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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

		I I- I-		C Name of organization	01-01-2009	and ending 12-31-20	109		D Employer	identi	fication number	
_	eck ir ap Iress cha	ange	IRS	Pawtucket Ćredit Union				[05-0197	<u>07</u> 5		
_	ne char	labe	elor Itor	Doing Business As					E Telephone	numb	er	
– _{Init}	ıal retur	n Spe	e. See cific	Number and street (or P.)	O hox if mail is	not delivered to street add	ress) Room/	/suite	(401) 72	2-22:	12	
– Ter	mınated		truc- Is.	1200 Central Avenue	o box ii iiidii is	not delivered to street dad	ress) Room,	Suite.	G Gross recei	ots \$ 6	4,890,241	
– _{Am}	ended r	eturn		City or town, state or cou	ntry, and ZIP +	4						
- App	lication	pending		Pawtucket, RI 02861								
		F	Nan	ne and address of princi	ıpal officer		H(a)	Is thi	s a group ret	urn fo	r	
								affılıa			ΓYes Γ Nο	
							Н(Б)	Are all	affiliates incl	uded?	r Yes □ No	
				_		_	' '				ee instructions)	
Ta	x-exem	pt status 🔽	501(c)	(14) ◀ (insert no)	4947(a)(1) or	527	H(c)	Grou	pexemption	numb	er ►	
W	ebsit e	· WWW PO	CUOR	.G								
		janization 🔽 (Corporat	ion Trust Association	Other ►		L Year	r of for	mation 1926	M Sta	ate of legal domicile RI	
Pa	τŧΙ	Summar	•									
		,		e organization's missior nized for the benefit of it			СОММІТТ	EDT	O SERVING	the fi	nancial needs of its	
Ų	l	members										
Ų												
aoyemianice	2	Check this b	ох 叶	f the organization dis	continued its	operations or dispose	d of more	than 2	25% of its ne	et ass	ets	
5	3	Number of v	otıng r	nembers of the governir	ng body (Part	:VI, line 1a)				з _	1:	
HOURINGS				dent voting members o			1b)	•			1:	
				nployees (Part V , line 2				_	258			
ŧ				lunteers (estimate if ne					(0.004			
		_		ted business revenue fr ness taxable income fro						7а _— 7b	68,806 67,806	
	В	Net unierate	u busi	ness taxable income in	JIII FOITII 990	-1, lille 34		Drio	Year	/B	Current Year	
	8	Contributio	ns and	d grants (Part VIII, line	1h)		_	PIIO	C	,	0	
₫	9			revenue (Part VIII, line	,				46,608,355	+	51,182,453	
Revenue	10	-		ne (Part VIII, column (,					7,646,788	_	6,050,023	
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							7,344,394	+	7,594,958	
	12			dd lınes 8 through 11 (r	ne		61 500 537		64 027 424			
	13			r amounts paid (Part I)			61,599,537	64,827,434				
	14			r for members (Part IX,		•				+	0	
	15	•		ompensation, employee	. 5-							
\$		10)			501101115 (1 41	(17)		12,239,804 13,167				
Expenses	16a	Professiona	al fund	raising fees (Part IX, co	olumn (A), lır	e 11e)		0				
ਡੋ	ь	Total fundrais	ing exp	enses (Part IX, column (D), l	line 25) 🕨 🔼							
	17	-		Part IX, column (A), lın		•		43,879,611			48,433,397	
	18			Add lines 13-17 (must				56,119,415		+	61,601,119	
97	19	Revenue le	ss exp	enses Subtract line 18	3 from line 12	2			5,480,122		3,226,315	
ner Assector Fund Balances							Begi	_	of Current ear		End of Year	
4 E	20	Total asset	ts (Par	t X, line 16)				1,0	56,975,353		1,169,466,643	
E S	21	Total liabili	ıtıes (F	Part X, line 26)				9	52,807,521		1,062,331,352	
	22			d balances Subtract lır	ne 21 from lir	ne 20		1	04,167,832		107,135,291	
Pai	t II	Signatu										
				rjury, I declare that I have e correct, and complete Declar								
Sign Iere		****** Signature	of office	or				2010-: Date	11-09			
	-	[Date				
		George J C Type or pr		e III CFO e and title								
		Date 1							Preparer's ide	ntıfvınd	number	
aid		Preparer's signature Michael J Rowe CPA Date 2010-10-28					self- empolyed	· — I` /			<i>,</i>	
	arer's	Firm's name (or vour	WOLF & COMPANY PC			Lempolyeu	1				
•	Only	if self-employed address, and 2	ed),	99 HIGH STREET 21ST	FLOOP				EIN Þ			
		. addicoo, dilu 2	¬		LOOK				Phone no 🕨	(617)	439-9700	
1 2 4	ha ID	L S discuss the	ic rotii	BOSTON, MA 02110	wn abovo? /	a a unatruations \			I		Yas ENa	

