efile GRAPHIC print - DO NOT PROCESS As Filed Data -Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

2016

DLN: 93493299002077 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

foundations) ▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at <u>www IRS qov/form990</u>

Open to Public Inspection

		2016	 	. 01 01 2016	24 20							
			C Name of organization	ning 01-01-2016 , and ending 12-	-31-20	16	D Empley		fication number			
		pplicable change	Pawtucket Credit Union						ncation number			
□ Na		_	% VALERIE J PIMENTA				05-019	7075				
☐ Inr		turn	Doing business as									
Fin ⊡ etur		minated	Number and shoot (as D.O. base for	and the second be adversed by additional December	/b		E Telepho	ne number	 r			
☐ Am	ende	d return	1200 Central Avenue	ail is not delivered to street address) Room/	suite		(401)	722-2212	•			
☐ Ap	olicati	on pending	City or town, state or province, coul	ntry, and ZIP or foreign postal code			(401)	22 2212	•			
			Pawtucket, RI 02861	,,			G Gross re	eceipts \$ 9	2,296,206			
			F Name and address of principa	l officer	H/	a) Ic	this a group re					
			GEORGE J CHARETTE III		'''	-	ubordinates?	etui ii ioi	□Yes ☑ No			
			1200 Central Avenue Pawtucket, RI 02861		Н(b) A	re all subordina	tes	☐ Yes ☐No			
I Tax	-exer	mpt status	501(c)(3) 501(c)(14)	(insert no) 4947(a)(1) or 527	,		icluded? "No," attach a	list (soo				
1 VA/	abeit	- \A/\A	/W PCU ORG	(ilisercino)			roup exemption	•	•			
J 44.	EDSI	le. P VVV	W FCO OKG		`		.oup oxompaio.					
K Forn	n of o	rganization	☑ Corporation ☐ Trust ☐ Asso	ciation ☐ Other ▶	L Ye	ear of f	formation 1928	M State	of legal domicile RI			
Pa		Sum	-									
			scribe the organization's mission o on organized for the benefit of its	r most significant activities members the credit UNION IS COMMI	TTED T	O SEI	RVING the finar	ncial need	ds of its members			
Activities & Governance	-											
II a	-											
Ver	٠,	Chack the	us hav 🛌 🔲 if the avganization dis	continued its operations or disposed of	. mara	than '	DEN/ of its not :	accete.				
Ĝ			of voting members of the governing			unan .	23% OF Its Het a	3	11			
×	4	Number o	of independent voting members of	the governing body (Part VI, line 1b)				4	0			
Se S			nber of independent voting members of the governing body (Part VI, line 1b)									
ቜ			nber of volunteers (estimate if ne	6	0							
AC	7a	Total unr	elated business revenue from Part		7a	115,642						
				n Form 990-T, line 34				7b	114,242			
				· ·			Prior Year		Current Year			
	8	Contribut	ions and grants (Part VIII, line 1h)	F			0	0			
i E		9 Program service revenue (Part VIII, line 2g)						689	54,889,417			
Rəvenue		10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)					2,901,		2,955,081			
α		11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 8,							8,401,815			
				st equal Part VIII, column (A), line 12)	F		63,883,	034	66,246,313			
			nd similar amounts paid (Part IX,					0	0			
	14	Benefits	paid to or for members (Part IX, c	olumn (A), line 4)	r			0	0			
ç	15	Salaries,	other compensation, employee be	nefits (Part IX, column (A), lines 5–10)			18,818,	539	18,894,917			
Expenses	16 a	Professio	onal fundraising fees (Part IX, colu	mn (A), line 11e)				0	0			
e G	b	Total fundr	raising expenses (Part IX, column (D), I	ne 25) ▶ 0								
ă	17	Other exp	penses (Part IX, column (A), lines	11a-11d, 11f-24e)		32,155,548 33,02			33,024,820			
	18	Total exp	enses Add lines 13–17 (must equ	ıal Part IX, column (A), lıne 25)			50,974,	087	51,919,737			
	19	Revenue	less expenses Subtract line 18 fr	om line 12			12,908,	947	14,326,576			
893					T I	Beginı	ning of Current	rear	End of Year			
a K					-							
Ass Ba			ets (Part X, line 16)				1,797,939,		1,952,363,580			
Net Assets or Fund Balances					-		1,626,894,		1,767,507,966			
		_	s or fund balances Subtract line	21 from line 20			171,045,	968	184,855,614			
Par Under			ature Block errury I declare that I have exam	ined this return, including accompanyir	na sche	dules	and statement	s and to	the best of my			
knowl	edge	and belie		Declaration of preparer (other than of								
any k	nowle	edge										
		*****	*				2017-10-25					
Sign		Signati	ure of officer				Date					
Here	1	GEORG	GE J CHARETTE III President/CEO									
		Туре о	r print name and title									
			rint/Type preparer's name	Preparer's signature	Date	10.25		PTIN	1			
Paid	1	Ľ	1ichael J Rowe CPA	Michael J Rowe CPA	2017-1	10-25	self-employed	P0053583	.1			
Pre	oare	ר וי	irm's name WOLF & COMPANY PC	FLOOD			Firm's EIN ▶					
Use	On	ıly ^F	irm's address ▶ 99 HIGH STREET 21ST	FLOOR			Phone no (617)	439-9700				
		_	BOSTON, MA 02110									
May t	ne IR	S discuss	this return with the preparer show	vn above? (see instructions)		<u>.</u> .		. <u>V</u>	Yes 🗌 No			
For P	aper	work Re	duction Act Notice, see the sep	arate instructions.		Cat N	lo 11282Y		Form 990 (2016)			

