

Report of Changes in Organizational Structure—FR Y-10

This report is required by law: Section 5(c)(1) of the Bank Holding Company Act (12 U.S.C. § 1844(c)(1)); section 10(b)(2) of the Home Owners' Loan Act (12 U.S.C. § 1467a(b)(2)); section 618 of the Dodd-Frank Wall Street Reform and Consumer Protection Act (12 U.S.C. § 1850a(c)(1)); sections 9(6), 25, and 25A of the Federal Reserve Act (12 U.S.C. §§ 324, 602, and 625); and sections 8(a) and 13(a) of the International Banking Act of 1978 (12 U.S.C. §§ 3106(a) and 3108(a)).

Reporter's Name, Street, and M	lailing Address	Date of Report:	
•		(Month / Day / Year)	
Legal Name			
Physical Street Address		Reporter's Mailing Address (if different from physical street a	address)
City and County		Mailing City	
State / Province, Country	Zip / Postal Code	Mailing State / Province, Country	Zip / Postal Code
Contact's Name and Mailing Ad			
Area Code / Phone Number / Extension		Contact's Mailing Address (if different from reporter's)	
Area Code / FAX Number		Mailing City	
E-mail Address		Mailing State / Province, Country	Zip / Postal Code
Authorized Official		Reporter's Legal Entity Identifier (LEI)	
I.			
Printed Name am an authorized official of this c hereby declare that this report is true my knowledge and belief.		20-Character LEI Code	
Signature of Authorized Official	Date of Signature	Is confidential treatment requested for any portion of this report submission? In accordance with the General Instructions for this re (check only one), 1. a letter justifying this request is being provided with the report	eport
For Federal Reserve Bank Use O	nly	2. a letter justifying this request has been provide	ed separately … 🗌
RSSD ID		NOTE: Information for which confidential treatment is must be provided separately and labeled as "confidential."	s being requested

Public reporting burden for the information collection is estimated to average 2.50 hours per response, including time to gather and maintain the data and complete the information collection. The Federal Reserve may not conduct or sponsor, and a person is not required to respond to any information collection unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Secretary, Board of Governors of the Federal Reserve System, 20th and C Streets, NW, Washington, DC 20551, and to the Office of Management and Budget, Paperwork Reduction Project (7100-0297), Washington, DC 20503.

Banking Schedule

Use this schedule to report information about a reporter that is a Banking Company, and about a reporter's directly or indirectly held interests in a Banking Company.

				Check box if correction \Box
1.a.	Event Type (check all that apply):	1.b.	Date of Event:	
				M / DD / YYYY)
	Acquisition of a Going Concern Change in		lip	No Longer Reportable
	De Novo Formation Liquidation			Became Inactive
	External Transfer Change in			Debts Previously Contracted
		Activity o	r Legal Authority	Became Reportable
	Other, describe:			
Char	acteristics Section			
2.a.		2.b.		
	Legal Name of Banking Company		If Name Change or Corre	ection, Prior Legal Name of Banking Company
3.a.		3.b.		
	Current Street Address (Physical Location)		If Relocation or Correction	on, Prior Street Address (Physical Location)
	City and County		If Relocation or Correction	on, Prior City and County
	State / Province, Country, and Zip / Postal Code		If Relocation or Correction	, Prior State / Province, Country, and Zip / Postal Code
	State or Country (if foreign) of Incorporation		If Relocation or Correction	on, Prior State or Country (if foreign) of Incorporation
4.	Date Opened:	5.	Fiscal Year End (Bl	HCs, IHCs, FBOs Only):
	(MM / DD / YYYY)			(MM/DD)
6.	Subject to 13(a) or 15(d) of SE	EC Act of	1934, but not Sectio	of 1934 and Section 404 of SOX Act n 404 of SOX Act a) or 15(d) of the SEC Act of 1934
7.	CUSIP Number: Image: Cusic cus cusic cus cus cusic cus cusic cusic cus cusic cusic cus	nber:		
8.b.	Legal Entity Identifier (LEI):]
9.	Banking Company Type: BHC HIC FBO L Other, describe:	J.S. Com	mercial Bank 🔲 U.	S. State Chartered Savings Bank
10.	Business Trust	Sole I Limite	ral Partnership Proprietorship ed Liability Partnersh ip	 Limited Partnership Mutual Limited Liability Co./Corp.
11.	Is the banking company consolidated in the reporter's finan- (only reportable for <i>foreign</i> investments)	cial stater	nents? 🗌 Ye	es 🗌 No
Own	ership Section (report at direct holder level unless other	wise note	ed)	
12.	Direct Holder's Name and Location:			
	Legal Name		-	tate/Province, Country
13.a.	Percentage of a Class of Voting Shares:%	14.	Control by Direct H	older: 🗌 Yes 🗌 No
13.b.	Percentage of Nonvoting Equity:%	15.	Control by Reporte	r: 🗌 Yes 🗌 No
13.c.	Other Interest: Ves No	16.	Former Direct Hold	ler's Name and Location (if applicable):
13.d.	If the reportable company is a type of partnership or limited liability company as indicated in Item 10 above, please indi- cate the appropriate ownership interest of the direct holder:		Legal Name of Former D	Direct Holder
	 General Partner/Managing Member Limited Partner/Non-Managing Member 		City, State / Province, Co	buntry

