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

Credit Union Profile Form and Instructions
First Quarter 2012

MUST BE RECEIVED BY: April 20, 2012

TO THE BOARD OF DIRECTORS OF THE CREDIT UNION ADDRESSED:

This booklet contains the first quarter 2012 Profile form and instructions. All credit unions that filed this completed form in a previous cycle and are filing manually must complete pages 1, 2, 16, 17, and 18 of this form, as applicable. Additionally, credit unions must report any changes to their sites, contacts, and IS&T information previously reported on pages 3 - 15.

This paper form is provided for your convenience; however, only credit unions with a manual filing status should complete this form and return it to the contact identified on the enclosed instructional letter.

If you are currently identified as a manual filer and would like to submit your data electronically, please notify your NCUA Regional Office or your state credit union supervisor, as appropriate. NCUA's Technical Customer Support Desk can assist you with obtaining a username and password to access Credit Union Online.

Please return this booklet as soon as possible, but no later than **April 20, 2012**. Please follow the instructions carefully.

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

REPORTING INSTRUCTIONS

Credit unions that have submitted **this** completed form in a previous cycle are only required to complete the areas that have changed since the last time they filed. If you are unsure of the information in your online profile and do not have Internet access, you can request a copy of your profile from your NCUA Regional Office or state credit union supervisor, as appropriate. If there are no changes to a specific area, please check the box titled "No changes".

All credit unions filing this form manually must complete the following pages each call report cycle and return them to the contact identified on the enclosed instructional letter.

Page 1 - Certification Page - sign the certification page
Page 2 - Certify Compliance with NCUA Rules and Regulations Part 748
Page 16 - Regulatory Page - All sections
Page 17 - CUSO Page - All sections, as applicable
Page 18 - Program and Member Services - All sections, as applicable

Providing Updated Information: In accordance with NCUA Rules and Regulations Part 741, credit unions are required to update their profile information within 10 days of the election or appointment of senior management and volunteer officials, or within 30 days of any change. Online filing credit unions will make these changes in the online system. Manual filing credit unions will update their information on this paper form and send it to their regulator.

Records Retention: Credit unions should retain a copy of this completed form each cycle as a part of the permanent records of the credit union.

The instructions to prepare this form meet the requirement to provide guidance to small credit unions under Section 212 of the Small Business Regulatory Enforcement Fairness Act of 1996.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number.

Public reporting burden of this collection of information is estimated to average 6.6 hours per response, including the time for reviewing instructions, searching existing data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden to:

National Credit Union Administration and to:
Office of the Chief Information Officer
1775 Duke Street
Alexandria, VA 22314-3428

CERTIFICATION

Credit Union Name: _____ Charter Number: _____

I understand each operating insured credit union must update their credit union profile within 10 days after the election or appointment of senior management or volunteer officials, or within 30 days of any change of the information in the profile. I hereby certify to the best of my knowledge and belief the information provided is current and accurate. I make this certification pursuant to sections 106, 120, and 204 of the Federal Credit Union Act (12 U.S.C. 1756, 1766, and 1784).

Last Name: _____ First Name: _____ Date:_____
Please Print Certified Correct By

Full Name: _____
Certified Correct By (Signature)

CERTIFY COMPLIANCE MINIMUM SECURITY DEVICES AND PROCEDURES
NCUA RULES AND REGULATIONS PART 748
FEDERALLY INSURED CREDIT UNIONS ONLY

Credit Union Name: _____ Charter Number: _____

I hereby certify to the best of my knowledge and belief that this credit union has developed and administers a security program that equals or exceeds the standards prescribed by Part 748.0 of the NCUA Rules and Regulations; that such security program has been reduced to writing, approved by this credit union's Board of Directors; and this credit union has provided for the installation, maintenance, and operation of security devices, if appropriate, in each of its offices. Further, I certify that I am the president or managing official of the credit union or that the president or managing official has authorized me to make this submission on his/her behalf.

Last Name: _____ First Name: _____ Date:_____
Please Print Certified By

Title: _____
Please Print

Full Name: _____
Certified By (Signature)

GENERAL INFORMATION

Credit Union Name: _____ Charter Number: _____

There have been no changes to this information since the last time I completed this form. ☐

1. Indicate the type of credit committee the credit union has: ☐
   1 = Elected 2 = Appointed 3 = No Committee

2. Select the box next to the credit union's Primary Settlement Agent (i.e., member share draft clearing, ACH transactions, etc.--See Instructions.)

☐	Federal Reserve Bank	☐	Other Credit Union
☐	CUSO	☐	Bank
☐	Corporate Credit Union	☐	Not Applicable
☐	Federal Credit Union		

3. Provide the credit union's Employer Identification Number (EIN): ☐

	Yes	No
4. Is your credit union a member of the Federal Home Loan Bank?	☐	☐
5. Has your credit union filed an application to borrow from the Federal Reserve Bank Discount Window?	☐	☐
6. Has your credit union pre-pledged collateral with the Federal Reserve Bank Discount Window?	☐	☐

CONTACTS (1)

Credit Union Name: _____ Charter Number: _____

There have been no changes to my contacts since the last time I completed this form. ☐

The Contacts section of the profile includes all of the Officials, Patriot Act Contacts, Emergency Contacts, Profile, and 5300 Call Report contacts. Mandatory fields are identified with an asterisk (*). Please reference the directions for a list of all required contacts and roles the credit union must report.

A. *Job Title: **Manager or CEO** *CU Employment: _____

*Salutation:_____*First Name:_____Middle Initial:_____ *Last Name:_____

Work Email:_____Home Email:_____

*Role(s) - See Instructions: _____

*Home Address: _____ *Country:_____

*Home City:_____ *State:_____*Zip Code: _____

*Home Phone: _____ Fax:_____ Cell Phone:_____

Work Address: _____ Country:_____

Work City:_____ State:_____ Zip Code: _____

Work Phone: _____ Extension: _____ Fax: _____ Cell Phone: _____

B. *Job Title: **Chairperson** *CU Employment: _____

*Salutation:_____*First Name:_____Middle Initial:_____ *Last Name:_____

Work Email:_____Home Email:_____

*Role(s) - See Instructions: _____

*Home Address: _____ *Country:_____

*Home City:_____ *State:_____*Zip Code: _____

*Home Phone: _____ Fax:_____ Cell Phone:_____

Work Address: _____ Country:_____

Work City:_____ State:_____ Zip Code: _____

Work Phone: _____ Extension: _____ Fax: _____ Cell Phone: _____

C. *Job Title: **Vice Chairperson** *CU Employment: _____

*Salutation:_____*First Name:_____Middle Initial:_____ *Last Name:_____

Work Email:_____Home Email:_____

*Role(s) - See Instructions: _____

*Home Address: _____ *Country:_____

*Home City:_____ *State:_____*Zip Code: _____

*Home Phone: _____ Fax:_____ Cell Phone:_____

Work Address: _____ Country:_____

Work City:_____ State:_____ Zip Code: _____

Work Phone: _____ Extension: _____ Fax: _____ Cell Phone: _____

CONTACTS (2)

Credit Union Name: _____ Charter Number: _____

There have been no changes to my contacts since the last time I completed this form. ☐

D. Job Title: **Board Secretary** *CU Employment: _____

*Salutation:_____*First Name:_____Middle Initial:_____ *Last Name:_____

Work Email:_____Home Email:_____

*Role(s) - See Instructions: _____

*Home Address: _____ *Country:_____

*Home City:_____ *State:_____*Zip Code: _____

*Home Phone: _____ Fax:_____ Cell Phone:_____

Work Address: _____ Country:_____

Work City:_____ State:_____ Zip Code: _____

Work Phone: _____ Extension: _____ Fax:_____ Cell Phone:_____

E. *Job Title: **Board Treasurer** *CU Employment: _____

*Salutation:_____*First Name:_____Middle Initial:_____ *Last Name:_____

Work Email:_____Home Email:_____

*Role(s) - See Instructions: _____

*Home Address: _____ *Country:_____

*Home City:_____ *State:_____*Zip Code: _____

*Home Phone: _____ Fax:_____ Cell Phone:_____

Work Address: _____ Country:_____

Work City:_____ State:_____ Zip Code: _____

Work Phone: _____ Extension: _____ Fax:_____ Cell Phone:_____

F. *Job Title: **Board Member** *CU Employment: _____

*Salutation:_____*First Name:_____Middle Initial:_____ *Last Name:_____

Work Email:_____Home Email:_____

*Role(s) - See Instructions: _____

*Home Address: _____ *Country:_____

*Home City:_____ *State:_____*Zip Code: _____

*Home Phone: _____ Fax:_____ Cell Phone:_____

Work Address: _____ Country:_____

Work City:_____ State:_____ Zip Code: _____

Work Phone: _____ Extension: _____ Fax:_____ Cell Phone:_____

CONTACTS (3)

Credit Union Name: _____ Charter Number: _____

There have been no changes to my contacts since the last time I completed this form. ☐

If the credit union has additional Board Members, please continue on a copy of this form.

G. *Job Title: **Board Member** *CU Employment: _____

*Salutation:_____*First Name:_____Middle Initial:_____ *Last Name:_____

Work Email:_____Home Email:_____

*Role(s) - See Instructions: _____

*Home Address: _____ *Country:_____

*Home City:_____ *State:_____*Zip Code: _____

*Home Phone: _____ Fax:_____ Cell Phone:_____

Work Address: _____ Country:_____

Work City:_____ State:_____ Zip Code: _____

Work Phone: _____ Extension: _____ Fax:_____ Cell Phone:_____

H. *Job Title: **Board Member** *CU Employment: _____

*Salutation:_____*First Name:_____Middle Initial:_____ *Last Name:_____

Work Email:_____Home Email:_____

*Role(s) - See Instructions: _____

*Home Address: _____ *Country:_____

*Home City:_____ *State:_____*Zip Code: _____

*Home Phone: _____ Fax:_____ Cell Phone:_____

Work Address: _____ Country:_____

Work City:_____ State:_____ Zip Code: _____

Work Phone: _____ Extension: _____ Fax:_____ Cell Phone:_____

I. *Job Title: **Board Member** *CU Employment: _____

*Salutation:_____*First Name:_____Middle Initial:_____ *Last Name:_____

Work Email:_____Home Email:_____

*Role(s) - See Instructions: _____

*Home Address: _____ *Country:_____

*Home City:_____ *State:_____*Zip Code: _____

*Home Phone: _____ Fax:_____ Cell Phone:_____

Work Address: _____ Country:_____

Work City:_____ State:_____ Zip Code: _____

Work Phone: _____ Extension: _____ Fax:_____ Cell Phone:_____

CONTACTS (4)

Credit Union Name: _____ Charter Number: _____

There have been no changes to my contacts since the last time I completed this form. ☐

If the credit union has additional Credit Committee Members, please continue on a copy of this form.