Form	990 (20:	16)				Page 2		
Par	t III	Statement of Program Se	rvice Accomplishme	ents				
	(Check if Schedule O contains a	response or note to any l	ne in this Part III .		🗆		
1	Briefly o	lescribe the organization's miss	ion					
PAW ⁻	TUCKET C	REDIT UNION IS A COOPERATI INION IS COMMITTED TO SERV	VE FINANCIAL INSTITUT: ING THE FINANCIAL NEEI	ON ORGANIZED AS A DS OF ITS MEMBERS T	CREDIT UNION FOR THE BENEFITO HELP THEM ATTAIN THEIR FINA	OF ITS MEMBERS ANCIAL GOALS		
2	Did the							
	the prio	r Form 990 or 990-EZ?				🗌 Yes 🗹 No		
		' describe these new services o						
3	Did the	organization cease conducting,	or make significant chan-	ges in how it conducts	, any program			
		describe these changes on Scl				☐ Yes ☑ No		
4	Describe Section	e the organization's program se	rvice accomplishments fo izations are required to re	eport the amount of gr	gest program services, as measure rants and allocations to others, the			
4a	(Code) (Expenses \$	ıncl	uding grants of \$) (Revenue \$)		
	•	tional Data				, 		
4b	(Code) (Expenses \$	ıncl	uding grants of \$) (Revenue \$)		
4c	(Code) (Expenses \$	ıncl	uding grants of \$) (Revenue \$)		
4d	Other p	rogram services (Describe in Si	thedule O)					
	(Expens	ses \$	including grants of \$) (Revenue \$)		
4e	_Total p	rogram service expenses 🟲						

1

2

3

4

5

6

7

8

9

10

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

Yes

Yes

Yes

Yes

Page 3

No

Nο

Nο

Nο

No

Nο

Nο

Nο

No

Nο

Nο

Nο

Nο

No

Nο

No

Nο

No

No

No

No

Nο

Form **990** (2016)

Checklist of Required Schedules

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . .

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

Section 501(c)(3) organizations.

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

to provide advice on the distribution or investment of amounts in such funds or accounts? Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

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 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

ın Part X, line 16? *If "Yes," complete Schedule D, Part IX* 😼

b Was the organization included in consolidated, independent audited financial statements for the tax year?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

Checklist of Required Schedules (continued)

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Part IV

29

31

33

34

36

37

28a

28b

28c

29

30

31

32

33

34

35a

35b

36

37

38

Yes

Form 990 (2016)

Nο

No

No

No

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Page 4

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
Ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 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 lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
Ь	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	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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)			

	t V Statements Regarding Other IRS Filings and Tax Compliance			Page 5			
Fell	Check if Schedule O contains a response or note to any line in this Part V			П			
	Check in benediate of contains a response of mote to any line in this fair ()	<u> </u>	Yes	No			
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 44,519						
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
	(gambling) winnings to prize winners?	1c	Yes				
2a	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?	2b	Yes				
22	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes				
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		- 103				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4.					
	TC IIV II and an III a common of the Common and	4a		No			
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No			
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No			
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?						
·	The say of 35, and the organization me form 5000 ft. The first fir	5с					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	6a		No			
	solicit any contributions that were not tax deductible as charitable contributions?						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	7a					
	provided to the payor?						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c					
d	If "Yes," indicate the number of Forms 8282 filed during the year						
-	21 yes, market the number of forms 5252 med during the year.						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e					
	6 Delther was a bound by the construction of the state of						
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7f					
y	required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form						
_	1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during						
	the year?	8					
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9 a					
Ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter						
а	Initiation fees and capital contributions included on Part VIII, line 12 10a						
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	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)						
	against amounts due of received from them?						
	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						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for						
	additional information the organization must report on Schedule O	13a					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans						
С	Enter the amount of reserves on hand						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b					
		F	orm 99	0 (2016			

