Board of Governors of the Federal Reserve System



Report of Changes in Organizational Structure—FR Y-10

Cover Page	Submission Date	(MM/DD/YYYY)
Reporter's Name, Street, and Mailing Address		
Legal Name		
Street Address	Reporter's Mailing Address (if different from street address)	
City and County	Mailing City	
State/Province, Country Zip/Postal Code	Mailing State/Province, Country	Zip/Postal Code
Contact's Name and Mailing Address for this Re	Contact's Mailing Address (if different from reporter's) Mailing City	
Fax Number (Include area code)	Mailing State/Province, Country	Zip/Postal Code
E-mail Address	Does the reporter request confidentia of this submission?	I treatment for any portion
Authorized Official	☐ Yes	
I, Printed Name & Title am an authorized official of this company named above, and hereby	Please identify the report schedule(s) request applies:	
declare that this report is true and complete to the best of my knowledge and belief.	☐ In accordance with the instru letter justifying the request is	ctions on page GEN-4, a
Signature of Authorized Official Date of Signature	The information for which or sought is being submitted "Confidential."	
	☐ No	
Public reporting burden for the information collection is estimated to average 1.25 hour 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.	This report is required by law: Sections 4(k) an Company Act (12 U.S.C. §§ 1843(k), 1844(c)(1)(A) Banking Act (12 U.S.C. § 3106(a)); Sections 11(a Reserve Act (12 U.S.C. §§ 248(a)(1), 321, 601, 601, 601, 601, 601, 601, 601, 60)); Section 8(a) of the International)(1), 25(7) and 25A of the Federal 11a and 615); Section 211.13(c) of

(12 CFR 225.5(b) and 225.87).

FRB Use Only ID_RSSD

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.

FRB Use Only	
ID_RSSD_E1 (direct holder) ID_RSSD_E2 (reportable company) If applicable, former d/h	

111101001	is in a banking company.		Check box if correction:
1.a.	Event Type (check one or more):	1.b. Date of Event:	(MM/DD/YYYY)
	☐ De Novo Formation☐ External Transfer☐ Chang	in Characteristics in Activity or Legal Authority	No Longer Reportable Became Inactive Debts Previously Contracted Became Reportable
Chara	cteristics Section		
2.a.	Legal Name of Banking Company	_ 2.b	, Prior Legal Name of Banking Company
		-	
s.a.	Current Street Address	If Relocation or Correction, Pri	or Street Address
	City and County	If Relocation or Correction, Pr	ior City and County
	State/Province, Country, and ZIP/Postal Code	If Relocation or Correction, Pr	ior State/Province, Country, and ZIP/Postal Code
4.	Date Opened:	5. Fiscal Year End (FB	Os and BHCs Only):
6.	☐ Subject to 13 (a) or 15(d)	ect to 13(a) or 15 (d) of SEC A f SEC Act of 1934, but not Sec	ct of 1934 and Section 404 of SOX Act
7.	CUSIP Number: leading six digits only 8. Tax ID	lumber:	
9.		J.S. Commercial Bank	U.S. State Chartered Savings Bank
10.	Business Organization Type: Corporation Business Trust Cooperative	☐ General Partnership☐ Sole Proprietorship☐ Limited Liability Partners	☐ Limited Partnership☐ Mutual hip☐ Limited Liability Co./Corp.
	☐ If other, please de	cribe:	
11.	Is the Banking Company consolidated in the reporter's (only reportable for foreign investments)	nancial statements?	′es □ No
Owne	rship Section (report at direct holder level unless other	wise noted)	
12.	Direct Holder's Name and Location: Legal Name	-	City, State/Province, Country
13.a.	Percentage of a Class of Voting Shares:	or 13.b. Percentage of Nonv	oting Equity:%
13.c.	Other Interest:		
14.	Control by Direct Holder: Yes No	15. Control by Reporter:	☐ Yes ☐ No
16.	Former Direct Holder's Name and Location (if applicable)):	
	Legal Name of Former Direct Holder	City, State/Province, Country	
Activity	y and Legal Authority Section (for List of FRS legal a	nority and NAICS activity codes, s	ee Appendices A and B of the Instructions)
		CS Code	Description of Activity
17.a.	Primary Activity		
17.b.	Secondary Activity (FBOs and BHCs only)		
17 c	Termination of Activity		