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

PAWTUCKET CREDIT UNION IS A COOPERATIVE FINANCIAL INSTITUTION ORGANIZED AS A CREDIT UNION FOR THE BENEFIT OF ITS MEMBERS THE CREDIT UNION IS COMMITTED TO SERVING THE FINANCIAL NEEDS OF ITS MEMBERS TO HELP THEM ATTAIN THEIR FINANCIAL GOALS

2	Did the organization unde the prior Form 990 or 99				r which were not listed on	┌ Yes ┌ No	
	If "Yes," describe these r	iew services on Sch	edule O				
3	Did the organization ceas		_	-	onducts, any program	┌ Yes ┌ No	
	If "Yes," describe these o	hanges on Schedule	e O				
4)1(c)(4) organization	ns and section	on 4947(a)(1) trusts	e largest program services t are required to report the ar i service reported		
4a			IEMBERS THE C) (Revenue \$ 5 TOTALING \$951,383,707 DUE FR MBERS FROM RENTING SAFE DEPO		
4b	(Code) (Expenses \$		ıncludıng grants of \$) (Revenue \$)	
							_
							—
							_
							_
							—
							<u> </u>
							_
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)	
							_
							_
							_
							—
							_
							_
4d	Other program services	(Describe in Sched	ule O)				—
	(Expenses \$	ınclud	ing grants of	⁻ \$) (Revenue \$)	
4e	Total program service ex	cpenses►\$	61,601,11	9			

Part IV	Checklis	t of I	Reauired	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		Νο
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νο
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		Νo
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ļ	ļ	ı
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		Νo
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If</i> "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		N o
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> " <i>Yes," complete Schedule G, Part I</i>	17		N o
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

	330 (2003)			Page -			
Par	t IV Checklist of Required Schedules (continued)						
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo			
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νo			
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes				
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b					
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c					
d	d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?						
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a					
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b					
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No			
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No			
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)						
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part						
	<i>IV</i>	28a		Νo			
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο			
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No			
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36					
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes				

art V	Statements	Regarding	Other	TRS Filing	as and '	Tax Com	pliance
	ota to illoito	ive gar aring	•	-110 1 111111	goana	I GA COIII	Pilailee

			Yes	No
.a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1a 34,564 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
а	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
Ь	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
3	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
≀a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

1200 CENTRAL AVENUE PAWTUCKET, RI 02861

(401) 729-4042

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 11			
b	Enter the number of voting members that are independent 11			
2	Old any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νo
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	,,,		
_		8a	Yes	
a				
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
Ne	venue coue.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	10b		
11	affiliates, and branches to ensure their operations are consistent with those of the organization?	100		
	has the organization provided a copy of this Form 990 to an members of its governing body before ming the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
c	to conflicts?	12b	Yes	
_	describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νo
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Ç,	ection C. Disclosure	TOD		
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			
	(3)s only) available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website 🔽 Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orga	ınızatıor	n 🕨
	GEORGE 1 CHARETTE III			

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

For	n 990 (2009)			Page 8			
1b	Total	0		613,872			
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►15							
			Yes	No			
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No			
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes				
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule I for such person	5		No			
S	ection B. Independent Contractors						
1	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization►15 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual						
			Compe				
_		\Rightarrow					
2							
		F	orm 99	0 (2009)			