-orm	990 (2	2016)					Page 6
Par	t VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 8a, 8b, or 10b below, describe the circumstances, processes, or changes in School	lule O		" respo	nse to li	_
		Check if Schedule O contains a response or note to any line in this Part VI		<u> </u>			✓
Se	ction	A. Governing Body and Management					
1a	Enter	the number of voting members of the governing body at the end of the tax year	1a	11		Yes	No
	body,	re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or ir committee, explain in Schedule O					
b	Enter	the number of voting members included in line 1a, above, who are independent	1b	0			
2		ny officer, director, trustee, or key employee have a family relationship or a busine r, director, trustee, or key employee?	ss rela	ationship with any other	2		No
3	Did th	ne organization delegate control over management duties customarily performed b icers, directors or trustees, or key employees to a management company or other	y or ur person	nder the direct supervision	3		No
4	Did th	ne organization make any significant changes to its governing documents since the	prior l	Form 990 was filed?	4		No
5	Did th	ne organization become aware during the year of a significant diversion of the orga	nızatıo	n's assets? .	5		No
6	Did th	ne organization have members or stockholders?			6	Yes	
7a		ne organization have members, stockholders, or other persons who had the power pers of the governing body?	to elec	t or appoint one or more	7a	Yes	
b		ny governance decisions of the organization reserved to (or subject to approval by ns other than the governing body?		bers, stockholders, or	7b	Yes	
8		ne organization contemporaneously document the meetings held or written actions illowing	under	taken during the year by			
а	The g	overning body?			8a	Yes	
b	Each	committee with authority to act on behalf of the governing body?			8b	Yes	
9		ere any officer, director, trustee, or key employee listed in Part VII, Section A, who ization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i> (9		No
Se	ction	B. Policies (This Section B requests information about policies not requ	ured b	y the Internal Revenue	e Code	∍.)	
						Yes	No
10a	Did th	ne organization have local chapters, branches, or affiliates?			10a		No
b		s," did the organization have written policies and procedures governing the activiti ranches to ensure their operations are consistent with the organization's exempt p			10b		
11a	Has tl form?	he organization provided a complete copy of this Form 990 to all members of its go	vernin •	ng body before filing the	11a	Yes	
b	Descr	ibe in Schedule O the process, if any, used by the organization to review this Form	990				
12a	Did th	ne organization have a written conflict of interest policy? If "No," go to line 13 .			12a	Yes	
b		officers, directors, or trustees, and key employees required to disclose annually in cts?	terests • •	that could give rise to	12b	Yes	
С	Did th Sched	ne organization regularly and consistently monitor and enforce compliance with the dule O how this was done	policy •	? If "Yes," describe in	12c	Yes	
13	Did th	ne organization have a written whistleblower policy?			13	Yes	
14	Did th	ne organization have a written document retention and destruction policy?			14	Yes	
15	Did th perso	ne process for determining compensation of the following persons include a review ns, comparability data, and contemporaneous substantiation of the deliberation an	and ap	pproval by independent sion?			
а	The o	rganization's CEO, Executive Director, or top management official			15a	Yes	
b	Other	officers or key employees of the organization			15b	Yes	
	If "Ye	s" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a		ne organization invest in, contribute assets to, or participate in a joint venture or si le entity during the year?	mılar a	arrangement with a	16a		No
b	ın joir	s," did the organization follow a written policy or procedure requiring the organizat nt venture arrangements under applicable federal tax law, and take steps to safegu s with respect to such arrangements?	ıard th				
			-		16b		
		C. Disclosure					
17		ne States with which a copy of this Form 990 is required to be filed	0 - '	000 T (F01(-\/2\)			
18	avaıla	on 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 99 ible for public inspection. Indicate how you made these available. Check all that ap	ply	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
19	Descr	Own website $\ \square$ Another's website $\ ot \le$ Upon request $\ \square$ Other (explain in S libe in Schedule O whether (and if so, how) the organization made its governing do lipe and financial statements available to the public during the tax year					
20	State	r, and financial statements available to the public during the tax year the name, address, and telephone number of the person who possesses the organ ERIE J PIMENTA 1200 CENTRAL AVENUE PAWTUCKET, RI 02861 (401) 729-4010	ıızatıor)	s books and records			
	/\L						- (

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII .

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 • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount
- of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid • List all of the organization's **current** key employees, if any 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

organization and any related organizations											
 List all of the organization's former officers, of reportable compensation from the organization 					pen	sated	emp	oloyees who receive	ed more than \$100),000	
• List all of the organization's former director organization, more than \$10,000 of reportable co											
List persons in the following order individual trus compensated employees, and former such person		rs, ınstı	itutioi	nal t	rust	ees, o	offic	ers, key employees	s, highest		
Check this box if neither the organization no	r any related oi	ganızat	ion c	omp	ens	ated a	any o	current officer, dire	ctor, or trustee		
(A) Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	related organizations	
(1) KARL A KOZAK DIRECTOR	5 0	×						91,372	0	0	
(2) LYNN am WEINSTEIN Vice Chairman	7 0	×		x				30,000	0	0	
(3) RONALD W LECLAIR Chairman	12 0	×		х				51,000	0	0	
(4) JOHN B RICHER JR Treasurer	7 0	х		х				27,500	0	0	
(5) PAUL F LEFEBVRE Secretary	7 0	×		x				27,500	0	0	
(6) LAWRENCE J MONASTESSE DIRECTOR	5 0	×						15,000	0	0	
(7) RICHARD H LECLERC DIRECTOR	5 0	×						15,000	0	0	
(8) DR FRANK P CASARELLA DIRECTOR	5 0	×						15,000	0	0	
(9) LINDA C LYONS Director	5 0	×						15,000	0	0	
(10) KEVIN TRACEY DIRECTOR	5 0	×						21,596	0	0	
(11) Gerard J Lupien Director	5 0	×						15,000	0	0	
(12) GEORGE J CHARETTE III president/CEO	40 0			х				1,140,013	0	54,893	
	40.0				Г						

40.0 (13) JOSEPH L SILVA 185,881 0 sVP/COMMERICAL LENDING 0.0 40 0 (14) PAUL J CAPPELLO Х 0 273,176 EVP/CLO 0 0 40 0 (15) DONNA GREGSON Х 248,273 0 EVP/RETAIL ADMIN 0 0

(A)

Name and Title

(B)

Average

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) Estimated

(E)

Reportable

5

(B)

Description of services

Nο

(C)

Compensation

Form **990** (2016)

(D)