Nonbanking Schedule

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

FRB Use Only	
ID_RSSD_E1 (direct holder) ID_RSSD_E2 (reportable company) If applicable, former d/h	

	s in a Nonbanking Company.			Check box if correction:
1.a.	Event Type (check one or more):		1.b. Date of Event:	(MM/DD/YYYY)
	Acquisition of a Going Concern De Novo Formation External Transfer Internal Transfer	☐ Liquidatio ☐ Change ir ☐ Change ir	n Ownership in n Characteristics n Activity or Legal Authority	□ No Longer Reportable □ Became Inactive □ Became Reportable
Chara	Other, please describe:			
			2.b.	
	Legal Name of Nonbanking Company			Prior Legal Name of Nonbanking Company
3.a.	City and County		3.b	or City and County
	State/Province, Country, and Zip/Postal Code		If Relocation or Correction, Prin	or State/Province, Country, and Zip/Postal Code
4.	If the Nonbanking Company is a Funct ☐ Not applicable ☐ SEC and CF ☐ CFTC only ☐ State Securi		Subsidiary, indicate its function SEC Only State Insurance Regulato	-
5.	Is the Nonbanking Company a Financi	•	· ·	
6.		•	. ,	Act of 1934 and Section 404 of SOX Act
o.	☐ Subjec	t to 13 (a) or 15(d)	of SEC Act of 1934, but not S	
7.	CUSIP Number: leading dix digits only leading dix digits only	8. Tax II	O Number:	
9.	Nonbanking Company Type (see instru	ıctions for list):		
	☐ If other, please describe:			
10.	☐ Bus	poration iness Trust perative	☐ General Partnership☐ Sole Proprietorship☐ Limited Liability Partnersl	☐ Limited Partnership☐ Mutual☐ Limited Liability Co./Corp.
	☐ If ot	her, please describ	oe:	
11.	Is the Nonbanking Company consolida Answer the above question only if the (a) Consolidated subsidiary in a foreig	Nonbanking Compa	any is one of the following "for	
Owner	ship Section (report at direct holder	level unless otherwis	se noted)	
12.	Direct Holder's Name and Location: Le	gal Name		City, State/Province, Country
13.a.	Percentage of a Class of Voting Share <25% but 25% or more in the aggree			6 to <80% 25% to 50% e organization
13.b.	Other Interest:)		
14.	Control by Direct Holder:	es 🗌 No		
15.	Regulation K, Subpart A Investments:	☐ Portfolic	Investment	ure Subsidiary
16.	Former Direct Holder's Name and Loca	ation (if applicable)	:	
	Legal Name of Former Direct Holder		City, State/Province, Countr	у
Activity	and Legal Authority Section (for I			e Appendices A and B of the Instructions)
	Activity Type FRS Li Authority			Description of Activity
17.a.	Primary Activity			
17.b.	Secondary Activity			
17.c.	Termination of Activity			

FRB Use Only	
ID_RSSD_E1 (ns) ID_RSSD_E2 (s)	

Merger Schedule

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

				Check box if correction: L
1.	First Full Calend	dar 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		
Ite	em 4 only applies	to mergers involving an insured Depository Institution	n organized under U.S. law.	
4.	Did the head of	fice of the nonsurvivor become a branch of the survivo	or?	

FRB Use Only	
ID_RSSD_TOP (top tier BHC)	
ID_RSSD_E1 (direct holder)	
ID_RSSD_E2 (resportable company)	

4(k) Schedule

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.