Banking Schedule—Continued

Activity and Legal Authority Section (for list of FRS legal authority codes, see the Appendix of these instructions.)

	Activity Type	FRS Legal Authority Code	NAICS Activity Code	Description of Activity
17.a.	Primary Activity			
17.b.	Secondary Activity			
17 c	(FBOs and BHCs only) Termination of Activity			
17.0.	remination of Activity			

Use this schedule to report information about a reporter that is a savings and loan holding company (SLHC), and about any reporter's (including a BHC's) directly or indirectly held interest in all SLHCs and savings associations.

1.a.	Event Type (check all that apply):	1.b.	Date of Event:
	 Acquisition of a Going Concern De Novo Formation External Transfer Internal Transfer Other, describe: 	n I Characte	□ Became Inactive
Char	acteristics Section		
2.a.		2.b.	
3.a.	Legal Name of Savings and Loan Company	3.b.	If Name Change or Correction, Prior Legal Name of Savings and Loan Company
J.a.	Current Street Address (Physical Location)	5.5.	If Relocation or Correction, Prior Street Address (Physical Location)
	City and County		If Relocation or Correction, Prior City and County
	State / Province, Country, and Zip / Postal Code		If Relocation or Correction, Prior State / Province, Country, and Zip / Postal Code
4.	State or Country (if foreign) of Incorporation Date Opened: (MM / DD / YYYY)	5.	If Relocation or Correction, Prior State or Country (if foreign) of Incorporation Fiscal Year End (SLHCs Only): (MM/DD)
6.	SEC Reporting Status: Not Applicable Subject Subject to 13(a) or 15(d) of Status	EC Act of	or 15(d) of SEC Act of 1934 and Section 404 of SOX Act 1934, but not Section 404 of SOX Act uirements under 13(a) or 15(d) of the SEC Act of 1934
7.		x ID Numl	
8.b.	Legal Entity Identifier (LEI):		
9.	Savings and Loan Type: Stock SLHC HOLA 10(I) Stock SLHC Trust (non-testamentary) SLH Mutual SLHC HOLA 10(I) Mutual SLHC	c	Federal Savings Association Federal Savings Association/Covered Savings Association State Savings Association Federal Savings Bank State Savings Bank HOLA 10(I) Election Cooperative Bank HOLA 10(I) Election
10.	Business Organization Type: Corporation Business Trust Cooperative Limited Liability Limited Other, describe:	Sole I Limite	ral Partnership Limited Partnership Proprietorship Mutual Limited Liability Co./Corp. Limited Liability Co./Corp.
11.	Is the savings and loan company consolidated in the report (only reportable for <i>foreign</i> investments)	er's financ	sial statements? Ves No
Own	ership Section (report at direct holder level unless othe	rwise note	d)
12.	Direct Holder's Name and Location:		
	Legal Name		City, State/Province, Country
13.a.	а а <u>—</u>	14.	Control by Direct Holder: Yes No
	Percentage of Nonvoting Equity:%	15.	Control by Reporter: Yes No
13.c.	Other Interest: Yes No	16.	Former Direct Holder's Name and Location (if applicable):
13.d.	If the reportable company is a type of partnership or limited liability company as indicated in Item 10 above, please indi- cate the appropriate ownership interest of the direct holder:		Legal Name of Former Direct Holder
	 General Partner/Managing Member Limited Partner/Non-Managing Member 		City, State / Province, Country

Check box if correction \Box

Savings and Loan Schedule—Continued

Activity and Legal Authority Section (for list of FRS legal authority codes, see the Appendix of these instructions.)