Reportable

Page 8

Name and Title	hours per week (list any hours	hours per than one box, unless persor so both an officer and a director/trustee)			son	from the organization (W-	compensation from related organizations	amount o	of other sation the		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organizati relat organiza	ed
(18) VALERIE J PIMENTA	40 0				x	<u> </u>		212,252	0		24,480
SVP/CFO	0 0		<u> </u>	—'	<u> </u>	↓ ′	\perp		 	<u> </u>	
(19) ANNE BERNIER	40 0	<u> </u>		'	x	'		156,207	0	,	28,606
sVP/HUMAN RESOURCES	0 0		<u> </u>	Щ'	Щ'	↓ ′	\perp			<u> </u>	
(20) PATRICIA L WEBB	40 0	<u> </u>		'	'	l x		179,498	0	,	28,182
sVP/RETAIL LENDING	0.0		<u> </u>	⊥_'	Щ'	↓ ′	\perp		<u> </u>	<u> </u>	
(21) WILLIAM DAWSON	40 0	<u> </u>		'	'	x		205,710	0	1	32,573
VP/MORTGAGE ORIGINATION	0 0	_	<u> </u>	Щ'	Ш'	Ũ.'	Щ.	200,	-	<u> </u>	
(22) MADELINE FURTADO	40 0			'	'	_x		159,639	0	1	19,818
VP/REAL ESTATE LENDING	0 0		<u> </u>	⊥_'	L'	<u>'</u> '	\perp	100,000			
(23) FRANCIS E MCFARLAND	40 0			Γ'	['	×		154,896	0		28,092
VP/Director of ALM	0.0			'		<u> </u>		134,090	<u> </u>		
(24) ANNE TREMBLAY	40 0			<u> </u>		X		137 560	0		26.065
VP/INFORMATION TECHNOLOGY	0 0		<u> </u>	⊥_'	<u> </u>	<u> </u>	\perp	137,560	ļ		26,065
		'		'	'	'			l		
									<u> </u>		
1b Sub-Total				<u>-</u>	<u> </u>	/ T	<u> </u>				
c Total from continuation sheets to Part					ŧ	•					
d Total (add lines 1b and 1c)	•					▶		3,882,906	0		625,209
Total number of individuals (including but of reportable compensation from the organization)		those li	sted a	abov	/e) v	vho re	ceiv	ed more than \$100	,000		
				_						Yes	No
3 Did the organization list any former offic line 1a? If "Yes," complete Schedule J for			•			ee, or h	_		mployee on		No
4 For any individual listed on line 1a, is the	sum of reports	ble com	nanc	catic	יב מי	ad othe	or co	omponestion from t	<u> </u>	+	
organization and related organizations gr	eater than \$150	0,000? 1	If "Ye								
ındıvıdual				•	•	•	•		4	Yes	

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

from the organization Report compensation for the calendar year ending with or within the organization's tax year

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

(C)

Position (do not check more

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

Section B. Independent Contractors

compensation from the organization ▶ 0

1

services rendered to the organization? If "Yes," complete Schedule J for such person .

(A)

Name and business address

Part		II Statement of	Revenue							rage 3
				a respo	onse or note to any	/ line in this Part VII	ı			🗆
						(A) Total revenue	Rela exe fun	B) ted or empt ction	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1:	a Federated campaigi	ns	1a			rev	enue		512-514
nts		b Membership dues		1b						
rar		c Fundraising events								
Am Am		_		1c						
ons, Giffs, Grants Similar Amounts		d Related organizatio		1d						
3, E		e Government grants (co	·	1e						
Sign		 All other contributions, and similar amounts no 		1f						
tributio Other		above		11						
ξŏ	!	g Noncash contribution in lines 1a-1f \$	ns included							
Contributions, Gifts, Grants and Other Similar Amounts	١.	Total.Add lines 1a-1	£		_					
	┵	T TOTAL AND INTES 14-1		• •	Busines	s Code				1
n.	2a	CONSUMER LOAN INC					369,286	1.369	9,286	
		REAL ESTATE LOAN					056,095	30,050		
e.		2ND MTG LOAN INC				9,	510,978	9,510	0,978	
₽.	d	EQUITY LINE INCOME				3,	210,204	3,210),204	
χ Έ	е	VEHICLE & BOAT LOANS	;			10,	742,854	10,74	2,854	
Program Service Revenue	f	All other program se	rvice revenue	:						
δ	а	Total.Add lines 2a-2f		. 1	5 4,	889,417				
		Investment income (ii			nterest and other	1	T			
			· · · ·		interest, and other	2,217,08	2			2,217,082
	4	Income from investme	ent of tax-exe	empt bo	ond proceeds	· <u> </u>	0			
	5	Royalties				<u> </u>	0			
	_	C	(ı) Rea	ıl	(II) Personal	_				
	ъa	Gross rents		41,340						
	Ŀ	Less rental expenses		58,976						
		Rental income or		17.636		0				
	•	(loss)		-17,636						
	c	Net rental income of	r (loss)			-17,63	6		-17,636	
			(ı) Securi	ties	(II) Other					
	7 a	Gross amount from sales of	1,3	300,000	25,428,91	.6				
		assets other than inventory								
	Ŀ	Less cost or				-				
		other basis and sales expenses	1,2	298,251	24,692,66	56				
	c	Gain or (loss)		1,749	736,25	50				
	c	Net gain or (loss) .		•	•	737,99	9			737,999
•	8a	Gross income from for (not including \$	ındraısıng ev	ents of						
nue		contributions reporte	d on line 1c)							
<u>रु</u>		See Part IV, line 18		. a						
æ		Less direct expenses		ь						
Other Revenue		Net income or (loss)			ents 🕨	_	0			
ō	94	Gross income from g See Part IV, line 19		ies						
				a	(
		Less direct expenses		ь						
		Net income or (loss)		actıvıtı I	les >	_	0			
	10	Gross sales of invent returns and allowanc	ory, less es							
				a	,)				
	Ł	Less cost of goods s	old	ь	(D .				
	•	Net income or (loss)		finvent			0			
	11	Miscellaneous	Revenue		Business Code	833,21	7	833,217		
	-11	-aLOAN FEES				655,21	'	033,217		
					52210	2.005.00	1	2 752 602	100 070	
	t	OTHER FEES			52210	3,885,96		3,752,683	133,278	
	•	DEPOSIT ACCOUNT	FEES			3,019,39	o	3,019,390		
							1			
		All other revenue		I		680,88	3	680,883		
		Total. Add lines 11a			•	8,419,45	1			
	12	! Total revenue. See	Instructions		• • •	66,246,31	3	63,175,590	115,642	2,955,081
						··	•		•	Form 990 (2016)