Form 99								Page 9
Part v	/1111	Statement of	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
\$ \$	1a	Federated cam	paigns 1a					
듄듯	ь	Membership du	es 1b					
₽Ž	c	Fundraising eve	ents 1c					
#¥	d	Related organiz	zations 1d					
ي E	e	Government grants	s (contributions) 1e					
ੂੰ ਨੂੰ ਨੂੰ	f	All other contribution	ons, gifts, grants, and 1f					i
ē ₽	g	sımılar amounts no Noncash contri	ot included above ibutions included in					
Contributions, gifts, grants and other similar amounts	-	lines 1a-1f\$_						
ဝှင်း	h		s 1a-1f	▶	0			
<u> </u>				Business Code				
enu	2a	CONSUMER LOAN	INC		7,641,255	7,641,255		
Program Serwce Revenue	Ь	REAL ESTATE LOAN	I		28,530,350	28,530,350		
92	c	2ND MTG LOAN IN	С		11,888,802	11,888,802		
ž.	d	EQUITY LINE INCO	ME		3,122,046	3,122,046		
an S	e							
21B0	f	All other progra	am service revenue					
ΔŤ	g	Total. Add lines	s 2a-2f		51,182,453			
	3	Investment inc	ome (including dividen	ds, interest				
			aramounts)		4,125,427			4,125,427
	4		stment of tax-exempt bond	proceeds	0			
	5	Royalties	(1) Paral	(··) D	0			
	6a	Gross Rents	(ı) Real 48,840	(II) Personal				
	ь	Less rental	62,807					
	_c	expenses Rental income	-13,967					
	d	or (loss)	me or (loss)		-13,967		-13,967	
	<u> </u>	Net rental incol	(i) Securities	(II) O ther			,	
	7a b	Gross amount from sales of assets other than inventory Less cost or	18,667	1,905,929				
	-	other basis and sales expenses						
	c	Gain or (loss)	18,667	1,905,929				
	d		s)	►	1,924,596			1,924,596
Other Revenue	8a	See Part IV, lin	s reported on line 1c) ne 18					
ĕ	b с		penses b (loss) from fundraising	events 🛌	0			
	9a		rom gamıng activities					
	b c		penses b (loss) from gamıng actı	vities	0			
	10a	Gross sales of returns and allo						
	ь	Less cost of g	oods sold b					
	С		(loss) from sales of inve		0			
		Miscellaneous	s Revenue	Business Code	007.55	007.555		
	l .			F33 460	987,666	987,666	00 770	
	Ь	OTHER FEES		522,100	4,322,912	4,240,139	82,773	
	C	DEPOSIT ACC			1,723,051	1,723,051		
	d	All other revenue Total. Add lines			575,296	575,296		
	12		See Instructions	▶	7,608,925	F0 700 00-	50.05 -1	6.050.005
					64,827,434	58,708,605	68,806	6,050,023

Part IX Statement of Functional Expenses

	Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
			(B), (C), and	(D).	(D)					
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses					
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				_					
	,	0								
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0								
3	Grants and other assistance to governments,									
	organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0								
4	Benefits paid to or for members	0								
5	Compensation of current officers, directors, trustees, and key employees	1,675,916	1,675,916							
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0								
7	Other salaries and wages	7,298,958	7,298,958							
8	Pension plan contributions (include section 401(k) and section	826,766	826,766							
9	403(b) employer contributions)	2,524,898	2,524,898							
10	Payroll taxes	841,184	841,184							
		041,184	041,104							
11	Fees for services (non-employees)									
a	Management	0 07 002	07.000							
b	Legal	87,883	87,883							
c بہ	Accounting	113,292	113,292							
d	Lobbying	0								
e •	Professional fundraising See Part IV, line 17 Investment management fees	0								
f	Other		608,678							
g 12	Advertising and promotion	608,678	,							
12 13	Office expenses	1,326,388	639,128 1,326,388							
14	Information technology	2,759,309	2,759,309							
15	Royalties	2,739,309	2,739,309							
16	Occupancy	1,809,901	1,809,901							
17	Travel	200,281	200,281							
18	Payments of travel or entertainment expenses for any federal,	0	200,201							
19	state, or local public officials	8,194	8,194							
20	Interest	24,205,354	24,205,354							
21	Payments to affiliates	24,203,334	27,203,334							
22	Depreciation, depletion, and amortization	1,677,422	1,677,422							
23	Insurance	277,539	277,539							
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)	211,533	277,333							
а	PROVISION FOR LOAN LOSSES	11,060,225	11,060,225							
b	OREO EXPENSE	346,687	346,687							
c	REPOSSESED COLLATERAL EXP	579,140	579,140							
d	DEPOSIT TAX	510,411	510,411							
e	FEDERAL INCOME TAX	209,278	209,278							
f	All other expenses	2,014,287	2,014,287							
25	Total functional expenses. Add lines 1 through 24f	61,601,119	61,601,119							
26	Joint costs. Check here ► ☐ If following SOP 98-2	01,001,119	01,001,117							
	Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation									

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	30,033,094	1	59,699,459
	2	Savings and temporary cash investments	30,018,966	2	521,956
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ Complete Part II of			
		Schedule L		6	
Assets	7	Notes and loans receivable, net	814,519,735	7	944,054,494
8	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges	522,502	9	783,223
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 36,838,879			
	ь	Less accumulated depreciation 10b 15,781,024	20,793,723	10c	21,057,855
	11	Investments—publicly traded securities	133,113,034	11	120,513,547
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	27,974,299	15	22,836,109
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,056,975,353	16	1,169,466,643
	17	Accounts payable and accrued expenses .	8,257,897	17	8,005,811
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es S	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
===		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	944,549,624	25	1,054,325,541
	26	Total liabilities. Add lines 17 through 25	952,807,521	26	1,062,331,352
		Organizations that follow SFAS 117, check here ► ☐ and complete lines 27 through 29, and lines 33 and 34.			
auc	27	Unrestricted net assets		27	
Balance	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
돌		Organizations that do not follow SFAS 117, check here ▶			_
or Fund		lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds	104,167,832	32	107,135,291
¥	33	Total net assets or fund balances	104,167,832	33	107,135,291
_	34	Total liabilities and net assets/fund balances	1,056,975,353	34	1,169,466,643

