こ 5

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 Open to Public

Department of the Treasury

Do not enter social security numbers on this form as it may be made public. Go to yany in gov/Form000 for instructions and the latest information

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<u>A</u>	For the	e 2017 ca	endar year, or tax year	beginning		, and er	nding			
В	Check if	applicable.	C Name of organization	Ocean State Credit	Union			D Employer	dentific	cation number
	Address	change	Doing business as							
			Number and street (or P.C	box if mail is not deliver	ed to street address)	Room/suite		<u>05-0263842</u>	2	
X	Name ch	ange	2006 Nooseneck Hill Road							
	Initial retu	ım	City or town		State	ZIP code	i i	(401) 207 4	000	
$\overline{}$			Coventry		RI	02816		<u>(401) 397-1</u>	900	
	Final return	vterminated	Foreign country name	Foreign province	e/state/county	Foreign postal	code			
П	Amended	return	,	• •	•	•		G Gross rec	elots \$	11,851,814
Ξ						- - 1				
\sqcup	Application	on pending	F Name and address of prin	s a group return	for subord	Inates? Yes X No				
			David Root 2006 Noos	eneck Hill Road, Co	ventry, RI 02816	1 a 1	H(b) Are	all subordinate	s include	ed? Yes No
-	Tax-exem	nt etable	501(c)(3) X 501(c	(14) ◀ (inser	t no) 4947(a)(1)	or 527	If "f	No," attach a lis	st (see in	structions)
_	'			(11) 4 (1136)	11107 4347(0)(1)	<u>« С 35,1</u>				
_ ك_	Website	e: ► Cov	entrycu org				H(c) Gro	up exemption	number	<u> </u>
K	Form of o	rganization	Corporation Ti	ust Association	X Other ► Credit	Union L Yea	r of forma	tion 1950	M St	ate of legal domicile RI
) 🔳	Part I	9	mmary			0101. 1		1000		
/=				.1		- Th - (2 44 1 1			
•	1	-	escribe the organization		-			inion is a co	o-opera	tive owned by
2	1		per depositors. Income			vities enable	the			
Ë	ŀ	Credit U	nion to provide low cos	financial services t	o its members.					
Activities & Governance	2	Check th	his box $ ightharpoonup$ if the on	anization discontin	ued its operations	or disposed	of more	than 25%	of its ne	et assets.
ဖိ	3		of voting members of the						3	12
o 5	A		of independent voting r						4	12
8									5	
풀	5		mber of individuals emp						——	78
듕	6		mber of volunteers (est						6	
_ `			related business revent			· •			7a	0
	<u> b</u>	Net unre	lated business taxable	income from Form 9	990-T, line 34	<u> </u>		<u> </u>	7b	-241
) 9					RECEIVE	ا ایراسطی		Prior Year		Current Year
a o	8	Contribu	tions and grants (Part \	/III, line 1h) . .	REGIE	330 18			0	0
L & @	9	Program	service revenue (Part	VIII, line 2g) \ .	5	13 810		11,27	5,859	11,236,892
ີ _ຄ ຸລ	10	Investme	ent income (Part VIII, co	olumn (A), lines 3\4	RandiXd)Y. 🖟 🖰	100			7.004	592,362
ال هج	11	Other re	venue (Part VIII, colum	n (A), lines 5, 6d, 86	39c 10c and 11e	الماست	1		0	22,560
5	12	Total rev	enue—add lines 8 throug	h 11 (must equal Par	MIL-column (A) Vir	0 12	}	11,83		11,851,814
<u>a</u> —	13		ind similar amounts pai					11,00	0	11,001,014
Ņ.	14									
폴 .	1	Benefits paid to or for members (Part IX, column (A), line 4)						0.07		0 704 400
多 %	15					50-10) <u> </u>		3,37		3,731,106
\$ E	16a		onal fundraising fees (F			[· · · · · · · · · · · · ·	이	0
SCALAND Expenses	· b		idraising expenses (Pai			0				
ш	17		penses (Part IX, colum	• •	•	-		7,332	2,650	6,539,313
	18		penses. Add lines 13-1					10,708	3,561	10,270,419
	19	Revenue	e less expenses. Subtra	ct line 18 from line	12	[1,124	1,302	1,581,395
ō	8						Beginni	ing of Current	Year	End of Year
Assets	20	Total ass	sets (Part X, line 16).					257,756	3.254	248,426,040
₹.	21		oilities (Part X, line 26) .					234,688		223,741,748
ž	22		ts or fund balances. Su			· · · · · · ·		23,067		24,684,292
	art II		nature Block	DUGOT INTO 21 HOTH		 		20,001	,020	
			, I declare that I have examine	d this coturn, uncluding an	companidos sebadidos	and statements	and to th	- b		
			ct, and complete Declaration					•	-	
4,10		5 ada, 55.110	or, and complete Decialization	proparer tourier starroin	icer/ is based on an into	illiadon or wingi	ріораіві	Tias any Kitowi	ouge	
Si	gn	│	0	/	· · · · · · · · · · · · · · · · · · ·					
	ere	[[Signature of officer					Date	/.	
			David Root CEO	A			_	4/2	24/1	<u>~</u>
_			Type or print name and title	<u> </u>						
		Print	Type preparer's name	Prepar	er's signature		Date			PTIN
Pa	id	1					Check if self-employed			
Pr	eparer	·						<u>l</u> _s	en-emblo	you
Us	e Only	Firm	s name 🕨					Firm's EIN 🕨		
	-	1								