J. *Job Title: **Credit Committee Chairperson** *CU Employment: _____

*Salutation:_____*First Name:_____Middle Initial:_____ *Last Name:_____

Work Email:_____Home Email:_____

*Role(s) - See Instructions: _____

*Home Address: _____ *Country:_____

*Home City:_____ *State:_____*Zip Code: _____

*Home Phone: _____ Fax:_____ Cell Phone:_____

Work Address: _____ Country:_____

Work City:_____ State:_____ Zip Code: _____

Work Phone: _____ Extension: _____ Fax: _____ Cell Phone: _____

K. *Job Title: **Credit Committee Member** *CU Employment: _____

*Salutation:_____*First Name:_____Middle Initial:_____ *Last Name:_____

Work Email:_____Home Email:_____

*Role(s) - See Instructions: _____

*Home Address: _____ *Country:_____

*Home City:_____ *State:_____*Zip Code: _____

*Home Phone: _____ Fax:_____ Cell Phone:_____

Work Address: _____ Country:_____

Work City:_____ State:_____ Zip Code: _____

Work Phone: _____ Extension: _____ Fax: _____ Cell Phone: _____

L. *Job Title: **Credit Committee Member** *CU Employment: _____

*Salutation:_____*First Name:_____Middle Initial:_____ *Last Name:_____

Work Email:_____Home Email:_____

*Role(s) - See Instructions: _____

*Home Address: _____ *Country:_____

*Home City:_____ *State:_____*Zip Code: _____

*Home Phone: _____ Fax:_____ Cell Phone:_____

Work Address: _____ Country:_____

Work City:_____ State:_____ Zip Code: _____

Work Phone: _____ Extension: _____ Fax: _____ Cell Phone: _____

CONTACTS (5)

Credit Union Name: _____ Charter Number: _____

There have been no changes to my contacts since the last time I completed this form. ☐

This page is required for Federal Credit Unions.

If the credit union has additional Supervisory Committee Members, please continue on a copy of this form.

M. *Job Title: **Supervisory Committee Chairperson** *CU Employment:_____

*Salutation:_____*First Name:_____Middle Initial:_____ *Last Name:_____

Work Email:_____Home Email:_____

*Role(s) - See Instructions: _____

*Home Address: _____ *Country:_____

*Home City:_____ *State:_____*Zip Code: _____

*Home Phone: _____ Fax:_____ Cell Phone:_____

Work Address: _____ Country:_____

Work City:_____ State:_____ Zip Code: _____

Work Phone: _____ Extension: _____ Fax:_____ Cell Phone:_____

N. *Job Title: **Supervisory Committee Member** *CU Employment: _____

*Salutation:_____*First Name:_____Middle Initial:_____ *Last Name:_____

Work Email:_____Home Email:_____

*Role(s) - See Instructions: _____

*Home Address: _____ *Country:_____

*Home City:_____ *State:_____*Zip Code: _____

*Home Phone: _____ Fax:_____ Cell Phone:_____

Work Address: _____ Country:_____

Work City:_____ State:_____ Zip Code: _____

Work Phone: _____ Extension: _____ Fax:_____ Cell Phone:_____

O. *Job Title: **Supervisory Committee Member** *CU Employment: _____

*Salutation:_____*First Name:_____Middle Initial:_____ *Last Name:_____

Work Email:_____Home Email:_____

*Role(s) - See Instructions: _____

*Home Address: _____ *Country:_____

*Home City:_____ *State:_____*Zip Code: _____

*Home Phone: _____ Fax:_____ Cell Phone:_____

Work Address: _____ Country:_____

Work City:_____ State:_____ Zip Code: _____

Work Phone: _____ Extension: _____ Fax:_____ Cell Phone:_____

CONTACTS (6)

Credit Union Name: _____ Charter Number: _____

There have been no changes to my contacts since the last time I completed this form. ☐

This page is reserved so the credit union can report the name of their Chief Information Officer, Internal Auditor, Chief Financial Officer, and/or any of their employees or volunteers not already reported in the Contacts section of this form. **This page is OPTIONAL.** If you need additional lines, please continue on a copy of this form.

P. *Job Title: _____ *CU Employment: _____

*Salutation:_____*First Name:_____Middle Initial:_____ *Last Name:_____

Work Email:_____Home Email:_____

*Role(s) - See Instructions: _____

Home Address: _____ Country:_____

Home City:_____ State:_____Zip Code: _____

Home Phone: _____ Fax:_____ Cell Phone:_____

Work Address: _____ Country:_____

Work City:_____ State:_____ Zip Code: _____

Work Phone: _____ Extension: _____ Fax:_____ Cell Phone:_____

Q. *Job Title: _____ *CU Employment: _____

*Salutation:_____*First Name:_____Middle Initial:_____ *Last Name:_____

Work Email:_____Home Email:_____

*Role(s) - See Instructions: _____

Home Address: _____ Country:_____

Home City:_____ State:_____Zip Code: _____

Home Phone: _____ Fax:_____ Cell Phone:_____

Work Address: _____ Country:_____

Work City:_____ State:_____ Zip Code: _____

Work Phone: _____ Extension: _____ Fax:_____ Cell Phone:_____

R. *Job Title: _____ *CU Employment: _____

*Salutation:_____*First Name:_____Middle Initial:_____ *Last Name:_____

Work Email:_____Home Email:_____

*Role(s) - See Instructions: _____

Home Address: _____ Country:_____

Home City:_____ State:_____Zip Code: _____

Home Phone: _____ Fax:_____ Cell Phone:_____

Work Address: _____ Country:_____

Work City:_____ State:_____ Zip Code: _____

Work Phone: _____ Extension: _____ Fax:_____ Cell Phone:_____

CONTACTS (7) MANDATORY ROLES

Credit Union Name: _____ Charter Number: _____

There have been no changes to my contacts since the last time I completed this form. ☐

The credit union must identify the following mandatory roles. These individuals may be Officials, volunteers, or employees of the credit union. This information will not be released to the public. Mandatory fields are identified with an asterisk (*). Please refer to the instructions for additional guidance.

A. *Role: **Call Report Contact** *Job Title: _____*CU Employment:_____

*Salutation:_____*First Name:_____Middle Initial:____ *Last Name:_____

Work Email:_____Home Email:_____

*Work Phone: _____ Extension:_____

B. *Role: **Profile Information Contact** *Job Title: _____*CU Employment:_____

*Salutation:_____*First Name:_____Middle Initial:____ *Last Name:_____

Work Email:_____Home Email:_____

*Work Phone: _____ Extension:_____

C. *Role: **Primary Patriot Act Contact** *Job Title: _____*CU Employment:_____

*Salutation:_____*First Name:_____Middle Initial:____ *Last Name:_____

*Work Email:_____ *Fax Number:_____

*Work Phone: _____ Extension:_____

D. *Role: **Secondary Patriot Act Contact** *Job Title: _____*CU Employment:_____

*Salutation:_____*First Name:_____Middle Initial:____ *Last Name:_____

*Work Email:_____ *Fax Number:_____

*Work Phone: _____ Extension:_____

E. *Role: **Primary Emergency Contact** *Job Title: _____*CU Employment:_____

*Salutation:_____*First Name:_____Middle Initial:____ *Last Name:_____

*Work or Home Email:_____ Cell Phone:_____

*Work or Home Phone (please identify): _____ Extension:_____

F. *Role: **Secondary Emergency Contact** *Job Title: _____*CU Employment:_____

*Salutation:_____*First Name:_____Middle Initial:____ *Last Name:_____

*Work or Home Email:_____ Cell Phone:_____

*Work or Home Phone (please identify): _____ Extension:_____

SITES (1)

Credit Union Name: _____ Charter Number: _____

There have been no changes to my sites since the last time I completed this form. ☐

The Sites section of the profile includes all locations the credit union operates from, shared service centers, the Disaster Recovery location, Vital Records Center, Hot site, and location of records. *Mandatory fields are identified with an asterisk (*)*. Please reference the instructions for additional guidance.

A. Identify the Main Office information in this section.

*Site Type: **Corporate Office** *Site Name: _____ *Site Function(s):_____ _____ _____

*Is Main Office: Yes *Hours of Operation: _____ *Operational Status: _____

*Phone:_____ Extension:_____ Fax:_____ Is Foreign: _____

*Physical Address: _____ *Country:_____

*Physical City:_____ *State:_____*Zip Code: _____

*Mailing Address: _____ *Country:_____

*Mailing City:_____ *State:_____ *Zip Code: _____

B. Identify the Disaster Recovery Location information in this section.

*Site Type: _____ *Site Name: _____ *Site Function(s): **Disaster Recovery Location**

*Is Main Office: No Hours of Operation: _____ *Operational Status: _____

*Phone:_____ Extension:_____ Fax:_____ Is Foreign: _____

*Physical Address: _____ *Country:_____

*Physical City:_____ *State:_____ *Zip Code: _____

Mailing Address: _____ Country:_____

Mailing City:_____ State:_____ Zip Code: _____

C. Identify the Vital Records Center information in this section. (Required by Rules and Regs Part 749)

*Site Type: _____ *Site Name: _____ *Site Function(s): **Vital Records Center**

*Is Main Office: No Hours of Operation: _____ *Operational Status: _____

*Phone:_____ Extension:_____ Fax:_____ Is Foreign: _____

Physical Address: _____ Country:_____

*Physical City:_____ *State:_____ *Zip Code: _____

Mailing Address: _____ Country:_____

Mailing City:_____ State:_____ Zip Code: _____

D. Identify the site where the credit union maintains its records.

*Site Type: _____ *Site Name: _____*Site Function(s): **Location of Records**

*Is Main Office: ___ Hours of Operation: _____ *Operational Status: _____

*Phone:_____ Extension:_____ Fax:_____ Is Foreign: _____

*Physical Address: _____ *Country:_____

*Physical City:_____ *State:_____ *Zip Code: _____

Mailing Address: _____ Country:_____

Mailing City:_____ State:_____ Zip Code: _____

SITES (2)

Credit Union Name: _____ Charter Number: _____

There have been no changes to my sites since the last time I completed this form. ☐

Record on this page all the branch locations, including Shared Branch/Networks, the credit union may have.
Mandatory fields are identified with an asterisk (*). Please reference the instructions for additional guidance.
Additional branch locations can be recorded on page 11 or on a copy of this form.

E. Identify Shared Service Center/Networks site for the credit union, if applicable.

*Site Type:_____ *Site Name: _____ *Site Function: Shared Service Center/Network

*Is Main Office: No *Hours of Operation: _____ *Operational Status: _____

*Phone:_____ Extension:_____ Fax:_____ Is Foreign: _____

*Physical Address: _____ *Country:_____

*Physical City:_____ *State:_____*Zip Code: _____

Mailing Address: _____ Country:_____

Mailing City:_____ State:_____ Zip Code: _____

F. Identify branch location information in this section.

*Site Type: **Branch Office** *Site Name: _____ *Site Function(s):_____

*Is Main Office: No *Hours of Operation: _____ *Operational Status: _____

*Phone:_____ Extension:_____ Fax:_____ Is Foreign: _____

*Physical Address: _____ *Country:_____

*Physical City:_____ *State:_____*Zip Code: _____

Mailing Address: _____ Country:_____

Mailing City:_____ State:_____ Zip Code: _____

G. Identify branch location information in this section.

*Site Type: **Branch Office** *Site Name: _____ *Site Function(s):_____

*Is Main Office: No *Hours of Operation: _____ *Operational Status: _____

*Phone:_____ Extension:_____ Fax:_____ Is Foreign: _____

*Physical Address: _____ *Country:_____

*Physical City:_____ *State:_____*Zip Code: _____

Mailing Address: _____ Country:_____

Mailing City:_____ State:_____ Zip Code: _____

H. Identify branch location information in this section.

*Site Type: **Branch Office** *Site Name: _____ *Site Function(s):_____

*Is Main Office: No *Hours of Operation: _____ *Operational Status: _____

*Phone:_____ Extension:_____ Fax:_____ Is Foreign: _____

*Physical Address: _____ *Country:_____

*Physical City:_____ *State:_____*Zip Code: _____

Mailing Address: _____ Country:_____

Mailing City:_____ State:_____ Zip Code: _____

SITES (3)

Credit Union Name: _____ Charter Number: _____

There have been no changes to my sites since the last time I completed this form. ☐

Record on this page the credit union's hot site, if applicable, all other locations where the credit union maintains its records, or any vacant land, future office locations, planned evacuation site, ATM or other locations. **Reporting of ATM locations is optional.** *Mandatory fields are identified with an asterisk (*).* Please reference the instructions for additional guidance.