Check here \blacktriangleright \square if following SOP 98-2 (ASC 958-720)

Form 990 (2016)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	ınızatıons must com	plete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX			<u></u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0	·		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	3,045,603			
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	10,592,666			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,517,541			
9 Other employee benefits	2,544,167			
10 Payroll taxes	1,194,940			
11 Fees for services (non-employees)				
a Management	0			
b Legal	27,067			
c Accounting	117,711			
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,167,151			
12 Advertising and promotion	1,306,498			
13 Office expenses	2,156,630			
14 Information technology	3,336,835			
15 Royalties	0			
16 Occupancy	2,091,155			
17 Travel	285,565			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	296,137			
20 Interest	16,729,310			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	1,744,789			
23 Insurance	121,494			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a PROVISION FOR LOAN LOSSES	1,392,680			
b DEPOSIT TAX	921,061			
c LOAN & OREO EXPENSE	513,670			
d REPOSSESED COLLATERAL EXP	205,892			
e All other expenses	611,175			
25 Total functional expenses. Add lines 1 through 24e	51,919,737			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational compagn and fundraising solicitation				

Form 990 (2016)

11

12

13

14

15

16

17

18

19

20

21

23

24

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

Investments—program-related See Part IV, line 11

Other assets See Part IV, line 11

Tax-exempt bond liabilities

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 .

Total assets.Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

key employees, highest compensated employees, and disqualified

Unsecured notes and loans payable to unrelated third parties

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here lacktriangle and

basis Complete Part VI of Schedule D

Intangible assets

Accounts payable and accrued expenses

b Less accumulated depreciation

Grants payable . . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

check if Schedule O contains a response or note to any line in this Part IX.		•	<u> </u>
	(A) Beginning of year		(B) End of year
1 Cash-non-interest-bearing	71,996,970	1	88,386,459
2 Savings and temporary cash investments	1,734,147	2	1,849,497

2	Savings and temporary cash investments	1,734,147	2	1,849,49
3	Pledges and grants receivable, net	0	3	
4	Accounts receivable, net	0	4	
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part	0	5	

II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) 6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L

10a

10b

Assets Notes and loans receivable, net 1.550.055.229 1.677.140.476 Inventories for sale or use . 1.769.049 2.220.065 Prepaid expenses and deferred charges .

48,359,370

27,345,723

21,433,093

126.173.797

24,777,711

6,063,678

4.513.688

1.616.316.662

1,626,894,028

171,045,968

171,045,968

1.797.939.996

1,797,939,996

10c

11

12 ٥

13

15

16

17

18

21

23

24

25

26

27

28

29

30

31

32

33

34

0 14

0 19

٥ 20

0 22

0

21,013,647

135.782.925

25.970.511

8.598.571

4.829.509

1.754.079.886

1,767,507,966

184,855,614

184,855,614

1.952.363.580

Form **990** (2016)

1,952,363,580

0

0

0

0

0

0

0

O

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a

3b

Form 990 (2016)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version: **EIN:** 05-0197075

Name: Pawtucket Credit Union

Form 990 (2016)

Form 990, Part III, Line 4a: THE CREDIT UNION IS DEDICATED TO SERVING ITS MEMBERS THE CREDIT UNION HAD LOANS TOTALING \$1,685,100,919 DUE FROM MEMBERS AND MEMBER DEPOSIT ACCOUNTS TOTALING \$1.519.312,788 AT DECEMBER 31, 2016 IN ADDITION, SAFE DEPOSIT FEES OF \$100.010 WERE RECEIVED FROM MEMBERS FOR RENTALS IN 2016

efile GRAPHIC print - DO NOT PROCESS SCHEDULE D

As Filed Data -

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

DLN: 93493299002077 OMB No 1545-0047

Open to Public

Department of the Treasury

(Form 990)

1

6

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Name of the organization **Employer identification number** Pawtucket Credit Union 05-0197075 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during 3 Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? □ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

 \boldsymbol{d} Equipment .

