

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 member's 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 employees or 50 or more employees with a Federal contract of at least \$50,000, what is the last date you fil 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
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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	<input type="checkbox"/>	d. Mobile Branch	<input type="checkbox"/>
b. Generator	<input type="checkbox"/>	e. Office Space	<input type="checkbox"/>
c. IT Support	<input type="checkbox"/>	f. Staff/Management Services	<input type="checkbox"/>
3. Please provide the date of the last disaster recovery test completed by the credit union.

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

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

Transactional		Financial Education	
a. ATM/Debit Card Program	<input type="checkbox"/>	a. Financial Counseling	<input type="checkbox"/>
b. Check Cashing	<input type="checkbox"/>	b. Financial Education	<input type="checkbox"/>
c. International Remittances	<input type="checkbox"/>	c. Financial Literacy Workshops	<input type="checkbox"/>
d. Low-cost wire transfers	<input type="checkbox"/>	d. First Time Homebuyer Program	<input type="checkbox"/>
e. Money orders	<input type="checkbox"/>	e. In-School Branches	<input type="checkbox"/>
f. No surcharge ATMs	<input type="checkbox"/>		
Depository		Credit	
a. Business Share Accounts	<input type="checkbox"/>	a. Business Loans	<input type="checkbox"/>
b. Health Savings Accounts	<input type="checkbox"/>	b. Credit Builder	<input type="checkbox"/>
c. Individual Development Accounts	<input type="checkbox"/>	c. Debt Cancellation/Suspension	<input type="checkbox"/>
d. No Cost Share Drafts	<input type="checkbox"/>	d. Direct Financing Leases	<input type="checkbox"/>
e. Share Certificates with low minimum balance requirements	<input type="checkbox"/>	e. Indirect Business Loans	<input type="checkbox"/>
		f. Indirect Consumer Loans	<input type="checkbox"/>
		g. Indirect Mortgage Loans	<input type="checkbox"/>
		h. Interest Only or Pymt Option 1st Mortgage Loans	<input type="checkbox"/>
		i. Micro Business Loans	<input type="checkbox"/>
		j. Micro Consumer Loans	<input type="checkbox"/>
		k. Overdraft Lines of Credit	<input type="checkbox"/>
		l. Overdraft Protection/ Courtesy Pay	<input type="checkbox"/>
		m. Participation Loans	<input type="checkbox"/>
		n. Pay Day Loans	<input type="checkbox"/>
		o. Real Estate Loans	<input type="checkbox"/>
		p. Refund Anticipation Loans	<input type="checkbox"/>
		q. Risk Based Loans	<input type="checkbox"/>
		r. Share Secured Credit Cards	<input type="checkbox"/>
Other Member Services			
a. Bilingual Services	<input type="checkbox"/>		
b. Insurance/Investment Sales	<input type="checkbox"/>		
c. No Cost Bill Payer	<input type="checkbox"/>		
d. No Cost Tax Preparation Services	<input type="checkbox"/>		
e. Student Scholarship	<input type="checkbox"/>		

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	<input type="checkbox"/>
b. Financial Education	<input type="checkbox"/>
c. Forced Savings Component	<input type="checkbox"/>
d. Payroll Deduction	<input type="checkbox"/>

Minority Credit Union Questions

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

<input type="checkbox"/>	African American	<input type="checkbox"/>	Hispanic American
<input type="checkbox"/>	American Indian	<input type="checkbox"/>	Asian American

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

	African American
	American Indian

	Hispanic American
	Asian American

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