I. Identify the hot site for the credit union, if applicable.

*Site Type: _____ *Site Name: _____ *Site Function: **Hot Site**

*Is Main Office: No *Hours of Operation: _____ *Operational Status: _____

*Phone:_____ Extension:_____ Fax:_____ Is Foreign: _____

*Physical Address: _____ *Country:_____

*Physical City:_____ *State:_____*Zip Code: _____

Mailing Address: _____ Country:_____

Mailing City:_____ State:_____ Zip Code: _____

J. Credit unions may identify any additional sites they have in this section. See instructions.

*Site Type: _____ *Site Name: _____ *Site Function(s):_____

*Is Main Office: No *Hours of Operation: _____ *Operational Status: _____

*Phone:_____ Extension:_____ Fax:_____ Is Foreign: _____

*Physical Address: _____ *Country:_____

*Physical City:_____ *State:_____*Zip Code: _____

Mailing Address: _____ Country:_____

Mailing City:_____ State:_____ Zip Code: _____

K. Credit unions may identify any additional sites they have in this section. See instructions.

*Site Type: _____ *Site Name: _____ *Site Function(s):_____

*Is Main Office: No *Hours of Operation: _____ *Operational Status: _____

*Phone:_____ Extension:_____ Fax:_____ Is Foreign: _____

*Physical Address: _____ *Country:_____

*Physical City:_____ *State:_____*Zip Code: _____

Mailing Address: _____ Country:_____

Mailing City:_____ State:_____ Zip Code: _____

L. Credit unions may identify any additional sites they have in this section. See instructions.

*Site Type: _____ *Site Name: _____ *Site Function(s):_____

*Is Main Office: No *Hours of Operation: _____ *Operational Status: _____

*Phone:_____ Extension:_____ Fax:_____ Is Foreign: _____

*Physical Address: _____ *Country:_____

*Physical City:_____ *State:_____*Zip Code: _____

Mailing Address: _____ Country:_____

Mailing City:_____ State:_____ Zip Code: _____

INFORMATION SYSTEMS AND TECHNOLOGY (IS&T) (1)

Credit Union Name:_____ Charter Number: _____

There have been no changes to my IS&T information since the last time I completed this form. ☐

Yes No

1. Does the credit union have a website? ☐ ☐
   a. If yes, what is the website address ☐
   b. If yes, is the website hosted internally? ☐
      1 = yes 2 = no
   c. If yes, please indicate the type of website (select only one)?
      1 = Informational 2 = Interactive 3 = Transactional ☐
   d. If the credit union has a transactional website, please provide the name of the primary vendor used to deliver such services ☐
2. If the credit union does not have a website and plans to add one in the future,
   a. Please identify the type of website ☐
      1 = Informational 2 = Interactive 3 = Transactional
   b. If the credit union plans to add a transactional website, please provide the name of the primary vendor to deliver such services ☐
   c. Please provide an implementation date ☐
3. If the credit union has an organizational email address, please provide it. ☐

Yes No

4. Does the credit union have Internet access? ☐ ☐

Yes No

5. Does the credit union have an internal wireless network? ☐ ☐
6. Indicate in the box at the right the number of the statement below which best describes the system the credit union uses to maintain its share and loan records. ☐
   1 = Manual System 2 = Vendor Supplied In-House System
   3 = Vendor On-Line Service Bureau 4 = CU Developed In-House System 5 = Other
7. Indicate the name of the primary share/loan data processing vendor ☐
8. How do your members access/perform electronic financial services (select all that apply):
   a. Home Banking via Internet Website ☐
   b. Audio Response/Phone Based ☐
   c. Automatic Teller Machine (ATM) ☐
   d. Mobile Banking ☐
   e. Kiosk ☐
   f. Other ☐
9. What services do you offer electronically (select all that apply):
   a. Account Aggregation ☐
   b. Account Balance Inquiry ☐
   c. Bill Payment ☐
   d. Download Account History ☐
   e. Electronic Cash ☐
   f. Electronic Signature Authentication/Certification ☐
   g. e-Statements ☐
   h. External Account Transfers ☐
   i. Internet Access Services ☐
   j. Loan Payments ☐
   k. Member Application ☐
   l. Merchandise Purchase ☐
   m. Merchant Processing Services ☐
   n. New Loan ☐
   o. New Share Account ☐
   p. Remote Deposit Capture ☐
   q. Share Account Transfers ☐
   r. Share Draft Orders ☐
   s. View Account History ☐
   Other (please specify) ☐

IS&T (2), PAYMENT SYSTEM SERVICE PROVIDER, and DATA PROCESSING CONVERSION

Credit Union Name: _____ Charter Number: _____

There have been no changes to my IS&T information since the last time I completed this form. ☐

10. What systems does the credit union use to process electronic payments (select all that apply)?
    a. FedLine Advantage ☐
    b. Corporate Credit Union ☐
    c. Correspondent Bank ☐
    d. Other (please specify) ☐

11. If the credit union is an Originating Depository Financial Institution, what type of ACH transactions are originated by the credit union (check all that apply):
    a. Consumer Transactions ☐
    b. Business Transactions ☐
    c. Payrolls ☐
    d. WEB Based Transactions ☐
    e. TEL Based Transactions ☐
    f. International Transactions ☐
    g. Other (please specify) ☐

12. If the credit union performs wire transfers, where does the credit union wire funds (check all that apply):
    a. Domestically ☐
    b. Internationally ☐

13. Which processes can a member use to initiate a wire transfer from the credit union (check all that apply):
    a. Email ☐
    b. Fax ☐
    c. Internet Banking ☐
    d. Telephone ☐
    e. In Person ☐
    f. Other (please specify) ☐

PAYMENT SYSTEM SERVICE PROVIDER INFORMATION

1. Does your credit union use a corporate credit union for payment system services? If no, stop here. If yes, please complete the following chart for all corporate credit union relationships. See instructions. ☐

a. Name of Corporate CU	b. Payment Services Used (see instructions for list)

2. Are you planning to change this payment system provider relationship within the next 12 months and/or have you started to transition to a new provider? If no, stop here. If yes, please complete the following for all changes. If you need more space, continue on a copy of this form. See instructions. ☐

a. Provider You Plan to or Have Changed to	b. Payment Service(s) Affected	c. Percentage of Transition Complete	d. Transition of any service 100% complete?	e. Payment Service(s) 100% Complete

DATA PROCESSING CONVERSION

If the credit union has undergone or plans to undergo a Data Processing Conversion, please provide the following:

a. Date of Conversion ☐

b. Data Processor Converting/Converted to ☐

REGULATORY INFORMATION

Credit Union Name: _____ Charter Number: _____

1. Please provide the date of the most recent annual meeting held by the credit union.
2. Please provide the date of the most recent financial statement audit.
3. Indicate in the box the number of the description below that best characterizes the last audit performed of the credit union's records.

   1 = Financial statement audit performed by state licensed persons
   2 = Balance sheet audit performed by state licensed persons
   3 = Examinations of internal controls over call reporting performed by state licensed persons
   4 = Supervisory Committee audit performed by state licensed persons
   5 = Supervisory Committee audit performed by other external auditors
   6 = Supervisory Committee audit performed by the supervisory committee or designated staff

4. Please provide the effective date of the most recent Supervisory Committee verification of members' accounts
5. Indicate in the box the number of the description below that best characterizes who completed the verification of members' accounts

   1 = Supervisory Committee 2= Third Party

6. Indicate the Fidelity Bond Provider
7. Indicate the amount of Fidelity Coverage for any Single Loss (RR 713.5)
8. If you have 100 or more employees or 50 or more employees with a Federal contract of at least $50,000, what is the last date you filed an EEO-1 Survey Report with the Equal Employment Opportunity Commission? (MM/DD/YYYY)
9. Do you have a diversity policy or program in your credit union? (Yes/No)

DISASTER RECOVERY INFORMATION

There have been no changes to my Disaster Recovery information since the last time I completed this form.

1. In the event of a disaster, will the credit union communicate with members through a website? Yes No
2. Please check the resources or services you have available and would be willing to share with other credit unions during the time of an emergency if you did not need them. (Check all that apply)

   a. Cash Non-Member Share Drafts
   b. Generator
   c. IT Support
   d. Mobile Branch
   e. Office Space
   f. Staff/Management Services

3. Please provide the date of the last disaster recovery test completed by the credit union.

CREDIT UNION SERVICE ORGANIZATION (CUSO)

List all CUSOs the credit union uses (regardless of whether the credit union has a financial interest) and all the services provided by the CUSO. If the credit union has a loan, an investment, a "controlling financial interest", the ability to exert significant influence, or owns a smaller portion of the CUSO, please provide the value of the investment in the CUSO, amount loaned to the CUSO, and the Aggregate Cash Outlay in the CUSO, as applicable. See the instructions for additional guidance. If the credit union needs additional space, please continue on a copy of this form.

CUSO EIN	Full/Legal Name of CUSO	City	State	See Note Below *	**	***	Investment in CUSO	Loan to CUSO	Aggregate Cash Outlay

* Is the CUSO wholly owned by the credit union? 1 = Yes, 2 = No

** Indicate in the box the letter(s) which describe the service(s) provided by the CUSO:

a. Checking and currency services	h. Insurance brokerage or agency	o. Travel agency services
b. Clerical, professional and management services	i. Leasing	p. Trust and trust-related services
c. Business loan origination	j. Loan support services	q. Real estate brokerage services
d. Consumer mortgage origination	k. Record retention, security, and disaster recovery services	r. CUSO investments in non-CUSO service providers
e. Electronic transaction services	l. Securities brokerage services	s. Credit card loan origination
f. Financial counseling services	m. Shared credit union branch (service center) operations	t. Payroll processing services
g. Fixed asset services	n. Student loan origination	u. Other (please identify)

*** How is the investment in the CUSO accounted for on the credit union's financial statements?

1 = Consolidation 2 = equity method 3 = cost method

CREDIT UNION PROGRAMS AND MEMBER SERVICES

Credit Union Name: _____ Charter Number: _____

Credit Union Programs - Place an "x" in the box next to all the programs the credit union offers (Check all that apply)

a. Mortgage Processing	
b. Approved Mortgage Seller	
c. Borrowing Repurchase Agreements	
d. Brokered Deposits (all deposits acquired through a third party)	
e. Investment Pilot Program	
f. Investments not authorized by the FCU Act (State Credit Union Only)	
g. Deposits and Shares Meeting 703.10(a)	
h. Brokered Certificates of Deposit	
i. Short-Term, Small Amount Loans (FCU Only)	

Member Service and Product Offerings - Place an "x" in the box next to all the products offered (Check all that apply)

Transactional	
a. ATM/Debit Card Program	
b. Check Cashing	
c. International Remittances	
d. Low-cost wire transfers	
e. Money orders	
f. No surcharge ATMs	

Depository	
a. Business Share Accounts	
b. Health Savings Accounts	
c. Individual Development Accounts	
d. No Cost Share Drafts	
e. Share Certificates with low minimum balance requirements	

Other Member Services	
a. Bilingual Services	
b. Insurance/Investment Sales	
c. No Cost Bill Payer	
d. No Cost Tax Preparation Services	
e. Student Scholarship	

Financial Education	
a. Financial Counseling	
b. Financial Education	
c. Financial Literacy Workshops	
d. First Time Homebuyer Program	
e. In-School Branches	

Credit	
a. Business Loans	
b. Credit Builder	
c. Debt Cancellation/Suspension	
d. Direct Financing Leases	
e. Indirect Business Loans	
f. Indirect Consumer Loans	
g. Indirect Mortgage Loans	
h. Interest Only or Payment Option 1st Mortgage Loans	
i. Micro Business Loans	
j. Micro Consumer Loans	
k. Overdraft Lines of Credit	
l. Overdraft Protection/ Courtesy Pay	
m. Participation Loans	
n. Payday Loans	
o. Real Estate Loans	
p. Refund Anticipation Loans	
q. Risk Based Loans	
r. Share Secured Credit Cards	

Short Term, Small Amount Loan Program (Federal Credit Unions Only):

If the credit union offers Short-Term, Small Amount Loans, does your program include any of the following: (check all that apply)

a. Credit Bureau Reporting	
b. Financial Education	
c. Forced Savings Component	
d. Payroll Deduction	

Minority Credit Union Questions:

1. Does your credit union have more than 50% of its current members **and** management officials who are Black American, Native American, Hispanic American, or Asian American? If yes, please identify the minority group(s) that apply: ☐

☐ Black American ☐ Hispanic American
☐ Native American ☐ Asian American

2. Does your credit union have more than 50% of its eligible potential members **and** management officials who are Black American, Native American, Hispanic American, or Asian American? If yes, please identify the minority group(s) that apply: ☐

☐ Black American ☐ Hispanic American
☐ Native American ☐ Asian American

GRANTS AND PARTNERSHIPS

Credit Union Name: _____ Charter Number: _____

This page is optional for credit unions and not required to be completed. This information will not be released to the public.