Sche	edule D (Form 990) 2016								Page 2
Par	t IIII Organizations Maint	aining Collections	of Art, Histo	rical Tr	easures,	, or Other	Similar As	sets (conti	nued)
3	Using the organization's acquisition (statems) (check all that apply)	on, accession, and othei	r records, chec	k any of t	he followıı	ng that are a	significant us	se of its coll	ection
а	Public exhibition		d		Loan or ex	xchange prog	rams		
b	Scholarly research		е		Other				
С	Preservation for future gen	erations							
4	Provide a description of the organ Part XIII	nization's collections and	d explain how t	hey furth	er the org	anızatıon's ex	empt purpos	e in	
5	During the year, did the organiza assets to be sold to raise funds ra						ılar	☐ Yes	□ No
Pa	rt IV Escrow and Custodia Complete if the organia X, line 21.		" on Form 99	00, Part	IV, line 9	, or reporte	d an amoui	nt on Form	n 990, Part
1a	Is the organization an agent, trus included on Form 990, Part X?	stee, custodian or other	intermediary f	or contrib	utions or o	other assets i	not	☐ Yes	☑ No
L	If "Yes," explain the arrangemen	t in Dart VIII and compl	ata tha fallauur				Λn	nount	
b c	Beginning balance	in Part XIII and Compi	ete the following	ig table		1c	All		
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an a	mount on Form 990, Pa	rt X, line 21, fo	r escrow	or custodi	al account lia	ıbılıty?	✓ Yes	 □ No
b	-						·		
	If 100, explain the arrangement								
Pa	rt V Endowment Funds. ((a)Currer		Prior year		vo years back			our years back
1a	Beginning of year balance		,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(3)	, , , , , , , , , , , , , , , , , , , ,	(4)	o buent (by)	
b	Contributions								
С	Net investment earnings, gains, ar	nd losses							
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage	of the current year end	d balance (line	1g, colun	nn (a)) he	ld as			
а	Board designated or quasi-endow	ment >							
b	Permanent endowment >								
С	Temporarily restricted endowmer	nt >							
	The percentages on lines 2a, 2b,	and 2c should equal 10	0%						
3а	Are there endowment funds not i organization by	n the possession of the	organization th	at are he	ld and adr	ministered foi	r the		Yes No
	(i) unrelated organizations .					•		3a(i)	
	(ii) related organizations					•		3a(ii)	
b ₄	` ''	=						3b	
4 	Describe in Part XIII the intended rt VI Land, Buildings, and		n s endowmen	runas					
e	rt VI Land, Buildings, and Complete if the organiz		on Form 99	0, Part I	V, line 11	la. See Forr	n 990, Part	: X, line 10),
	· · · · · · · · · · · · · · · · · · ·	(a) Cost or other basis (investment)	(b)Cost or oth			Accumulated d			ook value
1a	Land			8,40	9,921				8,409,921
	Buildings			17,32	9,366		8,121,723		9,207,643
	Leasehold improvements			41.	5,586		130,572		285,014

18,525,597

3,678,900

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

2,161,663

949,406

16,363,934

2,729,494

(b) Book value		
::		
•		
organization answer	ed 'Yes' on Form 990,	Part IV, line 11c.
(b) Book value		
>		
es' on Form 990, Part IV	, line 11d See Form 990	, Part X, line 15 (b) Book value
		>
wered 'Yes' on Form 9	990. Part IV. line 11e	Of 111.
wered 'Yes' on Form 9	· · · · · · · · · · · · · · · · · · ·	Or 111.
wered 'Yes' on Form 9	· · · · · · · · · · · · · · · · · · ·	OF TIT.
	· · · · · · · · · · · · · · · · · · ·	01 111.
	value	01 111.
	organization answer (b) Book value s' on Form 990, Part IV	value Cost or end-of-ye

Part XI

2

а

b

c

d е

3

4

5

1

2

а b

d

3

4

а

b

c

Part XIII

5

b

Part XII

Schedule D (Form 990) 2016

Page 4

66,165,395

80,918

66,246,313

51,838,819

-80,918

51.919.737

51,919,737

Schedule D (Form 990) 2015

Other (Describe in Part XIII) . . Add lines 2a through 2d

Total expenses and losses per audited financial statements .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Other (Describe in Part XIII)

Supplemental Information

Add lines 4a and 4b . . .

Donated services and use of facilities .

Prior year adjustments . .

Other (Describe in Part XIII) .

Add lines 2a through 2d .

Add lines 4a and 4b .

Return Reference

See Additional Data Table

Subtract line 2e from line 1 .

Other losses .

Net unrealized gains (losses) on investments . . . Donated services and use of facilities . Recoveries of prior year grants . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Subtract line 2e from line 1 .

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b.

Other (Describe in Part XIII)

2d

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

4a 4b Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

2a

2b

2c 2d

4b

Explanation

2a

2b

2c

80.918

-80.918

4c Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

2e

3

4c

5

2e

3

	Schedule D (Form 990) 2015			
Supplemental Information (continued)	Part XIII Supplemental Info			
Return Reference Explanation	Return Reference			

Schedule D (Form 990) 2016

Additional Data

FEDERAL HOME LN BANK BORROWING

INTEREST BEARING CHECKING

MISCELLANEOUS

Software ID: Software Version: EIN: (

EIN: 05-0197075

Name: Pawtucket Credit Union

(b) Book Value

257,197,851

138,909,364

2,541,397

78,940,399

738,999,748

111,039,078

236,875,325

188,728,513

138,876

709,335

· ·	•
1	(a) Description of Liability
SHARE ACCOUNTS	
MONEY MARKET ACCOUNTS	
TREASURY TRACKER	
SHARE DRAFTS	
CLUBS	
CERTIFICATES OF DEPOSIT	
RETIREMENT ACCOUNTS	