For Paperwork Reduction Act Notice, see the separate Instructions.

Form 990 (2017)

No

Yes

Form 9	90 (2017)		05-0263842	Page 2
Pa	rt III	Statement of Program Service Accomplishments	o Bort III	
	<u> </u>	Check if Schedule O contains a response or note to any line in thi	S Fail III	<u>. Ц.</u>
1		describe the organization's mission:		
		ovide low cost financial services to member depositors.		
2		e organization undertake any significant program services during the year which		7
		for Form 990 or 990-EZ?	Yes	No
•		s," describe these new services on Schedule O. e organization cease conducting, or make significant changes in how it conduct	any orogram	
3		es?		No
		s," describe these changes on Schedule O.		٠٠
4	Describ	ibe the organization's program service accomplishments for each of its three lar		
		ses Section 501(c)(3) and 501(c)(4) organizations are required to report the arr	ount of grants and allocations to others,	
	the tota	tal expenses, and revenue, if any, for each program service reported.		
4.	(0.1	10 070 140 to the time of 0	\/D	4.)
4a	(Code:	:) (Expenses \$ 10,270,419 including grants of \$ st and fees on loans and investments allow the Credit Union to provide low cost) (Revenue \$ 11,851,819	4)
		es to its members.		
		00 10 110 110 110 110 110 1		
4b	(Code:	:) (Expenses \$ including grants of \$) (Revenue \$	_)
		•••••••••••••••••••••••••••••••••••••••		
4c	(Code:	:) (Expenses \$ including grants of \$) (Revenue \$)
				
4d	Other o	program services. (Describe in Schedule O.)		
	(Expen		renue \$ 0)	
4e		program service expenses 10,270,419		

DU

art	t IV Checklist of Required 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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
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		Х
4	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? If "Yes," complete Schedule C, Part II	4		
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? If "Yes," complete Schedule C,			
	Part III	5		X
6	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? If			
	"Yes," complete Schedule D, Part I	6		Х
7	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	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	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 services? If "Yes," complete Schedule D, Part IV	9		Х
10	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	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		(3.00)	
	VII, VIII, IX, or X as applicable.			7
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a	l x l	
ь	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	11Ь		Х
C	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	11c		Х
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 in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	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	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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	1	Х

			res	NO
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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			١.,
~~	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		<u> </u>
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	1		-
	\$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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
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		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
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		
þ	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	250		
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		х
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		X
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):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV.	206		V
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28b		Х
•	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	1 !		
33	If "Yes," complete Schedule N, Part II	32		<u> </u>
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? If "Yes," complete Schedule R, Part I	,,		v
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	33		_X_
	III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	1000		
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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			V
38	VI	37		X
JO	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	_	Ų l	