Grant Information - Please provide information on any grants you have received since the last time you reported.

Grantor	Date Awarded	Amount
NCUA Technical Assistance Program		
Community Development Financial Institutions Fund		
Department of Health and Human Services		
National Credit Union Foundation		
New York State Credit Union Foundation		
Massachusetts Credit Union League		
CUNA		
Association of Credit Union Leagues		
US Department of Labor		
National Federation of Community Development Credit Unions		
US General Services Administration		
US Department of Agriculture		
Enterprise Grant Program		
Other (please specify):		
Other (please specify):		
Other (please specify):		

Partnership Information - Please provide information on any partnerships you have with other credit unions.

Name of Credit Union Partner	Service Type (**)	Relationship Type (***)

Service Types (**):

a. Asset Liability Management
b. Auditing
c. Back Office Operations
d. Backup Operating Site
e. Bank Secrecy Act Training
f. Compliance Review
g. Computer Training
h. Data Processing
i. Development of New Services
j. Disaster Recovery
k. Financial Education
l. Grant writing
m. Loan Collections
n. Loan processing/underwriting
o. Marketing
p. Mentoring
q. Operational resources
r. Shared branching
s. Shared employees
t. Shared operating systems
u. Website assistance
v. Other (please specify) _____

Relationship Types (***)

a. Catastrophic Act
b. Disaster Recovery
c. Formal Relationship (under contract)
d. Informal Relationship
e. Free Services
f. Seller/Buyer of loan participations
g. Low or no-cost non-member deposits provider
h. Mentor/mentee
i. Other (please specify) _____

MERGER PARTNER REGISTRY

Credit Union Name: _____ Charter Number: _____

This page is optional for credit unions and not required to be completed. This information will not be released to the public.

	Yes	No
1. Is your credit union interested in expanding its field of membership through a consolidation of another credit union? If yes, please proceed to the remaining questions.		

2. Please provide the name and phone number of the person at the credit union who can be contacted regarding any potential consolidations.

*Title_____*First Name:_____*Last Name:_____

*Phone: _____ *Extension: _____

3. Please identify the geographic areas in which the credit union would be interested. (Check only ONE Box)

☐ Anywhere in the U.S.

☐ Anywhere within the selected states (Please specify states)

_____ _____
_____ _____
_____ _____
_____ _____

☐ Specific counties within a selected state (Specify the state on lines above)

_____ _____
_____ _____
_____ _____
_____ _____

☐ Within a selected radius of an address

Radius (Check only ONE Box):

☐ 25 ☐ 50 ☐ 75 ☐ 100

*Country_____

*Address: _____

_____

*City:_____*State:_____ * Zip Code: _____

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CERTIFICATION
(NCUA FORM 4501A - PAGE 1)

The certification page is mandatory. Credit unions must review and certify their profile information at least quarterly and ensure their profile information is accurate. Credit unions must update their profile within 10 days after the election or appointment of senior management or volunteer officials, or within 30 days of any change of the information in the profile. Manually filing credit unions will certify their profile information on this page of the form.

Credit Union Name and Charter Number
Provide the credit union name and federal charter or certificate number.

Certifying Official
Provide the last name, first name, date, and signature of the official certifying the accuracy of the profile information.

CERTIFY COMPLIANCE MINIMUM SECURITY DEVICES AND PROCEDURES
NCUA Rules and Regulations Part 748
(NCUA FORM 4501A - PAGE 2)

The Certify Compliance Minimum Security Devices and Procedures page is mandatory. Each federally-insured credit union is required to develop a written security program and to file an annual statement certifying its compliance with this requirement as prescribed by Part 748 of the NCUA Rules and Regulations.

Credit Union Name and Charter Number
Provide the credit union name and federal charter or certificate number.

Certifying Official
Provide the last name, first name, date, and signature of the official certifying compliance with Part 748 of the NCUA Rules and Regulations.

GENERAL INFORMATION
(NCUA FORM 4501A - PAGE 3)

Credit Union Name and Charter Number

Provide the credit union name and federal charter or certificate number.

Change to Information – Check the box if there have been no changes to the General information since last completing the form. If this is the first time completing this form, leave the box blank.

Credit Committee Type – If the credit union has a credit committee, identify whether they are appointed by the Board of Directors or elected. If none of the options apply, select "No Committee."

Primary Settlement Agent – Select the applicable primary settlement agent that is used to process member share drafts, Automated Clearing House (ACH) transactions, and other item processing services. If multiple settlement agents are used, report the settlement agent that processes the most transactions for the credit union. If none of the options apply, select "Not Applicable." If you select "Corporate Credit Union", please complete the Payment System Service Provider Information section on the IS&T (2) page of the profile.

Employer Identification Number (EIN) – Report the EIN (a.k.a. Tax ID number) of the credit union. This is a nine digit number assigned by the Internal Revenue Service. This number should not be someone's social security number. This information will not be released to the public.

Is your credit union a member of the Federal Home Loan Bank? – Check "Yes" if your credit union is a member of the Federal Home Loan Bank.

Has your credit union filed an application to borrow from the Federal Reserve Bank Discount Window? – Check "Yes" if your credit union has filed an application to borrow from the Federal Reserve Bank Discount Window.

Has your credit union pre-pledged collateral with the Federal Reserve Bank Discount Window? Check "Yes" if your credit union has pre-pledged collateral with the Federal Reserve Bank Discount Window. "Pre-pledged" collateral means that the credit union's collateral has already been evaluated and accepted for immediate borrowing access.

CONTACTS
(NCUA FORM 4501A - PAGES 4 - 9)

The Contacts page of the credit union's profile includes information about individuals employed by or associated with the credit union. It identifies all of the Officials, Patriot Act Contacts, Emergency Contacts, Profile and 5300 Call Report contacts.

Credit Union Name and Charter Number - Provide the credit union name and federal charter or certificate number.

Changes to Information – Check the box if there have been no changes to the credit union's contact information since last completing the form. If this is the first time completing this form, leave the box blank.

Contact Information

Provide contact information for the sections of the form relevant to your credit union. An individual may be entered in more than one section. If one of the below listed mandatory job titles is currently vacant, enter "Vacant" in the first and last name fields. *Once the job has been assigned, you will need to submit updated contact information to reflect the changes.* *(*Exception: If the Manager or CEO position is currently vacant, enter the name of the individual that has temporary responsibility for managing the credit union's daily operations.)

Mandatory Job Titles

Manager or CEO – This person is responsible for the overall daily operations of the credit union. If this position is currently vacant, enter the name of the individual that has temporary responsibility for managing the credit union's daily operations. The credit union may only identify one Manager or CEO. This section may not be marked "Vacant."

Board Chairperson – This person is the President of the Board. The credit union may only identify one Chairperson and it cannot be the same contact as the Manager or CEO, Vice Chairperson, or Treasurer.

Board Vice Chairperson – The credit union may only identify one Vice Chairperson. This person may not be the same contact as the Chairperson or Treasurer.

Board Treasurer – The credit union may only identify one Treasurer. This position is sometimes called a "Principal Financial Officer." This person may not be the same contact as the Chairperson or Vice Chairperson.

Board Members – This title is assigned to Board Members who are not the Chairperson, Vice Chairperson, Secretary, or Treasurer that are also on the Board of Directors. There may be more than one Board Member in a credit union. *All Board Members must be listed.*

Supervisory Committee Chairperson and Supervisory Committee Members – This is mandatory for Federal Credit Unions. Federal Credit Unions must identify the Supervisory Committee Chairperson and committee members. For some State chartered credit unions, the "audit committee" designated by State statute or regulation is the equivalent of a supervisory committee. If a state chartered credit union identifies the Chairperson, they must also identify the individual members.

Credit Committee Chairperson and Credit Committee Members: If the credit union has a Credit Committee, identify the Credit Committee Chairperson and Credit Committee members.

Optional Job Titles

Additional sections of the form to identify the following optional job titles may be reported but are **not** required.

Board Secretary – The credit union may only identify one Secretary. This person may be the same as the Treasurer.

Chief Information Officer – This person is responsible for the information technology and computer systems that support the credit union's goals. A credit union may or may not have a Chief Information Officer and is not required to enter a contact for this job title.

Internal Auditor – This person is usually responsible for analyzing business processes or organizational problems and recommending solutions. A credit union may or may not have an internal auditor and is not required to enter a contact for this job title.

Chief Financial Officer – This person is primarily responsible for managing the financial risks of the credit union. His/her responsibilities may also include financial planning, recordkeeping, and financial reporting. A credit union may or may not have a Chief Financial Officer and is not required to enter a contact for this job title.

Other – If the contact does not hold any of the listed job titles, but does have one of the roles discussed below, enter in "Other" in the job title line.

Completing Required Fields

The fields marked with an asterisk (*) on the form must be completed.

CU Employment Type - Provide the contact's employment status with the credit union (full-time, part-time). If the contact is not employed at the credit union, select "Volunteer."

Salutation - Provide the appropriate salutation for the contact (Mr., Mrs., Ms., Dr.)

First Name, Middle Initial, Last Name - Provide the full name of the contact.

Work Email - Provide an e-mail address, if available, where information can be sent. Credit unions must provide a home, work, or cell phone number and/or an email address for all contacts. This information will not be released to the public.

Home Email - Provide an e-mail address, if available, where information can be sent. Credit unions must provide a home, work, or cell phone number and/or an email address for all contacts. This information will not be released to the public.

Contact Roles

Provide the contact's role with the credit union from the following list. Each contact must have at least one role. Refer to the Mandatory Role Page for roles that are must be reported.

General Credit Union Contact – This role is the default if none of the other roles adequately describe the contact. This role may be used multiple times.

Call Report Contact (mandatory role) – This person can be called if the NCUA or State Supervisory Authority (if applicable) has a question about the 5300 Call Report. This person will also be emailed the abbreviated FPR after the 5300 Call Report has been submitted, if an email address has been provided. They will also receive an email notification once the Call Report has been validated and submitted to NCUA. The credit union must identify at least one Call Report Contact.

Profile Information Contact (mandatory role) – This person can be called if the NCUA or State Supervisory Authority (if applicable) has a question about the information in the profile. The credit union must identify at least one Profile Information Contact.

