

**COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION
BUREAU OF FINANCIAL INSTITUTIONS
ANNUAL REPORT OF INDUSTRIAL LOAN ASSOCIATIONS
FOR THE YEAR ENDING DECEMBER 31, 2015**

GENERAL INFORMATION

Name and authorized location of association

Name and mailing address of parent company, if any

Mailing address (if different from authorized)

E-Mail address

Name and title of the chief executive officer of the association

Name and occupation of all directors who have continuously owned and controlled unpledged and unencumbered shares of stock of at least \$100 par value and year joined firm.

Provide the following information with respect to loans made by the association during the calendar year:

SIZE OF LOANS	TYPE OF LOAN					
	COMMERCIAL		MORTGAGE		CONSUMER	
	Number of Loans	Aggregate Dollar Amount	Number of Loans	Aggregate Dollar Amount	Number of Loans	Aggregate Dollar Amount
Up to \$ 5,000						
\$ 5,001 - \$25,000						
\$25,001 - \$100,000						
Over \$100,000						
TOTALS						

BALANCE SHEET
As of December 31, 2015

ASSETS

1. Cash and due from depository institutions		\$ _____
2. Securities		_____
3. Loans receivable		_____
Less: Valuation reserve	_____	
Unearned income	_____	
Net loans receivable		_____
4. Land and building		_____
5. Equipment, furniture and fixtures		_____
6. Other real estate owned		_____
7. Other assets (itemize)		_____
8. Total Assets		\$ _____

LIABILITIES

9. Borrowings from financial institutions		\$ _____
10. Borrowings from individuals		_____
11. Borrowings from shareholders		_____
12. Other borrowings		_____
13. Total borrowed money		_____
14. Accrued interest		_____
15. Accrued taxes		_____
16. Mortgage indebtedness and capitalized lease obligations		_____
17. Other liabilities		_____
18. Total Liabilities		\$ _____

CAPITAL

19. Preferred stock		\$ _____
20. Common stock		_____
21. Surplus		_____
22. Undivided profits		_____
23. Total Capital		_____
24. Total Liabilities and Capital		\$ _____

INCOME STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2015

1. Interest income on balances with depository institutions	\$ _____
2. Interest income on securities	_____
3. Interest income and fees on loans	_____
4. Other income	_____
5. Total income	\$ _____
6. Interest expense on borrowings	\$ _____
7. Interest expense on mortgage and capitalized lease obligations	_____
8. Provisions for loan losses	_____
9. Salaries and employee benefits	_____
10. Expense of premises and fixed assets	_____
11. Other non-interest expense	_____
12. Total Expenses	\$ _____
13. Net income before taxes	\$ _____
14. Income tax expense	\$ _____
15. Net Income	\$ _____

Individual to be contacted with respect to questions which may arise from this report (name, title, address, and telephone number):

AFFIDAVIT

State of _____)

County or City of _____)

I, _____, being the _____
(Name of Officer of Licensee) (Title)

of _____
(Name of Licensee)

swear or affirm that, to the best of my information and belief, the facts in this report, including any accompanying schedules and statements are true.

Signature

Subscribed and sworn to before me this _____ day of _____, 20_____

Registration Number of Notary: _____
My commission expires: _____

Notary Public