Form 990 (2017) 05-0263842 Ocean State Credit Union Page 5 Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response or note to any line in this Part V . . . Part V

				₽
4 -	5-1#		Yes	No
1a -	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х	
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	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Χ	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			ĺ
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			l
	account)?	4a		X
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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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 as charitable contributions?	6a		X
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	بعب		.
_	and services provided to the payor?	7a		-
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
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	/ t		
e	Did the organization 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as 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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	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		:	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			1
11_	Section 501(c)(12) organizations. Enter:		,	
a	Gross income from members or shareholders			1
Ь	Gross income from other sources (Do not net amounts due or paid to other sources			
12a	against amounts due or received from them.)	120		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which		į	
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

X Upon request

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and

State the name, address, and telephone number of the person who possesses the organization's books and records:

2006 Nooseneck Hill Road, Coventry, RI 02816

Another's website

financial statements available to the public during the tax year.

David Root

19

20

Other (explain in Schedule O)

(401) 392-2310

Form 990 (2017)	Ocean State Credit Union									05-02638	342	Page 7
Part VII	Compensation of Officers, Dire	ctors, Truste	es, F	(ey	En	npk	oyee	s, i	lighest Comp	ensated		
	Employees, and Independent (•	Ī		•		•				
	Check if Schedule O contains a r	esponse or no	te to	an	y lir	ne i	n this	Pa	art VII			
Section A.	Officers, Directors, Trustees, Key E	mployees, and	High	est	Cor	пре	nsate	ed E	mployees			
1a Complete organization's	this table for all persons required to be stax year.	listed. Report co	mper	ısat	ion 1	for t	he ca	lend	dar year ending v	with or within the)	
 List all 	of the organization's current officers, d	irectors, trustees	s (whe	ethe	r inc	divid	duals	or o	rganizations), re	gardless of amo	unt	
List all List the who received	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.											
 List all of the organization's former officers, key employees, and 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.											
	n the following order: individual trustees employees; and former such persons.	or directors; ins	stitutio	onal	trus	stee	s; offi	cers	s; key employees	s; highest		
Check th	is box if neither the organization nor an	y related organiz	ation	cor	npe	nsa	ted a	ny c	urrent officer, dir	ector, or trustee	•	
					(C)						
	(4)	-	l			ition						
	(A) Name and Title	(B) Average								(E) Reportable	(F Estim	
		hours per week (list any	$\overline{}$,		or/trust		compensation from	compensation	amou	int of
		hours for	Individual or director	Inst	Officer	₽	Highest ∝ employee	Former	the	from related organizations	oth comper	
		related organizations	lect ye	ة	Ř	employee	est o	룍	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from organi	
		below dotted	اع ا	na.		ğ	8 8	İ	(***21035-14113C)		and re	
		line)	Individual trustee or director	Institutional trustee		¥	Pen				organiz	ations
			-	8			Highest compensated employee					
(1) Roger	J.Laliberte	2.00	-	┢	 		┝▔					
Chairman		2.00			ŀ	1			8,250			
(2) Michae	I D. Airhart	2.00										
Vice Chairma	n	2.00	X						9,000			
	3. Hecker	2.00		ļ						-		
Secretary		2.00	X	<u> </u>	L_			ļ	9,000			
(4) Leo R.	Blais	2.00	١	İ								
Director	II Ma Ouise	2.00		⊢	┢		-	<u> </u>	8,400			
(5) Robert Director	n. McGuire	2.00			İ				7 700			
(6) Paul E.	Skaling	2.00 2.00	_	-	-	\vdash		┝	7,700			
Director	- Containing	2.00							8,400			
(7) Richard	Audet	2.00			 	 		_	0,400			
Director		2.00			l				8,400			
(8) William	A. Sheldon	2 00										
Director		2.00						<u> </u>	9,000			
(9) Richard	P. Sullivan	2.00						ļ				
Director		2.00			<u> </u>	<u> </u>		ļ	7,700			
(10) Therese	S. Stafford	2.00	1									
Director (11) James	Powe.	2.00		├	\vdash	\vdash		\vdash	8,400			
Treasurer	NOWE	2.00 2.00							9.000			
(12) Gerard	R Caver	2.00		\vdash	\vdash				9,000			
Director		2.00					_		8,400			
				•	•							