Primary and Secondary Patriot Act Contacts (mandatory roles) – These people are responsible for the Bank Secrecy Act and Customer Identification programs at the credit union. The Primary Patriot Act Contact and Secondary Patriot Act Contact cannot be the same person. The credit union must identify a primary and secondary Patriot Act contact. Updates to the Patriot Act 314(a) point of contact are provided to FinCEN on a bi-weekly basis. Depending upon when the updates were made, it could take up to three weeks for the changes to take effect. If you have any questions, contact your NCUA district examiner or respective State Supervisory Authority.

Primary and Secondary Emergency Contact (mandatory roles) – These contacts are senior credit union officials who have decision-making authority for the credit union and can be contacted in the event of an emergency. The Primary Emergency Contact and the Secondary Emergency Contact cannot be the same person. The credit union must identify a primary and secondary emergency contact.

Credit Union Employee – This role may be entered more than once to identify the individuals employed by the credit union. The credit union is **not** required to submit the names of all its employees.

Volunteer – This role may be entered more than once to identify the individuals who serve on the Board of Directors or volunteer their time to the credit union.

Note: Phone and fax numbers, e-mail, and addresses provided by contacts are not released to the public.

Work/Home Phone and Extension: Provide the complete phone number (including area code) where the individual can be contacted, if necessary. Provide the extension numbers, if applicable. The credit union must provide a home, work, or cell phone number and/or an email address for all contacts.

Work/Home Fax Number: Provide complete fax number (including area code) where information can be sent. This is especially important for the Primary and Secondary Patriot Act Contacts. In the event the credit union has one fax number, the Patriot Act information should be treated as confidential and provided only to credit union individuals responsible for Bank Secrecy Act compliance.

Work/Home Cell Phone Number: Provide the complete cell phone number(s) (including area code). Cell phone numbers will not be made public and only used by NCUA staff in the case of emergency. The credit union must provide a home, work, or cell phone number and/or an email address for all contacts.

Work/Home Address, City, State, Zip Code, County, and Country: Provide the work and home addresses for the contact. If a contact is retired, the work related fields can be blank. The zip code for a contact in the United States must be 5 or 9 digits.

Mandatory Roles Page

The Mandatory Role page identifies six mandatory roles that each credit union must have assigned to a contact. These include:

- Call Report Contact
- Profile Information Contact
- Primary Patriot Act Contact
- Secondary Patriot Act Contact
- Primary Emergency Contact
- Secondary Emergency Contact

Credit Union Name and Charter Number - Provide the credit union name and federal charter or certificate number.

Changes to Information – Check the box if there have been no changes to the credit union's contact information since last completing the form. If this is the first time completing this form, leave the box blank.

Mandatory Role Information

Provide contact information for the mandatory roles. An individual with a mandatory role may also be identified on the Contacts pages 4 – 9. However, these contacts should also be identified on the Mandatory Role page.

Required Fields: The fields marked with an asterisk (*) on the form must be completed.

Job Title: Provide the contact's job title. Reference the Job Title instructions discussed previously.

CU Employment Type: Provide the contact's employment status with the credit union (full-time, part-time). If the contact is not employed at the credit union, select "Volunteer."

Salutation: Provide the appropriate salutation for the contact (Mr., Mrs., Ms., Dr.)

First Name, Middle Initial, Last Name: Provide the full name of the contact.

Work Email: Credit unions must provide a home, work, or cell phone number and/or an email address for all contacts. Unless the credit union files manually, *a work email address must be provided for the following mandatory roles.*

Call Report Contact – Provide an email address for the person who will receive the abbreviated FPR after the 5300 Call Report has been submitted. This person will also receive an email notification once the Call Report has been submitted by and validated by NCUA.

Profile Information Contact – Provide an email address for the person who can be contacted if NCUA or the State Supervisory Authority, if applicable, has questions about the profile information.

Primary and Secondary Patriot Act Contact – Provide an email address where information can be sent directly to the primary and secondary contact persons. In the event the credit union has one e-mail address, this information should be treated as confidential and provided only to credit union individuals responsible for Bank Secrecy Act compliance. Credit unions may provide personal e-mail addresses if the credit union does not have an organizational e-mail address. Updates to the Patriot Act 314(a) point of contact are provided to FinCEN on a bi-weekly basis. Depending upon when the updates were made, it could take up to three weeks for the changes to take effect. If you have any questions, contact your NCUA district examiner or respective State Supervisory Authority.

Note: Phone, fax numbers e-mail and addresses provided by contacts are not released to the public.

Home Email: Provide an e-mail address, if available, where information can be sent. Credit unions must provide a home, work, or cell phone number and/or an email address for all contacts.

Work/Home Phone and Extension: Provide the complete phone number (including area code) where the individual can be contacted, if necessary. Provide the extension numbers, if applicable. The credit union must provide a home, work, or cell phone number and/or an email address for all contacts.

Work/Home Fax Number: Provide complete fax number (including area code) where information can be sent. This is especially important for the Primary and Secondary Patriot Act Contacts. In the event the credit union has one fax number, the Patriot Act information should be treated as confidential and provided only to credit union individuals responsible for Bank Secrecy Act compliance.

Work/Home Cell Phone Number: Provide the complete cell phone number(s) (including area code). Cell phone numbers will not be made public and only used by NCUA staff in the case of emergency. The credit union must provide a home, work, or cell phone number and/or an email address for all contacts.

SITES
(NCUA FORM 4501A - PAGES 11 - 13)

The Sites page of the credit union's profile includes information about the credit union's main and branch offices, disaster recovery location, vital records center, and location of records.

Credit Union Name and Charter Number - Provide the credit union name and federal charter or certificate number.

Changes to Information – Check the box if there have been no changes to the credit union's site information since last completing the form. If this is the first time completing this form, leave the box blank.

Site Information
Provide site information for sections relevant to the credit union.

Required Fields - The fields marked with an asterisk (*) on the form must be completed.

Site Type - Complete the form for the Corporate Office and any additional relevant sites. Credit unions must report at least one corporate office and all branch offices. Report the type of site as one of the following.

- **Corporate Office** – The site is the main office of the credit union.
- **Branch Office** – The site is a location that is separate from the headquarters' office location.
- **Vacant Land** – The credit union owns land they plan to develop for a future office.
- **Other** – The site is not a corporate office, branch, or vacant land. This could be a site where the function is a Shared Service Center/Network.

Site Name - Provide a name to identify the site. A site name can be a specific name, letter, identifying acronym, or other form of identification that the credit union has assigned to an office. This field will be used to identify the different sites.

Site Function - Complete the form for the **three mandatory** site functions (Location of Records, Disaster Recovery Location, Vital Records Center) and provide, from the following list, the site function for any other sites reported.

- **Location of Records (mandatory report)** – Location of Records refers to the site(s) where the credit union maintains their records (i.e., accounting, recordkeeping, lending, investment, etc.). Credit union records may be at one or more sites but must be identified at all sites where records are maintained. This field may be completed more than once. The location of records does not include the Vital Records Center.

- **Disaster Recovery Location (mandatory report)** – The disaster recovery location is where the credit union will resume operations if required to leave the main office during the time of disaster. This may include a branch office located far enough from the main office to reasonably assume it will not be affected by the same disaster. This location may be the same as the Vital Records Center but may not be the same as the "Location of Records." A P.O. Box is not considered an adequate Disaster Recovery location.

- **Vital Records Center (mandatory report)** – A vital records center is required per NCUA Rules and Regulations Part 749 and is defined as a storage facility at any location far enough from the credit union's offices to avoid the simultaneous loss of both sets of records in the event of disaster. The location may be the same as the "Disaster Recovery Location" but may not be the same as the "Location of Records." A P.O. Box is not considered an adequate Vital Records Center location.

- **Shared Service Center/Networks** (optional report) – Shared Service Center/Networks are sites where members can access their accounts and perform transactions with the credit union at branch locations or other credit unions belonging to a shared network that are separate from the main office location. Do not include the member service branch operations maintained at the credit union's headquarters' office location. For all Shared Service Centers/Networks, identify them as a site type of "Branch" or "Other". This field may be used more than once.

- **Hot Site** (optional report) – A hot site is fully configured with compatible computer equipment and typically can be operational within several hours. Credit unions may rely on the services of a third party to provide backup facilities.

- **ATM (Automated Teller Machine)** (optional report) – The credit union may enter their ATM locations into their profile. This field may be selected more than once. Credit unions are not required to report all their ATM locations.

- **Future Office** (optional report) – A future office is a site that is planned, but not yet operational. It can be a corporate office, branch office, or shared service center. The site type should be listed as other until the site is functional.

- **Planned Evacuation Site** (optional report) – The evacuation site is the location to move people from a dangerous place due to a threat or occurrence of a disastrous event. Examples include: earthquakes, hurricanes, floods, industrial accidents, fire, chemical accidents, bomb threats, etc. The evacuation site may be the same as the disaster recovery location. A P.O. Box is not considered an adequate evacuation site.

- **Member Services** (optional report) – This site is where members can access their accounts and conduct transactions. Member services include deposits, withdrawals, loans, new account services, etc. Member services may be conducted at the corporate office, branch office, and shared service centers.

- **Drive Thru** (optional report) – A service provided by the credit union where members do not have to leave their vehicles to conduct transactions. A drive thru can be located at the corporate office, branch office, and shared service centers. This site may include automated teller machines (ATMs). This field may be used more than once.

- **Other** – "Other" should be used if not one of the above site functions is relevant.

Main Office - The main office/headquarters for the credit union will be identified as "Yes" with all other sites identified as "No." A credit union may only identify one main office.

Hours of Operation - Provide the hours of operation for the site, if applicable. (For example, M–F 8:00 am – 3:00 pm.) Credit unions are required to enter the hours of operation for the main office location. Some site functions may not have hours of operation (i.e., ATM). For these sites, leave this line blank.

Operational Status - Provide the operational status.

- Normal
- Suspended – Planned – this is a new site that is not operational yet.
- Suspended – Emergency – the site has been impacted by a disaster or some other event and is currently not operational.

Phone and Fax Numbers - Provide the complete phone and fax numbers (including area code) for the site, if applicable. A phone number is required for all branch and corporate offices.

Is Foreign - State "No" if the physical location of this site is within the United States. State "Yes" if the physical location of this site is not within the United States, even if the mailing address is within the United States.

Physical Address - This address is the location of the site and is required for all sites. Provide the physical address for the site. Include the street address, City, State, Zip Code, County, and Country. If the site is in a foreign country, enter the name of the foreign state, province, territory, etc in the City data field and select the Country from the dropdown list. A P.O. Box is not considered an adequate street address. This address may be the same or different than the mailing address. The zip code for sites in the United States must be 5 or 9 digits.

Mailing Address - Provide the full mailing address for the site. Include the street address or P.O. Box Number, City, State, Zip Code, County, and Country. The zip code for sites in the United States must be 5 or 9 digits. This information is required for the credit union's main/corporate office.

INFORMATION SYSTEMS AND TECHNOLOGY (IS&T)
(NCUA FORM 4501A - PAGES 14 - 15)

The IS&T page of the credit union's profile includes information about the credit union's information systems and technology programs.

Credit Union Name and Charter Number - Provide the credit union name and federal charter or certificate number.

Changes to Information – Check the box if there have been no changes to the credit union's IS&T information since last completing the form. If this is the first time completing this form, leave the box blank.

IS&T Information – Provide the information relevant to the credit union.