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

DLN: 93493313015070

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** Pawtucket Credit Union 05-0197075

Pa	rt I	Organizations Maintaining Donor Acorganization answered "Yes" to Form 99			or Accounts.	Complete If the
			(a) Donor advised funds	(b) Funds and ot	her accounts
1	Totalı	number at end of year				
2	Aggre	gate contributions to (during year)				
3	Aggre	gate grants from (during year)				
4	Aggre	gate value at end of year				
5		e organization inform all donors and donor advi- are the organization's property, subject to the o	-	or advi	sed	┌ Yes ┌ No
6	used	e organization inform all grantees, donors, and only for charitable purposes and not for the ben ring impermissible private benefit				┌ Yes
Pa	rt II	Conservation Easements. Complete	ıf the organızatıon answered "Yes" t	o Forn	n 990, Part IV	, line 7.
2	☐ P ☐ P ☐ P ☐ Comp	se(s) of conservation easements held by the or reservation of land for public use (e g , recreati rotection of natural habitat reservation of open space lete lines 2a-2d if the organization held a quali nent on the last day of the tax year	on or pleasure) Preservation of an Preservation of a c	certifie	d historic struct	
	easen	ient on the last day of the tax year			Held at the	End of the Year
	Total	number of conservation easements		2a	Held at the	Liid or the rear
a b		acreage restricted by conservation easements		2b		
c		er of conservation easements on a certified his	toric structure included in (2)	2c		
_			` ,			
d		er of conservation easements included in (c) ac	•	2d		
3		er of conservation easements modified, transfe xable year >	rred, released, extinguished, or terminate	d by th	ie organization d	luring
4	Numb	er of states where property subject to conserva	ation easement is located ►			
5	Does	the organization have a written policy regarding ement of the conservation easements it holds?	the periodic monitoring, inspection, hand	—— dling of	violations, and	┌ Yes ┌ No
6	Staff a	and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	nents d	uring the year 🕨	
7	A mou	nt of expenses incurred in monitoring, inspectir	ng, and enforcing conservation easements	s during	g the year ► \$ _	
8		each conservation easement reported on line 2)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion		┌ Yes
9	baland the or	t XIV, describe how the organization reports co se sheet, and include, if applicable, the text of t ganization's accounting	he footnote to the organization's financial nents	stater	nents that desc	rıbes
Par		Organizations Maintaining Collectio Complete if the organization answered "	Yes" to Form 990, Part IV, line 8.			
1a	art, hı	organization elected, as permitted under SFAS storical treasures, or other similar assets held e, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ch ın fu		
b	hıstor	organization elected, as permitted under SFAS ical treasures, or other similar assets held for p e the following amounts relating to these items	oublic exhibition, education, or research i			•
	(i) Re	venues included in Form 990, Part VIII, line 1			► \$	
	(ii) As	sets included in Form 990, Part X			► \$	
2		organization received or held works of art, histong amounts required to be reported under SFAS		or finan	cıal gaın, provid	e the
а	Rever	ues included in Form 990, Part VIII, line 1			► \$	
ь	Δ c c o+	s included in Form 990, Part X				
	~ 3361	5 meraded in Form 550, Fait A			F 4	

ar	Titl Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tre</u>	asures, or	<u>Othe</u>	<u>r Similar</u>	Asse	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ie foll	owing tha	at are a signific	ant u	ise of its co	llectioi	า	
а	Public exhibition		d	\vdash	Loan or	exchange pro	grams				
ь	Scholarly research		e	Γ	Other						
c	Preservation for future generations										
Ļ	Provide a description of the organization's co	ollections and expla	ain hov	v the	/ further t	the organizatio	n's ex	kempt purpo	se in		
5	During the year, did the organization solicity assets to be sold to raise funds rather than t			,				nılar	Г	Yes	┌ No
aı	t IV Escrow and Custodial Arrang						ed "Y	es" to For	m 990),	
	Part IV, line 9, or reported an ar										
а	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other intermo	ediary	for c	ontributio	ons or other as	sets	not	Γ	Yes	☐ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ıng ta	able			Т			
									A mou	ınt	
C	Beginning balance						1c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						1f				
3	Did the organization include an amount on Fe	orm 990, Part X, lın	e 21?						Γ	Yes	┌ No
Ь	If "Yes," explain the arrangement in Part XI\	1									
a	rt V Endowment Funds. Complete										
		(a)Current Year	(b)	Prior \	/ear (c) Two Years Back	((d)	Three Years B	ack (e	Four Ye	ears Back
•	Beginning of year balance						+		_		
)	Contributions						+				
=	Investment earnings or losses										
d	Grants or scholarships										
е	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
_	Provide the estimated percentage of the yea	r end halance held	as		l l						
а	Board designated or quasi-endowment	%	u 5								
_	•										
b	Permanent endowment - %										
C	Term endowment • %				حاسلتا مسا		. J E	46.			
а	Are there endowment funds not in the posse organization by	ssion of the organiz	ation t	tnata	ire neid a	na aaminister	ea for	tne		Yes	No
	(i) unrelated organizations							[3a(i)		
	(ii) related organizations							[3a(ii)		
b	If "Yes" to 3a(II), are the related organization	ns listed as require	d on S	ched	ule R?			[3b		
	Describe in Part XIV the intended uses of th										
ēΙ	t VI Investments—Land, Building	s, and Equipme	nt. S	ee F	orm 990), Part X, line	<u> 10.</u>	ı			
	Description of investment				Cost or oth			(c) Accumul depreciati		(d) Boo	ok value
а	Land					6,47	4,429			(6,474,429
b	Buildings					14,43	34,158	4,60	6,882		9,827,276
c	Leasehold improvements					34	14,529	4	1,295		303,234
d	Equipment					13,49	7,211	10,09	9,955		3,397,256
e	Other				-	2,08	88,553	1,03	2,893		1,055,660