40.00 40.00 40.00 40.00

Х Х

(13) David L. Root President/CEO

(14) Ginnie Sosnicki COO

20,500

301,154

132,024

Pa	rt VII Section A. Officers, Directors, Tru	ıstees, Key Em	oloye	es,	and	l Hi	ghes	t Co	mpensated Emp	oloyees (contin	ued)	
(C) Position												
	(A)	(B)	(do r	not ch			than o	one	(D)	(E)		(F)
	Name and title	Average					is both or/trust		Reportable compensation	Reportable compensation		mated ount of -
		hours per week (list any	-		_		_		from	from related	٥	ther
		hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	mpic gree	Former	the organization	organizations (W-2/1099-MISC)		ensation m the
		organizations	ecto dual	호	~	夏	st cc] =	(W-2/1099-MISC)	(2	orga	nızation
		below dotted line)	T trus	풀		¥	ğ	Ì				related nizations
			8	Stee			Highest compensated employee	ļ			_	
						l	8	•	1			
(15)	Thomas Carroll	40.00				Г						
Mort	gage Originator	40.00			L	X		_	101,244			
(16)		 										
			<u> </u>		ļ	ļ	<u> </u>					
(17)				l								
(4.0)			 	H	┝	-	\vdash	-				
7,57							ł					
(19)				_	\vdash	\vdash						-
				1								
(20)												
					<u> </u>							
(21)				1	1							
(00)	 				<u> </u>	-		-				
(22)							ŀ					
(23)		<u> </u>	 	-		-		⊢		·		
.(22).					1							
(24)				T				-				
							l					
(25)												
			<u> </u>	<u> </u>	<u> </u>	<u> </u>		<u> </u>				
1b	Sub-total							>	636,072	0	├	20,500 0
d d	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)							>	636,072	0	-	20,500
2	Total number of individuals (including but not li										L	20,000
_	reportable compensation from the organization				3							
												Yes No
3	Did the organization list any former officer, dire		_	-	-	e, c	or hig	hes	t compensated			
	employee on line 1a? If "Yes," complete Scheo	lule J for such in	dividu	ual .	٠	•		•			3	X
4	For any individual listed on line 1a, is the sum of											
	the organization and related organizations great		007 //	r "Ye	es, "	con	nplete	e Sa	hedule J for such	1		
	individual		• •								4	X
5	Did any person listed on line 1a receive or acci											
0	for services rendered to the organization? If "Y	es," complete So	chedu	il o J	tor	suc	n pe	rsor	<u> </u>	· · · · ·	5	X
_ <u>Sect</u>	ion B. Independent Contractors Complete this table for your five highest compe	neated independ	dent (conf	rac	tore	that	rece	aived more than \$	100 000 of		
•	compensation from the organization. Report co										tax	
	year.					,		9		g		
	(A)								(B)		(C)	
Name and business address Description of services								ices	Compens	ation		
`		Pike Cranston, I	रा 02	921				1	atement preparation	on and m		219,557
		entry, RI 02816		0.15				-	operty Taxes		-	131,029
		eet Mansfield, M			\T ^	200	:4	+	nstruction			416,735
FiSe		ook Road Glast I Providence, RI			, I (/ 2 85	94	+	ftware and Suppo posit Tax	JIL		306,592 113,495
וטוא	vision or raxation the Capitor Fill	I I IONIGETICE, IVI	7536	,				J	POSICION			1 12,700