1. **Website Address:** If the credit union has a World Wide Website, check "Yes." Otherwise, check "No." If the answer to #1 is "Yes", then provide the following information:

   a. **Website Address**

   b. **Hosted Internally** - Check "Yes" if the credit union hosts its own website and/or online banking page on a server located on the credit union's premises and the server is managed by credit union personnel. Otherwise, check "No." This information will not be released to the public.

   c. **Type of Website -** If the credit union has a Website, identify the type that best describes the degree of information and/or services offered online:

      - **Informational** – This type displays general information such as loan/share rates, printable forms, credit union contact information, privacy notice, etc.

      - **Interactive** – Members can complete and submit online membership and/or loan applications, apply for new share accounts, transmit requests for information such as share balances, loan balances, account statements, disclosure statements, etc as well as informational capabilities.

      - **Transactional** – Members can initiate or perform transactions such as paying bills, making loan payments, transferring money (between one or more credit union accounts or between the credit union and 3rd parties) as well as interactive and informational capabilities.

   d. **Transactional Website Vendor -** If the credit union has a transactional website, provide the name of the primary vendor used to enable such services (i.e. the electronic home banking application service provider). This may not necessarily be the same vendor who provides the credit union's share and loan system, physically hosts the web server which runs the website, or provides the access to the Internet.

2. If the credit union does not have a website and plans to add one in the future, please provide the following information. If you have a website, skip this question.

a. **Type of Website -** If the credit union is planning to add a Website, identify the type that best describes the degree of information and/or services that will be offered online:

- **Informational** – This type displays general information such as loan/share rates, printable forms, credit union contact information, privacy notice, etc.

- **Interactive** – Members can complete membership and loan applications, apply for new share accounts, transmit requests for information such as share balances, loan balances, account statements, disclosure statements, etc as well as informational.

- **Transactional** – Members can initiate or perform transactions such as paying bills, making loan payments, transferring money (between one or more credit union accounts or between the credit union and 3rd parties) as well as interactive and informational.

b. **Transactional Website Vendor -** If the credit union is planning to have a transactional website, provide the name of the primary vendor that will be used to enable such services (i.e. the electronic home banking application service provider). This may not necessarily be the same vendor who provides the credit union's share and loan system, physically hosts the web server which runs the website, or provides the access to the Internet.

c. Provide the planned date of implementation

3. **Organizational Email -** Provide the e-mail address used by the credit union to communicate with members and the general public. This typically is an e-mail address that is not assigned to a person, but is accessed by multiple employees.

4. **Internet Access -** If anyone can access the internet from any computer located at the credit union, check "Yes" to this question. Otherwise, check "No."

5. **Internal Wireless Network -** Check "Yes" if any communication on the credit union's network is accomplished using a wireless rather than a wired connection. This applies to all IEE 802.11 technologies and related technologies. Also answer "Yes" to this question if communication between the primary data processing site and a branch is done wirelessly. For example, using line of site broadcast towers between the main office and a branch a few miles away. This information will not be released to the public. Otherwise, check "No."

6. **Data Processing System -** Enter the number which corresponds to the best description of the system the credit union uses to maintain its share and loan records:

   1. **Manual System (No Automation)** – Manually (e.g. hand posting) post and track share and loan records. Manual systems are typically "paper-based."

   2. **Vendor Supplied In-House System** – Vendor provides, and maintains, the software program(s) required to track member data. This type of product is also called "Turnkey" and in many cases is a complete accounting package (share, loan, general ledger, subsidiaries, teller operations, cash operations, etc.). In most cases, the credit union will install and maintain the hardware to run the software at its office(s). The vendor generally maintains control over software programming and provides updates, patches, fixes, and new releases on a regular or predetermined basis. In some cases, clients may request the vendor to customize the software for their particular needs.

3. **Vendor Online Service Bureau** – Hardware and software systems reside at the vendor's location with the exception of those systems a credit union requires in order to access and transmit data to the vendor. Most, if not all, data processing occurs at the vendor's site. Service bureau vendors generally provide reports (paper, electronic, microfiche, or other) on a regular basis. Connection is made to a service bureau through dial-up connections, private lines, the Internet, frame relay, or other Wide Area Network (WAN) services. The service provided may be real-time (transaction post upon data entry) or batch processing (data is accumulated throughout a predetermined time period and then transmitted to the vendor for processing at predetermined intervals).

4. **CU Developed In-House System** – The credit union developed, and generally maintains, the software onsite. The credit union has responsibility for the hardware and software systems. Generally, in-house developed credit unions will maintain a data center (data processing department) staffed with hardware and software personnel.

5. **Other** – Any other system that does not fit into one of the previous categories. Note: Most systems will fit into one of the categories.

7. **Data Processing Vendor -** Provide the name of the credit union's primary share and loan data processing vendor, if applicable. If records are posted manually, leave blank.

8. **Member Access/Perform Electronic Financial Services -** Check the methods by which members may access and/or perform electronic financial services (select all that apply).

- **Home Banking Via Internet Website** – Members access services via the web/internet. Generally, members use a web browser to access services.

- **Audio Response** – Members use an audio response system to access services. Generally, this type of system is phone based.

- **Automatic Teller Machines** – Members access services via an ATM network.

- **Kiosk** – Members access services via a kiosk.

- **Mobile Banking** – Members access services via a mobile telecommunications device such as a cell phone.

- **Other** – Members access services via a method that does not fit into one of the previous categories. If this field is selected, provide a description of how financial services are performed.

9. **Electronic Services -** Check the services that members may perform using one or more of the electronic means listed above. Descriptions are provided for the following services which may not be self-explanatory. If "Other" is selected, provide the name of the vendor in the space provided.

   - **Account aggregation** – Service to present account information from many websites in a consolidated format.

   - **Electronic Cash** – Services to transfer monetary values ("electronic cash") that can be stored on a variety of media including a personal computer, plastic card, or other device that has a computer chip or magnetic strip. Debit, ATM or credit cards are not electronic cash.

   - **Electronic Signature Authentication/Certification** – Service to verify identify and certify related electronic signatures.

   - **E-statements** – Service where members can choose to receive their periodic statements electronically rather than receiving a paper statement in the mail.

   - **External Account Transfers** – Service that allows members to transfer money to accounts held at other financial institutions.

   - **Internet Access Services** – Service to provide members with access to the Internet.

   - **Member Application, New loan, and New Share Account** – Service that allows members to access and submit an application electronically via the internet. Do not report this item if members must print, mail or physically deliver the application.

   - **Merchant Processing Services** – Providing point of sale transaction equipment (i.e. debit/credit card terminals, etc.) and processing services to business customers. This also applies if the credit union has contracted with a third party to provide these services.

   - **Remote Deposit Capture** – Service which allows a member to scan checks and transmit the scanned images and/or ACH-data to a credit union for posting and clearing.

10. **Electronic Payment Processing -** Check all systems the credit union uses to process electronic payments. Electronic payments generally mean any transfer of funds between the credit union and another party (e.g., corporate credit union, Federal Reserve Bank, financial institution, or other parties) through electronic system such as the Internet. FedLine Advantage is a software product provided by the Federal Reserve Bank to facilitate the electronic transfer of funds.

    Correspondent Banks are banks that perform services, such as the electronic transfer of funds to another party (e.g., financial institution, merchant, credit union, government entity, etc.) for the credit union. If "Other" is selected, provide the name of the system in the space provided. This information will not be released to the public.

11. **Originating Depository Financial Institution ACH Transactions -** If the credit union is an Originating Depository Institution, check the box next to all the types of ACH transactions that apply. This information will not be released to the public.

12. **Wire Fund Transfers -** If the credit union performs wire transfers, check the box(s) to indicate whether the credit union wires funds domestically, internationally, or both. This information will not be released to the public.

13. **Wire Transfer Processes -** Check the box(s) next to all processes a member can use to initiate a wire transfer from the credit union. If "Other" is selected, provide the process in the space provided. This information will not be released to the public.

Payment System Service Provider Information - If your credit union uses a Corporate credit union(s) for payment system services, click the "Add Payment System Provider" button (if completing the Profile electronically), and answer the following questions for each Corporate, as applicable.

1. Does your credit union use a Corporate credit union(s) for payment system services? Answer Yes or No in the space provided. If you answered Yes:

   a. Provide the name of the Corporate credit union(s).

   b. Identify the payment service(s) used at each Corporate credit union If you only use a Corporate credit union for settlement (and not for any processing services), select "Other" and enter "Settlement Only" in the space provided.

      - Share Draft Processing and Settlement
      - ATM and Debit Processing and Settlement
      - Credit Card Processing and Settlement
      - Electronic Funds Transfer and Direct Deposit
      - Wire Transfers
      - Other – Please specify

2. Are you planning to change this payment system provider relationship within the next 12 months and/or have you started to transition to a new provider? Answer Yes or No in the space provided. If you answered Yes, provide the following:

   a. Provider you plan to or have changed to. Identify the name of the Corporate credit union, bank, or other new or intended provider.

   b. Identify the payment service(s) affected by this change. Provide the payment service(s) you plan to or are in the process of transitioning to this new provider. If you only use a Corporate credit union for settlement (and not for any processing services), select "Other" and enter "Settlement Only" in the space provided.

   c. Percentage of transition complete. Provide the percentage of transition complete, ranging from 0% to 100%. The transition process includes completing your due diligence, reviewing and signing contracts, notifying members, etc. The transition time may vary depending on the service(s). 100% complete means all the transitioned service(s) are successfully being completed by a new provider. If the credit union is transitioning multiple services to one new provider, **the percentage complete should be reported at the lowest level of completion**. For example, a credit union is transitioning its ATM and Debit Processing and Wire Transfer services to a new provider. ATM and Debt Processing are 50% complete, and Wire Transfer services are 100% complete. The credit union should report 50% complete.

d. Is the transition of any service(s) 100% complete? Identify Yes or No in the field provided. If Yes, provide an answer in column e.

e. Identify the payment service(s) whose transition to a new provider is 100% complete. If you only use a Corporate credit union for settlement (and not for any processing services), select “Other” and enter “Settlement Only” in the space provided.

Data Processing Conversion

a. If applicable, provide the date the credit union is undergoing or planning to undergo a data processing conversion. The user may enter a future date in this field.

b. Provide the name of the data processor the credit union has or will convert to.

REGULATORY AND DISASTER RECOVERY INFORMATION (NCUA FORM 4501A - PAGE 16)

The Regulatory and Disaster Recovery page of the credit union's profile reports information regarding regulatory requirements and disaster recovery information.

Credit Union Name and Charter Number - Provide the credit union name and federal charter or certificate number.

Regulatory Information

Annual Meeting - Provide the date of the most recent annual meeting held by the credit union.

Financial Statement Audit - Provide the effective date of the most recent financial statement audit. Indicate the type by entering the number of the description that best characterizes the last audit.

1. **Financial statement audit performed by state licensed persons** (also known as an "opinion audit") refers to an audit of the financial statements in accordance with Generally Accepted Auditing Standards (GAAS) by an independent person who is licensed by the appropriate State or jurisdiction. The objective of a financial statement audit is to express an opinion as to whether those financial statements of the credit union taken as a whole present fairly, in all material respects, the financial position and the results of its operations and its cash flows in conformity with Generally Accepted Accounting Principles (GAAP), as defined herein, or regulatory accounting practices.

2. **Balance sheet audit performed by state licensed persons** refers to an examination of a credit union's assets, liabilities, and equity under GAAS by an independent public accountant for the purpose of opining on the fairness of the presentation on the balance sheet. The opinion under this type of engagement would not address the fairness of the presentation of the credit union's income statement, statement of changes in equity (including comprehensive income), or statement of cash flows.