Form 990, Schedule D, Part X, - Other Liabilities

Supplemental Information	
Return Reference	Explanation
	RENT EXPENSES RECLASS Rent expense of \$58,976 is reclassed from Expenses to Revenue on For m 990, Part VIII, Line 6B OREO SALE RECLASS GAINS ON THE SALE OF OREO of \$139,894 is recl assed from Expenses to Revenue on Form 990. Part VIII. Line 7

Constant and add to the constant and

Supplemental Information	
Return Reference	Explanation
SCHEDULE D PAGE 4 PART XII	Rent expense of \$58,976 is reclassed from Expenses to Revenue on Form 990, Part VIII, Line 6. GAINS ON THE SALE OF OREO OF \$139,894 IS RECLASSED FROM EXPENSES TO REVENUE ON FORM 99

0, PART VIII, LINE 7

Supplemental Information	
Return Reference	Explanation
SCHEDULE D PAGE 2 PART IV LINE 2B - Escrow and custodial arrangement	The credit union holds in escrow FUNDS to pay insurance and taxes for its members

s

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

DLN: 93493299002077

Employer identification number

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Schedule J (Form 990)

Name of the organization

Pawtucket Credit Union 05-0197075 **Questions Regarding Compensation** Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e g , maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain **1**b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Νo Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4h Yes Participate in, or receive payment from, an equity-based compensation arrangement? **4c** Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5a 5b Any related organization? If "Yes," on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a 6b Any related organization? If "Yes," on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

compensation Bonus & incentive Other reportable (i) compensation

compensation compensation

Schedule J (Form 990) 2015

Form 990

See Additional Data Table

Schedule J (Form 990) 2015

Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation Schedule 1 Part I Line 4b - Non-The Credit Union entered into supplemental executive retirement plans with certain senior officers, which provide for payments upon attaining the

Page 3

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

retirement age noted in the agreement. The present value of these future payments is provided over the remaining term of each officers employment. For qualified pension payments Ithe years ended December 31, 2016 and 2015, the expense amounted to \$480,000 and \$860,000, respectively, and the accrued liability is included in Jermain \$91,637 Benefits under the plan were paid to Karl A Kozak and George J Charette III in 2016 The benefits paid to George J Charette are

Included in columns B(iii) and F on line (i) Karl A Kozak received \$76,346

laccrued expenses and other liabilities. These benefits are funded through mutual funds held in a Rabbi Trust. DEFERRED COMPENSATION AMOUNTS for following individuals are INCLUDED ON SCHEDULE J, PART II, COLUMN C, LINE (I) Paul J Capello \$76,528 Donna Gregson \$53,442 Timothy M

Software ID: Software Version:

EIN: 05-0197075

Name: Pawtucket Credit Union

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Form 990, Schedule J, P	art I	I - Officers, Direc	tors, Trustees, Ke	y Employees, and	l Highest Compen	sated Employees	5	
(A) Name and Title		(B) Breakdown o (i) Base Compensation	f W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation	C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1JOSEPH L SILVA sVP/COMMERICAL LENDING	(I) (II)	160,984	24,373	524	14,840	16,137	216,858	0
	(")	0	0	0	0	0	0	0
1PATRICIA L WEBB sVP/RETAIL LENDING	(I) (II)	148,104	30,475	919	12,092	16,090	207,680	0
			0	U	U	0	0	<u> </u>
2 GEORGE J CHARETTE III president/CEO	(1)	482,812	129,000	528,201	19,651	35,242	1,194,906	518,393
	(11)	U	0	0	0	0	0	0
3PAUL J CAPPELLOEVP/CLO	(1)	210,696	53,299	9,181	96,251	16,562	385,989	0
	(11)	0	0	0	0	0	O	0
4DONNA GREGSON EVP/RETAIL ADMIN	(1)	194,687	49,249	4,337	71,480	16,470	336,223	0
	(11)	0	0	0	0	0	0	0
5TIMOTHY M JERMAIN EVP/COO	(1)	233,106	58,837	4,376 	110,670	16,667	423,656	0
	(11)	0	0	0	0	- 0	_ 0	0
6 REBECCA E BOOK SVP/COMPLIANCE	(1)	166,083	42,013	1,418	15,344	8,079	232,937	0
	(11)	0	0	0	0	- 0	O	0
7WILLIAM DAWSON VP/MORTGAGE ORIGINATION	(1)	100,000	104,234	1,476	16,338	16,235	238,283	0
	(11)	0	0	0	0	- 0	0	0
8MADELINE FURTADO VP/REAL ESTATE LENDING	(1)	136,768	21,857	1,014	12,113	7,705	179,457	0
	(11)	0	0	0	0	- 0	O	0
9VALERIE J PIMENTASVP/CFO	(1)	170,495	40,702	1,055	16,396	8,084	236,732	0
	(11)	0	0	0	0	0	O	0
10 FRANCIS E MCFARLAND VP/Director of ALM	(1)	131,666	21,042	2,188	12,211	15,881	182,988	0
	(11)	0	0	0	0	0	- 0	0
11ANNE BERNIER sVP/HUMAN RESOURCES	(1)	135,080	21,550	-423	12,693	15,913	184,813	0
	(11)	0	0	0	0	0	0	0
12ANNE TREMBLAY VP/INFORMATION TECHNOLOGY	(1)	113,312	18,108	6,140	10,383	15,682	163,625	0
	(11)	0	0	0	0	0	0	0

