Assets over the calendar quarter			
10. Average of the three month-end balances over the calendar quarter			
11. The average of the current and three preceding calendar quarter-end balances			

This page is intentionally left blank. NCUA will compute the Risk Based Net Worth Requirement Calculation for manual Call Report filers with the information entered on previous pages of the Call Report.

SCHEDULE A - SPECIALIZED LENDING

If your credit union has any indirect loans outstanding or participation loans outstanding, purchased or sold year-to-date, complete Section 1 of this schedule.

If your credit union has any real estate loans or member business loans outstanding or has originated any real estate loans or member business loans year-to-date, complete Sections 2 and 3 of this schedule.

SECTION 1 - INDIRECT LOANS AND PARTICIPATION LOANS

1. INDIRECT LOANS

INDIRECT LOANS	Number	Amount
a. Indirect Loans - Point of Sale Arrangement		
b. Indirect Loans - Outsourced Lending Relationship		
c. TOTAL OUTSTANDING INDIRECT LOANS		

2. PARTICIPATION LOANS	Number	Amount
a. Participation Loans Outstanding		
b. Participation Loans Purchased Year-to-Date		
c. Participation Loans Sold Year-to-Date		
	Number	Amount
3. Loans Purchased from Other Financial Institutions Year-to-Date		

You may stop here if your credit union has no real estate loans or member business loans outstanding and has not originated any real estate loans or member business loans year-to-date.

SECTION 2 - REAL ESTATE LOANS AND LINES OF CREDITS

RE	AL ESTATE LOANS	No. of Loans Outstanding	Amt of Loans Outstanding	No. of Loans Granted Year- to- Date	Amount Granted Year-To- Date
FIR 4.	ST MORTGAGE Fixed Rate.				
	a. > 15 Years				
	b. 15 Years or less				
5.	Balloon/Hybrid				
	a. > 5 Years				
	b. 5 Years or less				
6.	Other Fixed Rate				
7.	Adjustable Rate 1 yr or less				
8.	Adjustable Rate > 1 yr				
от	HER REAL ESTATE				
9.	Closed End Fixed Rate				
10.	Closed-End Adjustable Rate				
11.	Open-End Adjustable Rate				
12.	Open-End Fixed Rate				
13.	Other				
14.	TOTALS (each column)				
	-				
МІ	CELLANEOUS REAL ESTATE	LOANS/LINES OF	E CREDIT INFORMATION		

	Amount
15. Allowance for Losses on all Real Estate Loans	
16. Total Amount of All 1st Mortgage Loans which have been sold in the	
secondary market year-to-date	
17. Amount of Real Estate Loans Outstanding that will contractually refinance, reprice or	
mature within the next 5 years and that are not reported on line 26 (below)	
18. Amount of real estate loans sold but serviced by the credit union	
19. Mortgaging Servicing Rights	

SCHEDULE A - SPECIALIZED LENDING (Continued)

If your credit union has any indirect loans outstanding or participation loans outstanding, purchased or sold year-to-date, complete Section 1 of this schedule.

If your credit union has any real estate loans or member business loans outstanding or has originated any real estate loans or member business loans year-to-date, complete Sections 2 and 3 of this schedule.

SECTION 3 - BUSINESS LOANS

BUSINESS LOANS	No. of Loans Outstanding	Amount	No. of Loans Granted or Purchased Year-to-Date	Amount Granted or Purchased Year-to-Date
20. Member Business Loans				
21. Purchased business loans				
or participation interests				
to nonmembers				

MISCELLANEOUS BUSINESS LOAN INFORMATION

22. Construction and Development Loans.....

23. Unsecured business loans ..

24.	Purchased business loans				
	or participation interests				
	to members				

25. Agricultural Related Loans..

26.	Portion of Real Estate Loans included in line 14 of Section 2 this schedule
	which are also reported as business loans on lines 20 and 21 above
27.	Business Loans and Participations sold Year-to-Date