21,057,855

(a) Description of security or category	Form 990, Part X, line 12	(c) Method of valuation
(including name of security)	(b)Book value	Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. Se		13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
-		
	• 1	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line		
Part IX Other Assets. See Form 990, Part X, col (B) line 13) (a) Descri	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III (a) Descri	ne 15.	
Part IX Other Assets. See Form 990, Part X, III (a) Descri	ne 15. otion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part X	ne 15. ption (5.) (7.) (8.) (9.) (9.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	15.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part X	ne 15. ption (5.) (7.) (8.) (9.) (9.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	15.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	15.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	15.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	15.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	15.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	15.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	15.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	15.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	15.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	15.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	15.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	15.) (, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	15.) (, line 25. (b) A mount	

Part XI Reconciliation of Change in Net Assets from Form 990 to Finance	ial Statemer	its	
1 Total revenue (Form 990, Part VIII, column (A), line 12)		1	64,827,434
Total expenses (Form 990, Part IX, column (A), line 25)		2	61,601,119
3 Excess or (deficit) for the year Subtract line 2 from line 1		3	3,226,315
4 Net unrealized gains (losses) on investments		4	-484,016
5 Donated services and use of facilities		5	
6 Investment expenses		6	
7 Prior period adjustments		7	
8 Other (Describe in Part XIV)		8	225,160
9 Total adjustments (net) Add lines 4 - 8		9	-258,856
10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		10	2,967,459
Part XII Reconciliation of Revenue per Audited Financial Statements Wit	h Revenue p	er Retur	n
Total revenue, gains, and other support per audited financial statements		1	64,890,241
A mounts included on line 1 but not on Form 990, Part VIII, line 12			
a Net unrealized gains on investments 2a			
b Donated services and use of facilities 2b			
c Recoveries of prior year grants			
d Other (Describe in Part XIV) 2d	62,807		
e Add lines 2a through 2d	[2e	62,807
3 Subtract line 2e from line 1	[3	64,827,434
4 A mounts included on Form 990, Part VIII, line 12, but not on line 1			
a Investment expenses not included on Form 990, Part VIII, line 7b . 4a			
b Other (Describe in Part XIV) 4b			
c Add lines 4a and 4b		4c	
Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)		5	64,827,434
Part XIII Reconciliation of Expenses per Audited Financial Statements W	ith Expenses	per Ret	
1 Total expenses and losses per audited financial statements		1	61,663,926
A mounts included on line 1 but not on Form 990, Part IX, line 25			
a Donated services and use of facilities			
b Prior year adjustments			
c Other losses			
d Other (Describe in Part XIV)	62,807		
e Add lines 2a through 2d		2e	62,807
3 Subtract line 2e from line 1		3	61,601,119
4 A mounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b Other (Describe in Part XIV)			
c Add lines 4a and 4b		4c	
Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)		5	61,601,119

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
See Part XI Line 8	Schedule D Part XII Line 2d	See Part XI line 8
Adoption of FASB 158		In December 2007, the Credit Union adopted FASB 158 The net change in pension plan accrual loss is \$225,160
RENT EXPENSES	SCHEDULE D PAGE 4 PART XII LINE 2D	Rent expense of \$62,807 is reclassed on Form 990 to Page 9 Part VIII Line 6b
Rent expense reclass		Rent expenses recorded on financial statements as an expense were reclassed to page 9 Part VIII Line 6b

Additional Data

Software ID:

(b) A mount

Software Version:

EIN: 05-0197075

Name: Pawtucket Credit Union

Form 990, Schedule D, Part X, - Other Liabilities 1 (a) Description of Liability

-	(=) //////
SHARE ACCOUNTS	105,331,559
MONEY MARKET ACCOUNTS	96,920,598
TREASURY TRACKER	6,809,759
SHARE DRAFTS	40,772,102
CLUBS	498,425
CERTIFICATES OF DEPOSIT	348,504,230
RETIREMENT ACCOUNTS	67,793,757
FEDERAL HOME LN BANK BORROWING	205,092,640
INTEREST BEARING CHECKING	182,351,006
MISCELLANEOUS	251,465

DLN: 93493313015070

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization Pawtucket Credit Union		Employer identification number					
Pav	videket Credit Offion			05-0197075			
Pa	rt I Questions Regarding Compensation	1	<u> </u>				
						Yes	Νo
1a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III						
	First-class or charter travel	Γ	Housing allowance or residence for	personal use			
	Travel for companions	Γ	Payments for business use of perso	nal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiat	on fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chau	ffeur, chef)			
b	If any of the boxes in line 1a are checked, did the orgoin reimbursement orprovision of all the expenses descr		, , ,	•	1b		
2	Did the organization require substantiation prior to re officers, directors, trustees, and the CEO/Executive				2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the Compensation committee	at appl	•				
	✓ Independent compensation consultant	<u> </u>					
	Form 990 of other organizations	<u> </u>	Approval by the board or compensa	tion committee			
4	During the year, did any person listed in Form 990, Por a related organization	art V I	I, Section A, line 1a with respect to t	he filing organization			
а	Receive a severance payment or change-of-control p	oaymer	nt?		4a		Νο
Ь	Participate in, or receive payment from, a supplemen	tal nor	nqualified retirement plan?		4b	Yes	
c	Participate in, or receive payment from, an equity-ba	sed co	ompensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro			n Part III			
	Only $501(c)(3)$ and $501(c)(4)$ organizations only must	st com	plete lines 5-9.				
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	ine 1a	, did the organization pay or accrue a	ny			
а	The organization?				5a		
b	Any related organization?				5b		
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	ine 1a	, did the organization pay or accrue a	ny			
а	The organization?				6a		
b	Any related organization?				6b		
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," d			n-fixed	7		
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in in Part III						

section 53 4958-6(c)?

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(1) Base compensation (2) Compensation (3) Compensation ((A) Name	,	(B) Breakdown of	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
RABLE A NOZAK (II) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				incentive	reportable	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
GEORGE J CHARETTE (I) 203,846	RL A KOZAK		366,493 0	120,012	3,505	127,794	19,852	637,656	
III	BERT P ANDRADE		203,846	47,090	2,160	113,327	4,988	371,411	
DONNA GREGSON			203,846	45,713	5,200	79,098 0	16,478 0	350,335 0	
TIMOTHY JERMAIN (I) (I) (I) (I) (I) (I) (I) (UL J CAPPELLO		142,692	29,566	0 0	13,190	14,271	199,719	
REBECCA BOOK (I) 127,404 29,255 0 11,727 6,831 175,217 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	NNA GREGSON		132,500	30,304	0 0		14,236 0	189,430 0	
WILLIAM DAWSON (I) 37,100 188,947 0 17,788 14,860 258,695 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	10THY JERMAIN		152,885 0	33,445	0 0	13,297 0	2,857 0	202,484	
(II) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	зесса воок		127,404	29,255	0 0		6,831	175,217	
	_LIAM DAWSON		37,100 0	188,947	0 0	17,788	14,860	258,695	
	OMENA NICOLAU		43,215	/	0	14,302	2,195	196,082	
		+							
		<u> </u>							
		 '		<u> </u>					
		'		-					

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
		Non-qualified 457 (f) plans have been set up to provide supplemental employee retirement benefits for Karl Kozak, President and CEO, Robert Andrade, EVP/COO and George Charette, EVP/CFO. The deferred compensation amount shown on Schedule J, Part II, column C on line i for these officers includes the pro-rata
		portion of future benefits under these plans No benefits have been paid out under these plans to date