	Activity Type	FRS Legal Authority Code	NAICS Activity Code	Description of Activity
17.a.	Primary Activity			
17.b.	Secondary Activity			
17.c.	(SLHCs only) Termination of Activity			

FR Y-10 For Federal Reserve Bank Use Only Page 6 of 12 ID_RSSD_E1 (direct holder) ID RSSD E2 (reportable company) If applicable, former d/h Nonbanking Schedule Use this schedule to report information about a reporter that is a Nonbanking Company, and about a reporter's directly or indirectly held interests in a Nonbanking Company. Note: Savings associations acquired by a BHC and transactions involving SLHCs and savings associations should be reported on the Savings and Loan Schedule. Check box if correction 1.a. Event Type (check all that apply): 1.b. Date of Event: (MM / DD / YYYY) Acquisition of a Going Concern Change in Ownership No Longer Reportable De Novo Formation Liquidation **Became Inactive** External Transfer Change in Characteristics Became Reportable Internal Transfer Change in Activity or Legal Authority Other, describe: **Characteristics Section** 2.a. 2.b. Legal Name of Nonbanking Company If Name Change or Correction, Prior Legal Name of Nonbanking Company 3.b. 3.a. City and County (Physical Location) If Relocation or Correction, Prior City and County (Physical Location) State / Province, Country, and Zip / Postal Code If Relocation or Correction, Prior State / Province, Country, and Zip / Postal Code State or Country (if foreign) of Incorporation If Relocation or Correction, Prior State or Country (if foreign) of Incorporation If the Nonbanking Company is a functionally regulated subsidiary, indicate its functional regulator: 4.a. Not Applicable SEC and CFTC SEC Only □ CFTC only State Securities Department State Insurance Regulator 4.b. Is the Nonbanking Company a Financial Subsidiary of an insured depository institution? ☐ Yes No No Fiscal Year End (IHCs Only): 5. (MM/DD) SEC Reporting Status:
Not Applicable Subject to 13(a) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act 6. Subject to 13(a) or 15(d) of SEC Act of 1934, but not Section 404 of SOX Act □ Terminated or suspended reporting requirements under 13(a) or 15(d) of the SEC Act of 1934 8.a. Tax ID Number: 7. CUSIP Number: see instructions for leading six digits only when applicable Legal Entity Identifier (LEI): 8.b. Nonbanking Company Type (see instructions for list): 9. U Other, describe: 10. Business Organization Type: Corporation General Partnership Limited Partnership Business Trust Sole Proprietorship Mutual Cooperative Limited Liability Partnership Limited Liability Co./Corp. Limited Liability Limited Partnership Other, describe: No 11. Is the Nonbanking Company consolidated in the reporter's financial statements? Yes Answer the above question only if the Nonbanking Company is one of the following "foreign" offices: (a) Consolidated subsidiary in a foreign country; (b) a majority-owned Edge or agreement subsidiary **Ownership Section (**report at direct holder level unless otherwise noted)

12.	Direct Holder's Name and Location:		
	Legal Name		City, State/Province, Country
13.a.	Percentage of a Class of Voting Shares: \Box 100%	14.	Control by Direct Holder: 🛛 Yes 🗌 No
	□ 80% to <100% □ >50% to <80% □ 25% to 50%	15.	Regulation K, Subpart A Investments:
	<25% but 25% or more in the aggregate or otherwise controlled elsewhere within the organization		 Portfolio Investment Joint Venture
13.b.	Other Interest: 🗌 Yes 🗌 No		Subsidiary
13.c.	If the reportable company is a type of partnership or limited liability company as indicated in Item 10 above, please indi- cate the appropriate ownership interest of the direct holder:		Former Direct Holder's Name and Location (if applicable):
			Legal Name of Former Direct Holder
	General Partner/Managing Member		
	Limited Partner/Non-Managing Member		City, State / Province, Country

Nonbanking Schedule—Continued

Activity and Legal Authority Section (for list of FRS legal authority codes, see the Appendix of these instructions.)