efile GRAPHI	C print - DO NO	T PROCES	S As F	iled Data -					DI	LN: 93	4932	9900	2077
Schedule L (Form 990 or 990									1545-0				
				: 990-EZ, Part ch to Form 99:							4	11(•
Department of the Tre Internal Revenue Serv	asurv	ormation abo	out Sched	ule L (Form 99 <u>www.irs.gov</u>) and its inst	ructio	ns is	at	C		to Pul ectio	
Name of the org							En	nplo	yer ide	entifica	tion r	umbei	-
									7075				
	ss Benefit Trar lete if the organiza												
) Name of disquali			Relationship be					escrip		(d) Corre	cted?
					organization			tr	ansact	ion	Y	es	No
							_						
Cor rep (a) Name of	ans to and/or I mplete if the organ orted an amount o (b) Relationship with organization	zation answe n Form 990, F (c) Purpose	red "Yes" o Part X, line (d) Loan	n Form 990-EZ, 5, 6, or 22	(e)Original principal amount	38a, or Form 9 (f)Balance due	90, Par (g) defa	In	(Appro	6, or if h) ved by rd or nittee?	(janızatı i)Writte jreemei	en
			То	From			Yes	No	Yes	No	Yes	N	0
										-			
Total					\$								
	i nts or Assistar nplete if the orga					line 27							
	rested person (b		between n and the	(c) Amount		(d) Type	of assis	stanc	ce	(e) Pu	rpose (of assist	tance
									\perp				
				I		1			1				
	l l												

		i			Yes	No
Part V	Supplemental Information					
	Provide additional information for responses to questions on Schedule L (see instructions)					

Return Reference Explanation SCHEDULE L, PART II - Loans to Some of the Officers and Directors have loans outstanding from the Credit Union These loans were obtained

officers and directors in the ordinary course of business of the Credit Union on the same terms available to all members. Based on the Schedule L instructions, these loans are not disclosed Schedule L (Form 990 or 990-EZ) 2016

efile GRAPH	IC print - DO NOT PROCESS As Filed Data -	DLN	l: 93493299002077
SCHEDUL	E O Supplemental Information to Fo	rm 990 or 990-F <i>7</i>	OMB No 1545-0047
(Form 990 or EZ) Department of the T	2016 Open to Public Inspection		
Name of the org Pawtucket Credit U		Employer iden 05-0197075	tification number
Return Reference	Explanation	1	
PAGE 6 PART VI SECTION B LINE 11 - 990 Review	The Form 990 is made available to all Board members for review prior t	o filing	

990 Schedule O, Supplemental Information

Return Reference	Explanation
PAGE 6 PART VI SECTION B LINE 15A - Officer Compensation	A CEO Evaluation Committee, comprised solely of members of the Board of Directors, meets a number of times each year to determine the compensation structure for the CEO Performanc e of the Credit Union relative to Strategic Plan initiatives is reviewed. Financial performance compared to the financial goals set for the period as well as how the Credit Union c ompares to peer groups is also reviewed to determine overall financial performance. Salary data from independent consultants for financial institutions of comparable size is used by the Committee to help determine changes in compensation. A written report of the annual review process and recommendations is prepared by the CEO Evaluation Committee and submitted to the Board of Directors. Changes to the CEO's compensation and benefits package are a proved by the Board of Directors. Page 6 Part VI Section B Line 15 b 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 appropriate compensation levels for the officers. The CEO prepares written appraisals on all execut ive officers. Compensation recommendations for all officers are presented by the CEO to the Board of Directors.

Return
Reference

Explanation

Copies of Documents noted under this item are available to the public upon request. The ba

990 Schedule O, Supplemental Information

PAGE 6
PART VI Increase sheet of the Credit Union is posted in each branch monthly and unaudited financial s
SECTION C
LINE 19 Governing
Documents

Copies of Documents noted under this item are available to the public upon request. The ball the

Return Explanation

990 Schedule O, Supplemental Information

PAGE 6	LINE 6 - THE CREDIT UNION IS A MEMBER-ONLY FINANCIAL INSTITUTION LINE 7A AND B - THE MEMB
PART VI	ERS VOTE FOR THE BOARD OF DIRECTORS AT THE ANNUAL MEETING THE MEMBERS ALSO VOTE ON ALL BU
SECTION A	SINESS THAT IS PRESENTED AT THE ANNUAL MEETING
LINEs 6, 7A	
& 7B -	
Members	

990 Schedule O, Supplemental Information Return Explanation

Reference	
PAGE 6	Each member of the Board of Directors reviews and signs the Board Governance/Ethics Policy
PART VI	in April of each year. This policy includes conflicts of interest and requires notificati
SECTION B	on to the full Board of any actual or perceived conflict of interest and further requires
LINE 12C -	such Board member to absent him or herself from any deliberation or vote on all related ma
Policies	tters

990 Schedule O, Supplemental Information

Return
Reference

Explanation

PAGE 12	The Supervisory Committee retains the audit firm and oversees the audit of the financial s
PART XII	tatements each year The Audited Financial Statements and Management Letter are reviewed b
LINE 2C -	y that committee as well as with the full Board
Audıt	
Oversight	