Total number of independent contractors (including but not limited to those listed above) who received

more than \$100,000 of compensation from the organization

Form 990 (2017) Ocean State Credit Union 05-0263842 Page 9 Part VIII Statement of Revenue (D) (B) (A) Total revenue Related or Unrelated Revenue excluded from exempt business function tax under sections revenue revenue 512-514 Federated campaigns 0 1a Grants and Other Similar Amounts Membership dues 0 1b 0 1c Contributions, GIRs, Related organizations 0 1d 0 Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above . . . 1f Noncash contributions included in lines 1a-1f: Total. Add lines 1a-1f **Business Code** Program Service Revenue Interest and fees on loans 522291 2a 8,330,036 8,330,036 Other fees and charges b 900099 2,465,529 2,465,529 Sale of consumer mortgages С 522291 359.924 359,924 Gain on sale of assets 522291 0 Other operating income 531120 79,454 79,454 All other program service revenue 1,949 1,949 Total. Add lines 2a-2f. 11,236,892 Investment income (including dividends, interest, and 592.362 592,362 Income from investment of tax-exempt bond proceeds . . . Royalties 5 0 (ı) Real (II) Personal Gross rents 22.560 Less: rental expenses Rental income or (loss) . . . 22,560 d Net rental income or (loss) . . 22.560 22.560 (i) Securities 7a Gross amount from sales of (II) Other assets other than inventory . . . b Less. cost or other basis and sales expenses . . Gain or (loss) . . 0 0 Net gain or (loss). 0 Other Revenue Gross income from fundraising events (not including \$ of contributions reported on line 1c). b Less: direct expenses 0 c Net income or (loss) from fundraising events . 0 Gross income from gaming activities. See Part IV, line 19. 0 **b** Less: direct expenses 0 c Net income or (loss) from gaming activities . \blacktriangleright 0 10a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold Net income or (loss) from sales of inventory . 0

Business Code

0 0 0

0

0

11,851,814

11,851,814

Miscellaneous Revenue

Total. Add lines 11a-11d

d All other revenue

Total revenue. See instructions. .

11a

05-0263842

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX											
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	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, lines 15 and 16	0									
4	Benefits paid to or for members	0									
5	Compensation of current officers, directors,										
_	trustees, and key employees	636,072	636,072	0							
6	Compensation not included above, to disqualified										
	persons (as defined under section 4958(f)(1)) and										
-	persons described in section 4958(c)(3)(B)	0 405 000	0.405.000								
7	Other salaries and wages	2,135,008	2,135,008								
8	Pension plan accruals and contributions (include	400.000	400.000								
9	section 401(k) and 403(b) employer contributions) Other employee benefits	129,000	129,000								
10	Other employee benefits	375,050	375,050								
11	Fees for services (non-employees):	455,976	455,976								
''a	Management	675 002	675 000								
b	Legal	675,083 13,647	675,083 13,647								
C	Accounting	120,863	120,863								
ď	Lobbying	120,003	120,003								
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										
Ū	(A) amount, list line 11g expenses on Schedule O.)	o		. 0							
12	Advertising and promotion	340,000	340,000								
13	Office expenses	69,140	69,140								
14	Information technology	629,113	629,113								
15	Royalties	0									
16	Occupancy	815,396	815,396								
17	Travel	63,937	63,937								
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials	0									
19	Conferences, conventions, and meetings	21,083	21,083								
20	Interest	1,775,062	1,775,062								
21	Payments to affiliates	0									
22	Depreciation, depletion, and amortization	374,399	374,399	0	0						
23	Insurance	134,503	134,503								
24	Other expenses. Itemize expenses not covered										
	above (List miscellaneous expenses in line 24e. If		Į								
	line 24e amount exceeds 10% of line 25, column			1							
_	(A) amount, list line 24e expenses on Schedule O.)		440.000								
a	Allowance for Loan Losses	140,090	140,090								
b	Equipment Maint and Leasing Collection and OREO expenses	518,198	518,198								
d	Doctors	383,176 149,833	383,176 149,833								
8	All other evoneses	315,790	315,790								
25	Total functional expenses. Add lines 1 through 24e	10,270,419	10,270,419	0							
26	Joint costs. Complete this line only if the	.0,270,719	10,210,413								
	organization reported in column (B) joint costs			Ì							
	from a combined educational campaign and		j								
	fundraising solicitation. Check here ▶ if		}								
	following SOP 98-2 (ASC 958-720)	_	1								