	Activity Type	FRS Legal Authority Code	NAICS Activity Code	Description of Activity
17.a.	Primary Activity			
17.b.	Secondary Activity			
17.c.	Termination of Activity			

FR	Y-	1()	
Pag	je	8	of	12

Merger Schedule

Use this schedule to report certain types of mergers involving a reporter or company within the reporter's organizational structure.

For Federal Reserve Bank Use Only

ID_RSSD_E1 (ns) _ ID_RSSD_E2 (s) _

Check box if correction \Box

1.	First Full Cal	endar Date the Nonsurvivor No Longer Exists:	(MM / DD / YYYY)
2.	Survivor:		
		Legal Name	
		City, State / Province, Country	
3.	Nonsurvivor:		
		Legal Name	
		City, State / Province, Country	
lte	em 4 only appli	ies to mergers involving an insured depository instit	ution organized under U.S. law.

4. Did the head office of the nonsurvivor become a branch of the survivor? \Box Yes \Box No

· ·	2200 million; or 5 percent of tier 1 capital, whiche	ever is less.				
1.a.	Event Type (check one only):		1.b.	Date of Event:		
	 Initial Investment Divestiture No Longer Reportable Name Change 				(MM / DD / YYYY)	
2.	Direct Holder's Name and					
	Location	Legal Name				
		City and County	State	Province	Country	
3.a.			3.b.			
	Legal Name of Nonfinancial Company			If Name Change or	Correction, Prior Legal Name	
	City and County (Physical Location)					
	State / Province, Country, and Zip / Posta	al Code				
3.c.	Legal Entity Identifier (LEI):]	
4.	Direct Holder's Investment in No Report the percentage amount					
4.a.	% Voting Securities					
4.b.	% Total Equity					

Post-Transaction Notice Section

New Activity Commenced Directly by an FHC or through an Existing Subsidiary

New Activity Commenced through Acquisition of a Going Concern

NAICS

New Activity Commenced through a De Novo Formation

2. New Activities Commenced

FRS Legal Authority Code

% Assets

Initial Aggregate Cost of Investment to the FHC: \$

4.c.

5.

4(k) Schedule

For the event type checked in item 1.a, report the FRS Legal Authority code and the five or six-digit NAICS activity code for each new activity. Provide a text description of the activity if unable to identify a five or six-digit NAICS activity corresponding to the activity.

1.b. Date of Event:

_	(check one)	Activity Code	Description of Activity
2.a. [] 311 / 🗌 312 / 🗌 413		
2.b. 🗌] 311 / 🗌 312 / 🗌 413		
2.c. 🗌] 311 / 🗌 312 / 🗌 413		
Larg	e Merchant Banking	or Insuranc	e Company Investments Section
more (1) \$2		ancial Company	nking or insurance company investments when the FHC directly or indirectly acquires 's voting shares or total equity or assets and the cost of the investment exceeds:

1.a. Event Type (check one only):

Use this schedule to provide required post-transaction notice for activities, formations and acquisitions of companies, and large merchant

banking and insurance company investments authorized under Section 4(k) of the Bank Holding Company Act or Section 10(c)(2)(H) of the Home Owners' Loan Act.

Check box if correction

For Federal Reserve Bank Use On	ly
ID_RSSD_TOP (top-tier BHC)	
ID_RSSD_E1 (direct holder)	
ID_RSSD_E2 (reportable company)	

(MM / DD / YYYY)

FR Y-10 Page 9 of 12

(in millions of U.S. dollars)

Domestic Branch Schedule

For Federal Reserve Bank Use	Only	FR Y-10
	,	Page 10 of 12
ID_RSSD		
County, State and Country Code		
ID RSSD HD OFF		
City and Country Code		

Check box if correction \Box

Use this schedule to report information on:

- 1. Branches and offices of domestic depository institutions (including territorial depository institutions) controlled directly or indirectly by a top-tier bank holding company (BHC) or a top-tier savings and loan holding company (SLHC) and state member banks that are not affiliated with a BHC; and,
- 2. Branches of Edge and agreement corporations.