Schedule J (Form 990) 2009

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493313015070

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

2009

OMB No 1545-0047

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Open to Public Inspection

Name of the organization
Pawtucket Credit Union

Employer identification number

05-0197075

ldentifier	Return Reference	Explanation
990 Review	Page 6 Part VI Section B Line 11	The Form 990 is presented to and reviewed by the Executive Committee of the Board of Directors prior to filing. The Executive Committee reports on all of its activities to the Board of Directors.
Officer Compensation	Page 6 Part VI Section B Line 15a and b	A Compensation Committee, comprised solely of members of the Board of Directors, meets a number of times a each year to determine the compensation structure for the CEO Performance of the Credit Union relative to strategic plan initiatives is reviewed. In addition, financial performance goals for the period as well as how the credit union compares to peer groups are reviewed to determine overall financial performance. Salary data from independent consultants for institutions of comparable size is also used by the Compensation. Committee to determine changes in compensation. A written report of this annual review is submitted to the Board of Directors. Changes to CEO compensation are approved by the Board of Directors. Salary changes for officers are considered based on written annual performance appraisals required by each department head. Salary data from independent consultants is also used to determine compensation for the officers. The CEO prepares written appraisals on all executive officers. Compensation recommendations for all officers are presented by the CEO to the Board of Directors for their review. Changes in compensation for all officers are approved by the Board of Directors.
Disclosure	Page 6 Part VI Section 6 Line 19	Copies of Documents noted under this item are available to the public upon request
LOANS TO OFFICERS AND DIRECTORS	PA GE 4 SECTION IV LINE 26	SOME OF THE OFFICERS AND DIRECTORS HAVE LOANS OUTSTANDING FROM THE CREDIT UNION THESE LOANS WERE OBTAINED IN THE ORDINARY COURSE OF BUSINESS OF THE CREDIT UNION ON THE SAME TERMS AVAILABLE TO ALL MEMBERS BASED ON SCHEDULE L INSTRUCTIONS, THESE LOANS ARE NOT DISCLOSED
Members	Page 6 Part VI Section A Line 6 7a 7b	Line 6- The Credit Union is a members only financial institution. Line 7a & 7b - The members vote for the board of directors at the annual meeting. The members vote on all business that is presented at the annual meeting.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493313015070

OMB No 1545-0184

Form **4797**

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Department of the Treasury Internal Revenue Service (99)

► Attach to your tax return.

► See separate instructions.

Sequence No 27

lame(s) shown on return	Ident if y	ing numb	er
awtucket Credit Union	05-019	7075	
Enter the gross proceeds from sales or exchanges reported to you for 2009 on Form(s) 1099-B	or		
1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions)			
Part I Sales or Exchanges of Property Used in a Trade or Business and Invo From Other Than Casualty or Theft—Most Property Held More Than 1			
2 (a) Description of property acquired (mo , day, price acquired (mo , day, price allowed or allowable since imp	Cost or other basis, plus provements and opense of sale	Subtra	Gain or (loss) act (f) from the sum of (d) and (e)
3 Gaın, ıf any, from Form 4684, line 43		3	
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37		4	
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824		5	
6 Gain, if any, from line 32, from other than casualty or theft		6	
7 Combine lines 2 through 6 Enter the gain or (loss) here and on the appropriate line as follows		7	
Part nerships (except electing large part nerships) and S corporations. Report the gain or (loss) fol instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9 Skip lines 8, 12 below	•	•	
Individuals, part ners, S corporation shareholders, and all ot hers. If line 7 is zero or a loss, enter the from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prisection 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a locapital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below	oryear		
8 Nonrecaptured net section 1231 losses from prior years (see instructions)		8	
Subtract line 8 from line 7 If zero or less, enter -0- If line 9 is zero, enter the gain from line 7 or below If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain as a long-term capital gain on the Schedule D filed with your return (see instructions)	from line 9	9	
Part II Ordinary Gains and Losses (see instructions)			
Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or le	ss)		
MORTGAGE LOANS 01-01-2000 12-31-2009 1,905,929			
11 Loss, If any, from line 7		11	()
12 Gaın, ıf any, from lıne 7, or amount from lıne 8, ıf applıcable		12	
13 Gaın, ıf any, from lıne 31		13	
14 Net gaın or (loss) from Form 4684, lines 35 and 42a		14	
15 Ordinary gain from installment sales from Form 6252, line 25 or 36		15	
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824		16	
17 Combine lines 10 through 16		17	1,905,929
For all except individual returns, enter the amount from line 17 on the appropriate line of your ret lines a and b below For individual returns, complete lines a and b below	ırn and skıp		
a If the loss on line 11 includes a loss from Form 4684, line 39, column (b)(ii), enter that part of the Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, a the loss from property used as an employee on Schedule A (Form 1040), line 23 Identify as from 4797, line 18a "See instructions	nd the part of	18a	
b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a Enter here and or	n Form 1040,		
line 14		18b	