28. Small Business Administration Loans Outstanding.....

Number	Amount

	RISK BASED NET WORTH (RBNW)				
	for credit unions with assets greater than \$10,000,000				
		Amount			
29.	Loans and participation interests qualifying for RBNW				
30.	Unfunded commitments for business loans and participation interests qualifying for RBNW				
31.	Amount of Real Estate Loans included in line 14 on Section 2 also reported as business loans				
	and participation interests qualifying for RBNW on line 29 above				

SCHEDULE B - INVESTMENTS, SUPPLEMENTAL INFORMATION

Complete this schedule if amounts are reported on page 1, lines 4, 5, or 6; if items 7k - 7n on page 6 are checked; or if items 13 - 15 below are applicable.

TYPES OF INVESTMENTS

1.	U.S. Government Obligations
2.	Federal Agency Securities
3.	Mutual Funds & Common Trust Investments

MISCELLANEOUS INVESTMENT INFORMATION

MORTGAGE-RELATED SECURITIES

4.	Mortgage Pass-Through Securities
5.	Collateralized Mortg. Obligations/Real Estate Mortgage Investment Conduits(CMOs/REMICs)
6.	Commercial Mortgage Related Securities
INV	ESTMENTS MEETING SPECIFIC CRITERIA OF PART 703 (FCU ONLY)
7.	Non-Mortgage Related Securities with Embedded Options or Complex Coupon Formulas
8.	Non-Mortgage Related Securities with Maturities Greater than Three Years that Do Not Have Embedded Options or Complex Coupon Formulas
9.	Total of Securities Meeting the Requirements of Section 703.12(b)(Sum of items 4-8)
10.	Total of Deposits and Shares Meeting the Requirements of Section 703.10(a)
11.	Market Value of Investments Purchased Under an Investment Pilot Program - 703.19
MIS	SCELLANEOUS INVESTMENT INFORMATION
12.	Fair Value of Held to Maturity Investments (reported on line 6 of page 1)
13.	Investment Repurchase Agreements
14.	Borrowing Repurchase Transactions Placed in Investments for Purposes of Positive Arbitrage
15.	Investments Not Authorized by the FCU Act or NCUA Rules and Regulations (SCU ONLY)
16.	Outstanding balance of brokered certificates of deposit and share certificates

Amount

Amount	

RETURN THIS COPY SCHEDULE C - CREDIT UNION SERVICE ORGANIZATION (CUSO) INFORMATION

DON'T MAKE ENTRIES ON THIS FORM UNLESS YOUR CREDIT UNION HAS A LOAN TO OR INVESTMENT IN A CUSO

Complete a separate line of information for each CUSO in which you have a loan or an investment, regardless of whether your credit union wholly owns the CUSO, has a "controlling financial interest", has the "ability to exert significant influence" or owns only a smaller portion of the CUSO. If you have a loan or investment in more than 15 CUSOs and file manually, please continue on a copy of this form.

	Name of CUSO *	Value of Investment in CUSO	Amount loaned to CUSO				Aggregate Cash Outlay in CUSO
	Name of 0000			**	***	****	
Α.							
В.							
C.							
D.							
Ε.							
F.							
G.							
Н.							
I.							
J.							
K.							
L.							
М.							
N.							
О.							
Ρ.							
Q.							
R.							
S.							
Т.							

Note:

- * Report the CUSO's full/legal name.
- ** Is the CUSO wholly owned by the credit union? Blank = No; 1 = Yes (Acct. Code 833A-T)

*** Indicate in the box the number which describes the predominant service provided by the CUSO: (Acct. Code 834A-T)

5 = Investment Services

Indirect Lending

1 = Mortgage Processing

- 2 = EDP Processing
- 3 = Shared Branching

4 = Insurance Services

8=Trust Services 6 = Auto Buying, Leasing, or 9=Item Processing 10=Tax Preparation

3 = cost method

11=Travel

12=Other 13=Business Lending 14=Title Insurance

**** How is the investment in the CUSO accounted for on the credit union's financial statements: (Acct. Code 837A-T):

7 = Credit Cards

2 = equity method

1 = consolidation