1.a. Event Type (check all that apply):	1.b. Date of Event:	
 Opening (De Novo) Purchase of Branches Sale of Branches Closure Name Change Other, describe: 	(MM / DD / YYYY) Acquisition of Branches through Merger/Absorption Relocation Deletion of Erroneously Reported Branch/Office 	
Characteristics Section		
 2. Check applicable service type: □ Full Service □ Limited Service □ Trust [Electronic Banking	
3.a Popular Name	3.b. If Name Change, Prior Popular Name	
4.a. Current Address	4.b. Previous Address (if changes have occurred)	
Current Street Address (Physical Location)	If Relocation or Correction, Prior Street Address (Physical Location)	
City and County	If Relocation or Correction, Prior City and County	
State, Country, and Zip / Postal Code	If Relocation or Correction, Prior State, Country, and Zip / Postal Code	
5. Head Office Legal Name		
City, State, Country, and Zip / Postal Code		

6. For event types sales of branches or purchase of branches, provide the name and address of the other domestic depository institution involved in the transaction and the number of branches sold or purchased:

Name of Other Depository Institution that Sold or Purchased Branches

Number of Branches Sold or Purchased

City, State, Country, and Zip / Postal Code

Foreign Branch of U.S. Banking Organizations Schedule

For Federal Reserve Bank Use	Only	FR Y-10 Page 11 of 12
ID_RSSD		r ugo rr or r2
County, State and Country Code		
ID_RSSD_HD_OFF		
City and Country Code		

Check box if correction

Use this schedule to report information about foreign branches of U.S. banking organizations, including member banks, Edge and agreement corporations, BHCs, and foreign subsidiaries. The term "foreign" refers to one or more foreign nations, and includes the overseas territories, dependencies, and insular possessions of those nations and of the United States and the Commonwealth of Puerto Rico.

Report all offices, including inactive offices that continue to retain their license.

1.a. Event Type (check all that apply):		1.b.	Date of Event:	
	Opening Closure Relocation		(MM / DD / YYYY)	
	Other, describe:			
Ch	aracteristics Section			
2.	Office Type:			
	Full-Service Branch Shell Branch Other			
3.	Date of Board Consent or Prior Notification (if applicable):	/ DD / YYY	Y)	
4.				
	Popular Name			
5.a	. Current Address	5.b.	Previous Address (if changes have occurred)	
	Current Street Address (Physical Location)		If Relocation or Correction, Prior Street Address (Physical Location)	
	City		If Relocation or Correction, Prior City	
	Province, Country, and Zip / Postal Code		If Relocation or Correction, Prior Province, Country, and Zip / Postal Code	
6.				
	Head Office Legal Name			
	City, State, Country, and Zip / Postal Code			

Branch, Agency, and Representative Office of Foreign Banking Organizations (FBOs) Schedule (BARO Schedule)

For Federal Reserve Bank Use Only	
ID_RSSD	
County, State and Country Code	
ID_RSSD_HD_OFF	
City and Country Code	

Check box if correction \Box

Use this schedule to report information about U.S. branches, agencies, representative offices, and managed non-U.S. branches of FBOs, and U.S representative offices of foreign bank subsidiaries of FBOs.

Report all offices, including inactive offices that continue to retain their license.

1.a. Eve	ent Type (check all that apply):		1.b.	Date of Event:
	Opening Change in Office Type Commenced Activities through Managed Non-U.S. Branch Other, describe:	 License Issued Became Inactive Ceased Activities throu Managed Non-U.S. Brack 		Relocation
Chara	cteristics Section			
2. Office Type (including managed		U.S. branches)		
	Branch 🗌 Agency	Representative C	Office	
3	ular Name			
	rrent Address		4.b.	Previous Address (if changes have occurred)
Curr	rent Street Address (Physical Location)			If Relocation or Correction, Prior Street Address (Physical Location)
City	and County			If Relocation or Correction, Prior City and County
State	e, Country, and Zip / Postal Code			If Relocation or Correction, Prior State, Country, and Zip / Postal Code
5	d Office Legal Name			
City,	, Province, Country, and Zip / Postal Code			