		Check if Schedule O contains a response or note to any li	ne in this Part X .			
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		22,436,377	1	2,893,216
	2	Savings and temporary cash investments		26,532,330	2.	27,127,602
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net	<i></i>	198,113,497	4	207,964,626
	5	Loans and other receivables from current and former officers	, directors,			
	Ĭ	trustees, key employees, and highest compensated employe	es.			
		Complete Part II of Schedule L		0	5	
	6	Loans and other receivables from other disqualified persons (as defined	under section			
	1	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' bene				
SE SE		organizations (see instructions). Complete Part II of Schedule L	[0	6	
Assets	7	Notes and loans receivable, net	[0	7	0
⋖	8	Inventories for sale or use	[0	8	
	9	Prepaid expenses and deferred charges	[590,643	9	583,749
	10a	Land, buildings, and equipment: cost or				
		other basis. Complete Part VI of Schedule D 10a	12,140,525			
	b	Less: accumulated depreciation 10b	7,262,179	4,550,590	10c	4,878,346
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities. See Part IV, line 11	[0	12	0
	13	Investments—program-related. See Part IV, line 11		0	_13	0
	14	Intangible assets	[0	14	0
	15	Other assets. See Part IV, line 11		5,532,817	15	4,978,501
	16	Total assets. Add lines 1 through 15 (must equal line 34) .		257,756,254	16	248,426,040
	17	Accounts payable and accrued expenses		506,772	17	206,253
	18	Grants payable		0	18	
	19	Deferred revenue		0	19	
	20	Tax-exempt bond liabilities		0	20	
	21	Escrow or custodial account liability. Complete Part IV of Sch	edule D	0	21	
68	22	Loans and other payables to current and former officers, direct				
Liabilities	•	trustees, key employees, highest compensated employees, a				
멸		disqualified persons. Complete Part II of Schedule L		0	22	
_	23	Secured mortgages and notes payable to unrelated third part		19,000,000	23	5,000,000
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to rela				
		parties, and other liabilities not included on lines 17-24). Com				
		Part X of Schedule D		215,182,154	25	218,535,495
	26	Total liabilities. Add lines 17 through 25		234,688,926	26	223,741,748
		Organizations that follow SFAS 117 (ASC 958), check here	e ▶ 🔲 and			
Çeş		complete lines 27 through 29, and lines 33 and 34.				
an	27	Unrestricted net assets		0	27	
Ba	28	Temporarily restricted net assets		0	28	
פ	29	Permanently restricted net assets	[0	29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC958), check here	► X and			
o s		complete lines 30 through 34.				
Net Assets	30	Capital stock or trust principal, or current funds		0	30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		0	31	
e e	32	Retained earnings, endowment, accumulated income, or other		23,067,328	32	24,684,292
2	33	Total net assets or fund balances		23,067,328	33	24,684,292
	34	Total liabilities and net assets/fund balances	<u>.,.,</u>	257,756,254	34	248,426,040

Form 9	990.(2017) Ocean State Credit Union	<u>0</u> 5-/	0263842	Pag	ge 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	1,85	1,814
2	Total expenses (must equal Part IX, column (A), line 25)	2	10	0,270	0,419
3	Revenue less expenses. Subtract line 2 from line 1	3		1,581	1,395
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2:	3,067	7,328
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		35	5,569
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	24	4,684	4,292
Part					_
	Check if Schedule O contains a response or note to any line in this Part XII				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	•		Yes	No
•	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.		,	i	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		2.0		<u>^</u>
	reviewed on a separate basis, consolidated basis, or both:				
_					
ь	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:				
					·
	X Separate basis Consolidated basis Both consolidated and separate basis			Ì	
С	If "Yes" to line 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?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in]	
	Schedule O.				
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		Х
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 ((2017)

