

Board of Governors of the Federal Reserve System



Allocation of Low Reserve Tranche and Reservable Liabilities Exemption—FR 2930

Effective for the 14-day reserve computation period beginning Tuesday,

Month / Day / Year

This report is required by law (12 U.S.C. §§ 248(a), 461, 603, and 615).

The Federal Reserve System regards the information provided by each respondent as confidential. If it should be determined subsequently that any information collected on this form must be released, respondents will be notified. The Federal Reserve may not conduct or sponsor, and an organization (or a person) is not

required to respond to, a collection of information unless it displays a currently valid OMB control number. List below for each office, or for each group of offices filing a single aggregated Report of Transaction Accounts, Other Deposits, and Vault Cash (FR 2900), the amount of the low reserve tranche (Column 3) and the amount of the reservable liabilities exemption (Column 4) to be assigned to each office or group of offices.

Name and Location of Each Office Reporting on the FR 2900	Federal Reserve District	Amount of Low Reserve Tranche Allocation ¹			Amount of Reservable Liabilities Exemption Allocation ²			
		Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	
			Bil	Mil	Thou	Bil	Mil	Thou
TOTAL					¹			

If additional space is necessary, please attach a separate sheet.

1. This amount is adjusted annually based on the change in net transaction accounts at all depository institutions. For 2015, the total allocation must equal \$103.6 million.
2. This amount is adjusted annually based on the change in total reservable liabilities at all depository institutions. No adjustment is made to the exemption amount if there is a decrease in total reservable liabilities at all depository institutions. For 2015, the total allocation must equal \$14.5 million. For each individual office, the exemption allocation (Column 4) may not exceed the tranche allocation (Column 3).

I certify that the information shown on this report is correct.

Name of Officer Authorized to Sign Report

Title

Name of Person to be Contacted Concerning this Report

Title

Authorized Signature

Area Code / Phone Number / Extension

Name and address of reporting institution:

Please return to:

Name _____

Name _____

Address

Address

City

State

Zip Code

City

State

Zip Code

A copy of this report *must* be submitted to *each* Federal Reserve Bank in whose District an office or group of offices that is allocated a portion of the low reserve tranche or the reservable liabilities exemption is located, one week prior to the computation period for which the allocation reported on this form is to be effective. (Please file even if these allocations are zero.) See the instructions for this report for detailed information pertaining to the allocations and for a list of addresses for each Federal Reserve Bank.