3. **Examinations of internal control over call reporting** refers to an engagement in which an independent, licensed, certified public accountant or public accountant, consistent with attestation standards, examines and reports on management's written assertions concerning the effectiveness of its internal control over financial reporting in its most recently filed quarterly or year-end Call Report, with a concentration in high risk areas.

4. **Supervisory Committee audit performed by state licensed persons** refers to an engagement in accordance with the procedures prescribed in NCUA's Supervisory Committee Guide performed by certified public accountant, public accountant, and other state licensed persons.

5. **Supervisory Committee audit performed by other external auditors** refers to an engagement in accordance with the procedures prescribed in NCUA's Supervisory Committee Guide performed by the league auditor, credit union auditor consultant, retired financial institutions examiner, and other qualified but not State-licensed persons.

6. **Supervisory Committee audit performed by supervisory committee or designated staff** refers to an engagement in accordance with the procedures prescribed in NCUA's Supervisory Committee Guide performed by the supervisory committee or its internal auditor.

Verification of Members' Accounts - Provide the effective date of the most recent Supervisory Committee verification of members' accounts. Indicate with a number who verified the accounts.

1 = Supervisory Committee; 2 = Third Party

Fidelity Bond Provider – Provide the name of the fidelity bond provider used to cover fraud and dishonesty by all employees, directors, officers, supervisory committee members, and credit committee members. Fidelity bond also provides insurance coverage for losses such as theft, holdup, vandalism, etc. caused by persons outside the credit union.

Fidelity Coverage for any Single Loss – Report the maximum coverage provided for any single loss by your fidelity bond. Your fidelity bond provider may refer to this as "blanket bond" coverage. The minimum required coverage is based on the credit union's total assets, as outlined in NCUA Rules and Regulations, Section 713.5. The minimum fidelity bond requirements also apply to state-chartered credit unions, as indicated in NCUA Rules and Regulations, Section 741.201. If you need further assistance, please contact your or examiner or Regional Office.

Note: The fidelity bond provider's name will be released to the public. The amount of fidelity bond coverage for any single loss will not be released to the public.

Date Filed an EEO-1 Survey Report with the Equal Opportunity Commission – If the credit union has 100 employees or more or 50 or more employees with a Federal contract of at least $50,000, provide the last date the credit union filed an EEO-1 Survey Report with the Equal Employment Opportunity Commission. For additional information on requirements to file this form, visit their website at: http://www.eeoc.gov/. This information will not be released to the public.

Diversity Policy or Program – Report whether the credit union has a diversity policy or program. This information will not be released to the public.

Disaster Recovery Information

Changes to Information - Check the box if there have been no changes to the Disaster Recovery information since last completing the form. If this is the first time completing the form, leave the box blank.

Website Communication - Indicate by checking "Yes" or "No" whether the credit union will communicate with its members through a website in the event of a disaster. This information will not be released to the public.

Available Emergency Resources or Services - Please check the boxes to indicate what resources or services the credit union has available and would be willing to share with other credit unions if they are not needed for your own operations. Check all that apply. Checking a

box does not constitute an obligation on the part of the credit union. This information will not be released to the public.

- **Cash Non-Member Share Drafts** – The credit union is willing to cash share drafts for non-members during an emergency.

- **Generator** – The credit union has a generator that you would be willing to loan or share with another credit union during an emergency situation.

- **IT Support** – The credit union has Information Technology resources that could be used by another credit union after a disaster occurs. These resources could include equipment, staff, and excess server capacity and telecommunication equipment.

- **Mobile Branch** – A mobile facility can be used to serve members. A mobile branch is usually a specialized van, bus, or RV that contains the necessary telecommunication and computer equipment to process member transactions.

- **Office Space** – The credit union has space they would be willing to share with another credit union after a disaster occurs.

- **Staff/Management Services** – The credit union has employees that would be willing to assist another credit union after a disaster occurs

Disaster Recovery Test – Provide the date of the last disaster recovery test completed by the credit union. A future date may not be provided. Disaster recovery testing does not have to include a full scale shut down of the credit union's information system. An acceptable disaster recovery/business continuity test could be completed by one of the following four methods:

- **Orientation/Walk Through** – Critical personnel hold a group discussion about the business continuity plan. Critical areas of the plan are clarified and highlighted during the discussion.

- **Tabletop/Mini-Drill** – A specific event scenario is presented and the instructions in the Business Continuity Plan are applied to it by critical personnel.

- **Functional Testing** – Personnel are sent to the recovery site and attempt to restore communication and coordinate as established by the Business Continuity Plan.

- **Full-Scale Testing** – A credit union implements all or portions of its business continuity plan by processing data and transactions using backup media at the recovery site.

For more information on Disaster Recovery/Business Continuity Testing, please refer to the *FFIEC IT Examination Handbook Business Continuity Planning Booklet* which can be accessed from http://www.ffiec.gov/ffiecinfobase/index.html.

CREDIT UNION SERVICE ORGANIZATION (CUSO)
(NCUA FORM 4501A - PAGE 17)

The Credit Union Service Organization (CUSO) page of the credit union profile lists all CUSOs in which the credit union uses and/or is associated with, regardless of whether the credit union has a financial interest. A CUSO is defined as a corporation or limited partnership that provides services primarily to credit unions or members of affiliated credit unions.

CUSO Information - List all the CUSOs the credit union is associated with or receive services and provide the following information.

CUSO EIN - Provide the EIN (Employer Identification Number, a.k.a. Tax ID number) of the CUSO assigned by the Internal Revenue Service (IRS). Report the nine digit number as XX-XXXXXXX. This number should not be someone's social security number or the same tax id number used by the credit union. If you do not know what the CUSO's tax ID number is, contact the CUSO. This information will not be released to the public.

CUSO Name - Provide the full/legal name of the CUSO.

City - Provide the name of the city where the CUSO headquarters is located.

State - Provide the state where the CUSO headquarters is located.

Wholly Owned - Indicate with a number whether or not the CUSO is wholly owned by the credit union. If your credit union wholly-owns the CUSO or owns a "controlling financial interest" (assumed at ownership of 50% or more of the voting stock), the CUSO's books and records should be consolidated with your credit union's books and records (as if the two were one entity) for reporting on pages 1 – 5 of the call report.

CUSO Services - Report each service offered by the CUSO by listing the identifying letters. Use multiple lines if necessary.

a. **Checking and currency services** – (1) Check cashing; (2) Coin and currency services; and (3) Money order, savings bonds, travelers' checks, and purchase and sale of U.S. Mint commemorative coins services.
b. **Clerical, professional and management services** – (1) Accounting services; (2) Courier services; (3) Credit analysis; (4) Facsimile transmissions and copying services; (5) Internal audits for credit unions; (6) Locator services; (7) Management and personnel training and support; (8) Marketing services; (9) Research services; and (10) Supervisory committee audits.
c. **Business loan origination**
d. **Consumer mortgage loan origination**
e. **Electronic transaction services** – (1) Automated teller machine (ATM) services; (2) Credit card and debit card services; (3) Data processing; (4) Electronic fund transfer (EFT) services; (5) Electronic income tax filing; (6) Payment item processing; (7) Wire transfer services; and (8) Cyber financial services.

f. **Financial counseling services** – (1) Developing and administering Individual Retirement Accounts (IRA), Keogh, deferred compensation, and other personnel benefit plans; (2) Estate planning; (3) Financial planning and counseling; (4) Income tax preparation; (5) Investment counseling; and (6) Retirement counseling.
g. **Fixed asset services** – (1) Management, development, sale, or lease of fixed assets; and (2) Sale, lease, or servicing of computer hardware or software.
h. **Insurance brokerage or agency** – (1) Agency for sale of insurance; (2) Provision of vehicle warranty programs; and (3) Provision of group purchasing programs.
i. **Leasing** – (1) Personal property; and (2) Real estate leasing of excess CUSO property.
j. **Loan support services** – (1) Debt collection services; (2) Loan processing, servicing, and sales; and (3) Sale of repossessed collateral.
k. **Record retention, security, and disaster recovery services** – (1) Alarm-monitoring and other security services; (2) Disaster recovery services; (3) Microfilm, microfiche, optical and electronic imaging, CD–ROM data storage and retrieval services; (4) Provision of forms and supplies; and (5) Record retention and storage.
l. **Securities brokerage services**
m. **Shared credit union branch (service center) operations**
n. **Student loan origination**
o. **Travel agency services**
p. **Trust and trust-related services** – (1) Acting as administrator for prepaid legal service plans; (2) Acting as trustee, guardian, conservator, estate administrator, or in any other fiduciary capacity; and (3) Trust services.
q. **Real estate brokerage services**
r. **CUSO investments in non-CUSO service providers** – In connection with providing a permissible service, a CUSO may invest in a non-CUSO service provider. The amount of the CUSO's investment is limited to the amount necessary to participate in the service provider, or a greater amount if necessary to receive a reduced price for goods or services.
s. **Credit Card Loan Origination**
t. **Payroll Processing Services**
u. **Other** – If not one of the above services is applicable, state "Other" and specify the type of service.

Investment Accounting Type - Report how the CUSO is currently accounted for on the credit union's financial statements by entering the relevant number.

1. Consolidation
2. Cost Method
3. Equity Method

Note:

- If your credit union wholly-owns the CUSO or owns a "controlling financial interest" (assumed at ownership of 50% or more of the voting stock), the CUSO's books and records should be consolidated with your credit union's books and records (as if the two were one entity) for reporting on pages 1 – 5 of the call report.
- If your credit union has "ability to exert significant influence" over operations of the CUSO (assumed at ownership of 20% or more but less than 50% of the voting stock of the CUSO), the credit union's investment in the CUSO should be reflected in its books and records using the equity method of accounting.
- If your credit union owns less than 20% of the voting stock of the CUSO, the credit union should account for its CUSO investment using the cost method of accounting.

Investment in CUSO - Report the amount that represents the unimpaired value of the credit union's CUSO investment as measured under generally accepted accounting principles on an unconsolidated basis. The amount reported should be measured under either:

- cost method (ownership of less than 20% voting common stock), or
- equity method (ownership of 20% or more voting common stock).

If the credit union does not have an investment in the CUSO, enter zero.

Loan to CUSO - Report the amount of outstanding loan balance(s), available line(s) of credit from the credit union, and/or guarantee(s) the credit union has made to or on behalf of the CUSO. If the credit union does not have a loan to the CUSO, enter zero.

Aggregate Cash Outlay - Report the aggregate cash outlay invested in the CUSO that is not impaired by sustained losses unrecoverable in the reasonable near term. "Aggregate cash outlay" means the aggregate amount of cash paid out by the credit union to acquire an ownership interest in the CUSO. Credit unions required under GAAP to report their investment in a CUSO on the equity basis are not penalized for exceeding their "investment in and loans to" CUSO limit as a result of the CUSO operating profitably and the value of the investment increasing. Unimpaired aggregate cash outlay is the means by which the regulatory limitation is measured. If the credit union does not have any aggregate cash outlay, enter zero.

CREDIT UNION PROGRAMS AND MEMBER SERVICES (NCUA FORM 4501A - PAGE 18)

The Programs and Member Services page of the credit union's profile reports the various programs and services offered by the credit union.

Credit Union Name and Charter Number - Provide the credit union name and federal charter or certificate number.