SCHEDULE D (Form 990)

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.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for Instructions and the latest information. Employer identification number

Name	of the organization	Employer identification number		
Ocea	n State Credit Union			05-0263842
	Organizations Maintaining Donor Complete if the organization answer			
		(a) Donor advised for		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year) .			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and don			
	funds are the organization's property, subject t			
6	Did the organization inform all grantees, donor			
	used only for charitable purposes and not for t			
	purpose conferring impermissible private bene	mt?	· · · · · ·	Yes No
Par	Conservation Easements.	. m. / n = 000 =		
	Complete if the organization answere			
1	Purpose(s) of conservation easements held by	· · ·		
	Preservation of land for public use (e.g., re	ecreation or education)	Preservation	on of a historically important land area
	Protection of natural habitat	L	Preservation	on of a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization	on held a qualified conserva	ition contributio	n in the form of a conservation
	easement on the last day of the tax year.			Held at the End of the Tax Year
a	Total number of conservation easements			
b	Total acreage restricted by conservation easer			
d	Number of conservation easements on a certification of conservation assembly included in			2c
u	Number of conservation easements included in historic structure listed in the National Register			2d
3	Number of conservation easements modified,			
•	the tax year >	'	94.0	imilated by the enganization daming
4	Number of states where property subject to co	nservation easement is loc	ated ►	
5	Does the organization have a written policy reg			, handling of
	violations, and enforcement of the conservatio	n easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, in:	specting, handling of violation:	s, and enforcing	conservation easements during the year
	•			
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, an	d enforcing cons	ervation easements during the year
_	\$			
8	Does each conservation easement reported or			
_	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the to			•
	the organization's accounting for conservation		yanızauon s iina	ancial statements that describes
Pari			Treasures o	r Other Similar Assets
	Complete if the organization answere			
	If the organization elected, as permitted under			
	works of art, historical treasures, or other simil			
	of public service, provide, in Part XIII, the text			
b	If the organization elected, as permitted under	SFAS 116 (ASC 958), to re	eport in its reve	nue statement and balance sheet
	works of art, historical treasures, or other simil	ar assets held for public exi	hibition, educat	ion, or research in furtherance
	of public service, provide the following amount			
	(i) Revenue included on Form 990, Part VIII, li	ine 1		▶ \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of ar			
	following amounts required to be reported und			
a	Revenue included on Form 990, Part VIII, line	1		
ь	Assets included in Form 990, Part X			, , , , , , > 3