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19	(a) Description of section 1245, 1250, 1252, 1254, or 1255 pro	perty						į	(b) Date acquired(mo day, yr)	(c) Date sold , (mo , day, yr)
A B										
C										
D							1			
1	hese columns relate to the properties on lines 19A through 19D	۲	Property A	P	ropert	у В	Prop	erty C	Pr	operty D
20	Gross sales price (Note: See line 1 before completing)	20								
21	Cost or other basis plus expense of sale	21								
22	Depreciation (or depletion) allowed or allowable	22								
23	Adjusted basis Subtract line 22 from line 21 .	23								
24	Total gain Subtract line 23 from line 20	24								
25	If section 1245 property:									
а	Depreciation allowed or allowable from line 22	25a								
b	Enter the smaller of line 24 or 25a	25b								
26	If section 1250 property: If straight line									
	depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291									
а	Additional depreciation after 1975 (see instructions)	26a								
ь	Applicable percentage multiplied by the smaller of									
_	line 24 or line 26a (see instructions)	26b								
c	Subtract line 26a from line 24 If residential									
	rental property or line 24 is not more than line 26a, skip lines 26d and 26e	26c								
d	Additional depreciation after 1969 and before 1976	26d								
e	Enter the smaller of line 26c or 26d	26e								
f	Sections 291 amount (corporations only)	26f								
g	Add lines 26b, 26e, and 26f	26g								
27	If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being									
	completed for a partnership (other than an electing large partnership)									
а	Soil, water, and land clearing expenses	27a								
ь	Line 27a multiplied by applicable percentage (see instructions)	27b								
c	Enter the smaller of line 24 or 27b	27c								
28	If section 1254 property:									
а	Intangible drilling and development costs,									
	expenditures for development of mines and other natural deposits, mining exploration costs, and									
	depletion (see instructions)	28a								
b	Enter the smaller of line 24 or 28a	28b								
29	If section 1255 property:									
а	Applicable percentage of payments excluded from income under section 126 (see instructions)	29a								
b	Enter the smaller of line 24 or 29a (see instructions)	29b								
	ımmary of Part III Gains. Complete prope			า D th	rougl	ı lıne 2	29b befor		ng to line	30.
30	Total gains for all properties Add property column	ıs A th	rough D, line 24					30		
31	Add property columns A through D, lines 25b, 26g	ј, 27 с	, 28b, and 29b Ent	er here	and o	n line 1		31		
32	Subtract line 31 from line 30 Enter the portion fro portion from other than casualty or theft on Form 4		-	rm 468	84, lın	e 37 E	nter the	32		
Pai	t IV Recapture Amounts Under Sectio			(2) V	Vhen	Busin	ess Use		os to 50°	% or Less
	(see instructions)					(a) 5	Section		(b) Sec	
33	Section 170 expense deduction or depresent	llowat	le in prior vecre	Г	33	:	179		280F(b)(2)
33	Section 179 expense deduction or depreciation a	iiowab	ie iii pilor years .	.	34				<u> </u>	
34 35	Recomputed depreciation (see instructions) . Recapture amount Subtract line 34 from line 33 See the ins	truction	s for where to report		35				<u> </u>	

Software ID: Software Version:

EIN: 05-0197075

Name: Pawtucket Credit Union

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

		Compensated Employees, and Independent Contractors											
(B) Average hours		tıon (che	′)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation				
wook	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations				
5 0	Х		Х				41,560	0	0				
3 0	X		Х				20,560	0	0				
3 0	x		х				18,060	0	0				
3 0	Х		Х				15,600	0	0				
2 0	X						10,560	0	0				
2 0	Х						10,560	0	0				
2 0	Х						10,560	0	0				
2 0	X						10,560	0	0				
2 0	X						10,560	0	0				
2 0	Х						10,560	0	0				
2 0	Х						18,027	0	0				
40 0			Χ				490,010	0	147,646				
40 0				X			253,096	0	118,315				
40 0				Χ			254,759	0	95,576				
40 0				X			172,258	0	27,461				
40 0				X			162,804	0	26,626				
40 0				Х			186,330	0	16,154				
40 0				Х			156,659	0	18,558				
40 0				Х			122,560	0	16,118				
40 0				Х			118,647	0	16,044				
40 0				X			113,864	0	13,449				
40 0				X			119,388	0	23,400				
40 0					X		226,047	0	32,648				
40 0					X		179,585	0	16,497				
40 0					X		118,692	0	22,880				
	Average hours per week 5 0 3 0 3 0 2 0 2 0 2 0 2 0 2 0 4 0 0	Average hours per week 5 0	Average hours per week 5 0	Average hours per week	Average hours per week	Average hours per week Continue Continu	Average hours per week Position (check all that apply) Rej employee Promer week Position (check all that apply) Rej employee Promer week Prom	A verage hours per week	Average hours per week				

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

compensated improve	oo, ana anaopen				••••					
(A) Name and Title	(B) Average hours	1	(tion that a	•				(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	II —	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Rıchard Kanaczet V P/I nternal A udıt	40 0					X		111,080	0	22,500

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
PROVISION FOR LOAN LOSSES	11,060,225	11,060,225		
OREO EXPENSE	346,687	346,687		
REPOSSESED COLLATERAL EXP	579,140	579,140		
DEPOSIT TAX	510,411	510,411		
FEDERAL INCOME TAX	209,278	209,278		