Program Information

Report the credit union programs currently offered by checking the applicable descriptions.

a. **Mortgage Processing** – This is the act of originating, processing and closing mortgage applications from borrowers for sale directly on the secondary market or for another funding source.

b. **Approved Mortgage Seller** – This applies if you have filed an application and been approved to sell mortgages on the secondary market.

c. **Borrowing Repurchase Agreements** – This applies if you regularly use (in the last 6 months) Borrowing Repurchase Agreements to provide liquidity, even if there is not an agreement on the current Statement of Financial Condition of the 5300 Call Report.

d. **Brokered Deposits (All Deposits acquired through a 3rd party**) – This applies if you regularly (in the last 6 months) acquire deposits from a third party that is compensated for that function, regardless of whether the funds were transferred through the third party or directly from the depositor. This applies to all deposits whether they are certificates, share drafts or another share type.

e. **Investment Pilot Program (FCU Only)** – This applies if the credit union has investments on the Statement of Financial Condition that were purchased under the requirements of NCUA Rules and Regulations 703.19. Please Complete Schedule B Investments when you file your 5300 Call Report each cycle if this box is checked.

f. **Investments not authorized by the FCU Act (SCU Only)** – This applies if you are a state chartered credit union and have investments that are within state regulations but outside of the requirements of the Federal Credit Union Act. Please Complete Schedule B Investments when you file your 5300 Call Report each cycle if this box is checked.

g. **Deposits and Shares Meeting 703.10(a)** – This applies if you hold a non-security deposit or shares in a bank, credit union or other financial institution that contains any of the following features:
   - Embedded options
   - Remaining maturities greater than 3 years
   - Coupon formulas that are related to more than one index or are inversely related to, or multiples of, an index.

h. **Brokered Certificates of Deposit** – This applies if you purchased certificates of deposits through or from a broker. Please Complete Schedule B Investments when you

file your 5300 Call Report each cycle if this box is checked.

i. **Short-Term, Small Dollar Loans (STS)** - In September 2010, NCUA amended its general lending rule to enable FCUs to offer short-term, small amount (STS) loans as a viable alternative to predatory payday loans. This amendment permits FCUs to charge a higher interest rate for a STS loan than is permitted under the general lending rule, but imposes limitations on the permissible term, amount, and fees associated with a STS loan. According to NCUA Rules and Regulations Part 701.21(c)(7)(iii), Short-term, small amount Loans (STS) are defined as a closed-end loan with the following conditions:

1. The principal of the loan is not less than $200 or more than $1,000;
2. The loan has minimum maturity term of one month and a maximum maturity term of six months;
3. The FCU does not make more than three STS loans in any rolling six-month period to any one borrower and makes no more than one STS loan at a time to a borrower;
4. The FCU must not roll-over any STS loan unless authorized under Part 701.21(c)(7)(iii)(4)(A)
5. The FCU fully amortizes the loan;
6. The FCU sets a minimum length of membership requirement of at least one month;
7. The FCU charges an application fee to all members applying for a new loan that reflects the actual cost of processing the application, but in no case may the application fee exceed $20; and
8. The FCU includes in its written lending policies a limit on the aggregate dollar amount of loans made under this section of a maximum of 20% of net worth and implements appropriate underwriting guidelines to minimize risk.

Service Information

Report the member services and product offerings currently offered by marking the box to the right of the applicable descriptions. If you check items Credit Programs a, e-h, m, o, Schedule B Investments of NCUA 5300 Call Report will need to be completed when filed.

Transactional Programs:

a. **ATM/Debit Card Program** – Check this box if you offer ATM or Debit Cards as a service to your members.

b. **Check Cashing** – This applies if you offer check cashing services to members and nonmembers.

c. **International Remittances** – This applies if you offer cross-border person-to-person payments of relatively low value.

d. **Low cost wire transfers** – This applies if you offer wire transfer services to members for less than $20 per transfer.

e. **Money Orders** – Check this box if you offer money orders.

f. **No Surcharge ATM** – This applies if you do not charge fees to use the credit union's ATM's.

Depository Programs:

a. **Business Share Accounts** – This applies if you offer deposit accounts to business entities for business use.

b. **Health Savings Accounts** – Check this box if you offer Health Savings Accounts. Health Savings Accounts are a tax-advantaged medical savings account available to people who are enrolled in a High Deductible Health Plan (HDHP). The funds contributed to the account are not subject to federal income tax at the time of deposit.

c. **Individual Development Accounts** – Check this box if you offer Individual Development Accounts. Individual Development Accounts are savings accounts that can be used only for purchasing a first home, capitalizing a small business, or for educational or job training expenses. Accounts are held at local financial institutions. Contributions by lower income participants are matched using both private and public sources. All participants receive economic literacy training that includes workshops for cleaning up one's credit, setting up a budgeting and savings schedule, and other basics of money management.

d. **No Cost Share Drafts** – This applies if you offer share drafts accounts that have no monthly maintenance fee.

e. **Share Certificates with a low minimum balance requirement** – This applies if you offer share certificates with a minimum balance of $500 or less.

Other Member Services:

a. **Bilingual Services** – This applies if you offer disclosures, information and/or member services in additional languages other than English.

b. **Insurance/Investment Sales** – This applies if the credit union offers insurance or investment products to its members either internally or through a CUSO or a third party.

c. **No Cost Bill Payer** – This applies if you offer or plan to offer Online Bill Payment Services at no charge.

d. **No Cost Tax Preparation Services (i.e. IRS Volunteer Income Tax Assistance)** – This applies if you work with the IRS to sponsor a VITA site. The site or sites may or may not be located at the credit union or its branches.

e. **Student Scholarship**

Financial Education Programs:

a. **Financial Counseling** – Check this box if you provide financial counseling. Financial Counseling is designed to help individuals make the best use of their financial assets and achieve specific economic objectives, such as adequate funding of a child's college education expenses, or post-retirement needs. This can include assistance with budgeting and debt management.

b. **Financial Education** – Check this box if you offer programs focusing on building basic money management skills which lead to an understanding of financial services, personal finance, savings, and the importance of good credit.

c. **Financial Literacy Workshops** – This applies if you offer regular workshops to try to help members improve their knowledge of financial issues.

d. **First Time Homebuyer Programs** – This applies if you offer special counseling or education to assist members with the purchase of their first home.

e. **In-School Branches** – This applies if you maintain branches in schools to promote financial education, knowledge of the credit union system and thrift to the students of the school. These branches are usually run by the students. If your branch is run solely to serve the faculty and staff of the school, this item does not apply.

Credit Programs:

a. **Business Loans** – This applies if you grant loans to members and/or nonmembers for business purposes.

b. **Credit Builder** – This applies if you offer programs specifically designed to assist borrowers with no credit history or past credit history problems build their credit.

c. **Debt Cancellation/Suspension** – This applies if you offer members insurance to either forgive or suspend their loan should certain events occur that reduces the member's ability to pay the debt. This is not the same as credit/life or disability insurance that is offered through a third party.

d. **Direct Financing Leases** – This applies if you lease assets owned by the credit union directly to the members.

e. **Indirect Business Loans** – This applies if you grant loans for business purposes through a third party including a wholly owned CUSO.

f. **Indirect Consumer Loans** – This applies if you provide financing for the purchase of goods or services at the point of sale through the seller, excluding loans secured by real estate. This service could be done directly by the credit union or through a 3rd party.

g. **Indirect Mortgage Loans** – This applies if you grant loans secured by real estate through a third party, including a wholly owned CUSO.

h. **Interest Only or Payment Option 1st Mortgage Loans** – This applies if you offer or plan to offer interest only or payment option mortgages to your members.

i. **Micro Business Loans** – This applies if you offer loans for business purposes that are less than $50,000 aggregated to an individual member.

j. **Micro Consumer Loans** – This applies if you offer loans of less than $500 to your members.

k. **Overdraft Line of Credit** – This applies if you offer a prearranged line of credit to a member to pay share overdrafts. Members typically pay interest on the overdraft amount in lieu of a fee.

l. **Overdraft Protection/Courtesy Pay** – Overdraft protection programs are marketed to members as short-term credit facilities, and typically provide members with an express overdraft "limit" that applies to their accounts. Unlike share draft lines of credit, overdraft

protection programs do not trigger Regulation Z disclosures. Please refer to NCUA Letter to Credit Unions 05-CU-03 for more information on this product.

m. **Participation Loans** – This applies if you have bought or sold a participation in a loan or a pool of loans.

n. **Payday Loans** – This applies if you offer small, short-term loans that are intended specifically to cover a borrower's expenses until his or her next payday, when the loan is to be repaid in full.

o. **Real Estate Loans** – This applies if you grant and retain real estate mortgages on the books of the credit union.

p. **Refund Anticipation Loans** – This applies if you grant loans secured by a member's anticipated tax refund.

q. **Risk Based Loans** – This applies if your loans are priced based on a credit scoring model.

r. **Share Secured Credit Cards** – This applies if you offer credit cards that are fully secured by deposit accounts.

Short-Term, Small Amount Loans (Federal Credit Unions Only)

Check the boxes that apply if the credit union offers Short-Term, Small Amount (STS) Loans.

Minority Credit Union Questions

Provide an answer (yes or no) to the two questions below in the boxes provided. If yes, check the boxes as applicable, identifying the minority groups (as referenced in Section 342(g) of the Dodd-Frank Act) represented by your current or potential members and current management officials. Management officials include board, supervisory committee, and credit committee members, and senior executive staff, including the credit union's chief executive officer, typically titled as President or Treasurer/Manager; any Assistant Chief Executive Officer (e.g., Assistant President, Vice-President, or Assistant Treasurer/Manager); and the Chief Financial Officer.

Minority Group	Description
Black American	Black or African American (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.
Native American	American Indian or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
Hispanic American	Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
Asian American	Asian (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam; Or, Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

1. Does your credit union have more than 50% of its current members **and** current management officials who are Black American, Native American, Hispanic American, or Asian American?

2. Does your credit union have more than 50% of its eligible potential members **and** current management officials who are Black American, Native American, Hispanic American, or Asian American?

GRANTS AND PARTNERSHIPS
(NCUA FORM 4501A - PAGE 19)

The Grants and Partnerships section of the credit union's profile reports information about grants the credit union has received and about partnerships the credit union has with other federally insured credit unions. **This section is optional**. Any grant or partnership information provided will not be released to the public.

Credit Union Name and Charter Number - Provide the credit union name and federal charter or certificate number.

Grant Information

Grantor: Provide the name of the grantor.

Date Awarded: Provide the date the grant was awarded.

Amount: Provide the dollar amount of the grant received.

Partnership Information

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Partner Credit Union: Provide the name of the partner credit union.

Service Type: Provide the type of service with the partner credit union by entering the relevant letter of the services listed on the form.

Relationship Type: Provide the type of relationship with the partner credit union by entering the relevant letter of the relationships listed on the form.

MERGER PARTNER REGISTRY
(NCUA FORM 4501A - PAGE 20)

In the Merger Partner Registry credit unions can express an interest in being considered for credit union consolidations (either mergers or Purchase and Assumptions partner). This information is optional and credit unions are not required to complete this information; however, by providing this information, the credit union may be contacted by NCUA staff about potential credit union consolidations.

1. Is the credit union interested in expanding their credit union's field of membership through a consolidation with another credit union? If yes, please proceed to the remainder of the questions.

2. Please provide the Title, First Name, Last Name, and Phone Number of the person at the credit union who can be contacted regarding any potential consolidations.

3. Please check the box that most accurately identifies the geographic areas in which the credit union would be interested. For this question, please check only **ONE** box.

   Anywhere in the U.S. - *No additional information is required*.

   Anywhere within the selected states - *State selection is required*.
   Identify one or more states for consideration.

   Specific counties within a selected state - *State selection and county input is required*.
   Identify only **one** state and the name of the county or counties for consideration. Enter only one county per line.

   Within a selected radius of an address - *Radius (in miles), Address, City, State and Postal Code are required.*
   Identify the radius by selecting **one** box and enter the associated address.