Sched	ule D	(Form 990) 2017 Ocean State Credit	l Union						05-026	<u> 3842</u>		Page 2
Part)
3	Usi	ng the organization's acquisition, ac	ccession,	and other	r records	, check any	y of the follow	ing tha	at are a significant	use of i	ts	
	coll	lection items (check all that apply):			_	_						
а	Ш	Public exhibition			d L	Loan	or exchange	progra	ıms			
b		Scholarly research			e [Other	r					
С	同	Preservation for future generation	ons		_	_						
4	Pro XIII	vide a description of the organization		ctions and	l explain	how they f	urther the org	anizat	ion's exempt purp	ose in P	art	
5		ring the year, did the organization seets to be sold to raise funds rather								┌┐╺	es [] No
Part	_						9424			<u> </u>	<u> </u>	
, а,		Complete if the organization a	_		n Form	000 Par	t IV line 9	or ran	orted an amoun	t on Fo	rm	
		990, Part X, line 21.	111344616	u 1 0 5 C)II I OIIII	330, Fai	(IV, IIII O 5, (JI I O P	orted an amoun	it on Fo	1111	
1a	le ti	he organization an agent, trustee, c	ustodian	or other is	tormodia	ny for cont	ributions or o	ther or	ests pot			
10		uded on Form 990, Part X?								\Box	es 🗀	No
ь		res," explain the arrangement in Pa						• •		ш.	cs] 110
_		on promotion and an acceptance in the		_ 00p.o.		ownig table				Amount		
С	Beg	ginning balance						1	lc			0
d	-	ditions during the year							d			<u>-</u>
е		tributions during the year						1	е			
f		ling balance							If			
2a	Did	the organization include an amoun	t on Forn	n 990. Par	t X. line :	21 for escr	row or custodi	ial acc	ount liability?	$\square_{\mathbf{v}}$	es X	No
ь		/es," explain the агrangement in Pa							•		ĭ" ⊨	, 1
Part		Endowment Funds.	it XIII. O	TOOK HOTE	H UIC CX		as been plovi	ueu oi	Trait Alli	· · · ·		<u> </u>
raiji	V		noworo	d "Voo" c	n Form	000 Dod	+ IV / lime 40					
		Complete if the organization a		rentyear	1	nor year	(c) Two years		(d) Three years back	.] (-) 5.		
1a	Rec	ginning of year balance	(a) Cuit	0		nor year O		Dack O		0 (8) F	our years	
b		ntributions			-				<u> </u>	'		0
c		investment earnings, gains,					† · · · · · · · · ·			 -		
•		losses										
d		ints or scholarships					-			_		
e		er expenditures for facilities			<u> </u>					 		
		programs										
f		ninistrative expenses					1					
g		l of year balance		0		0		0		0		
2	Pro	vide the estimated percentage of th	e current	year end	balance	(line 1g, α	olumn (a)) hel	d as:		•		
а	Boa	rd designated or quasi-endowment	. ▶		%							
b	Pen	manent endowment		%								
C		nporarily restricted endowment	>	%								
		percentages on lines 2a, 2b, and 2										
3a		there endowment funds not in the p	possessio	on of the o	rganizat	ion that are	held and adı	ministe	ered for the		,	
	-	anization by:									Yes	No
	(i)	unrelated organizations								3a(i)		
	(ii)	related organizations								3a(ii)		
b		'es" on line 3a(ii), are the related or						• •		3b		ļ
4		cribe in Part XIII the intended uses		ganization	's endow	ment fund	S					
Part	VĻ	Land, Buildings, and Equipm		J 11V11 -		000 0-4	. IV - 11 - 44 -		F 000 B-		40	
		Complete if the organization a										
		Description of property		a) Cost or ot) Investm)			ost or other is (other)	(0	e) Accumulated depreciation	(d) B	ook valu	0
1a	lan	d		(111469011) bas		· - · ·	asprovidsori		4.04	2 402
b		d)	1,242,403 7,158,126		4,464,480			2,403
C		sehold improvements					7,156,126 0		4,464,480		_3,∠8	3,561
d		ipment)	3,739,996		3,499,854		25	0 52,382
e		er)	0.739,990		0,499,634		30	0
		Lines 1a through 1e (Column (d) n		el Form OC		<u> </u>			<u> </u>		4 07	9 346

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

218,535,495

(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 0 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer Identification number 05-0263842 Ocean State Credit Union Form 990, Part VI, Section A, Line 6-7: The Credit Union is owned by its member depositors. Members elect the Board of Directors at the Annual Meeting and ratify all Board actions at that time Form 990, Part VI, Section B, Line 11: The Form 990 is reviewed by the Board and management prior ti its filing Form 990, Part VI, Section 12, Line a: The Supervisory Committee regularly monitors Board activity for possible conflicts of interest and activities prohibited by Federal or Stale laws governing credit unions. Form 990, Part VI, Section B, Line 15: The CEO's salary is approved by the Board via a written contractual agreement. Board and Committee members stipends are approved by the membersat the Annual Meeting. Form 990, Part VI, Section C, Line 19. Financial statements are posted monthly after Board ratification at each branch office. Members may request copies of Credit Union policies at any Form 990, Part XI, Line 9: Increase (decrease) inthe fair market value of investments classified as available for sale.