				Check box if co	rrection:
Pos	st-Transaction Notic	e Section			
1.a.	Event Type (check one o	nly):	1.b. Date of Event: _	444777	
		nced Directly by an FHC or need Through Acquisition of need Through a De Novo Fo		(MM/DD/YYYY)	
2.	New Activities Commenc	ed			
				ve or six-digit NAICS activity code f git NAICS activity corresponding to	
	FRS Legal Authority Code (check one)	NAICS Activity Code	Descrip	ion of Activity	
	2.a. 🗌 311 / 🗌 312				
	2.b. 🗌 311 / 🗌 312				
	2.c. 311 / 312				
1.	Date of Event	(MM/DD/YYYY)			
2.	Direct Holder's	(MM/DD/YYYY)			
	Name and Location	Legal Name			
		City and County	State/Province	Country	
3.	Nonbanking Company's Name and Location	Legal Name			
		Legai Name			
	D:	City and County	State/Province	Country	
4.		nt in Nonbanking Company mount in a, b, or c, as applica	able.		
	a	% Voting Securities			
	b	% Total Equity			
	C	% Assets			
5.	Initial Aggregate Cost of	Investment to the FHC: \$	(in millio	ons of U.S. dollars)	

FRB Use Only	
ID_RSSD	
County, State & Country Code	
ID_RSSD_HD_OFF	
Clty, and Country Code	

Branch, Agency, and Representative Office of FBOs Schedule

Use this schedule to report information about U.S. branches, agencies, representative offices, and managed non-U.S. branches of top-tier and subsidiary Foreign Banking Organizations

Rep	port all offices, including inactive offices	that continue to retain	their license.	Check box if correction:
1.a.	Event Type (check one only): Opening Change in Office Type Commenced Activities Through Managed Non-U.S. Branch If other, please describe event type:	☐ License Issued ☐ Became Inactive ☐ Ceased Activities T Managed Non-U.S	hrough Branch	cation se Surrendered
Ch	aracteristics Section			
2.	Office Type (including Managed Non-U.S.	Branches)		
	Branch	☐ Agency	Repre	esentative Office
3.	Popular Name			
4.a.	Current Address	4.	o. Previous Address (if ch	nanges have occurred)
	Current Street Address		If Relocation or Correction, Prior S	Street Address
	City and County		If Relocation or Correction, Prior C	Dity and County
	State, Country, and Zip/Postal Code		If Relocation or Correction, Prior S	State, Country, and Zip/Postal Code
5.	Head Office Legal Name			
	City, Province, Country and Zip/Postal Code			

FRB Use Only	
ID_RSSD	
County, State & Country Code	
ID_RSSD_HD_OFF	
Clty, and Country Code	

Foreign Branches of U.S. Banking Organizations Schedule

Use this schedule to report information about foreign branches of U.S. banking organizations, including member banks, Edge and agreement corporations, bank holding companies, 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.

Rep	port all offices, including inactive offices	s that continue to re	etain t	their license. Check box if correction		
1.a.	Event Type (check one only):		1.b. Date of Event:		(MM/DD/VVV)	
	☐ Opening	Closure		Relocation	(WIW DD/TTTT)	
	$\ \square$ If other, please describe event type: _					
Ch	aracteristics Section					
2.	Office Type:					
	☐ Full-Service Branch	☐ Shell Branch		☐ Other		
3.	Date of Board Consent or Prior Notification	on (if applicable): _				
4.	Popular Name					
5.a.	Current Address		5.b.	Previous Address (if changes h	ave occurred)	
	Current Street Address			If Relocation or Correction, Prior Street Address	S	
	City			If Relocation or Correction, Prior City		
	Province, Country, and Zip/Postal Code			If Relocation or Correction, Prior Province, Cou	ntry, and Zip/Postal Code	
6.	Head Office Legal Name					
	City, State, Country and Zip/Postal Code					

FRB Use Only	
ID_RSSD	
County, State & Country Code	
ID_RSSD_HD_OFF	
Clty, and Country Code	

Domestic Branch Schedule

Use this schedule to report information on:

1.	branches and offices of domestic depository institutions (including territorial depository institutions) controlled directly or indirectly by top-tier BHCs and state member banks that are not affiliated with a BHC; and,					
2.	branches of Edge and agreement corporations.		Check box if correction:			
1.a.	Event Type: Opening (De Novo) Purchase of Branches Sale of Branches Closure Name Change Change in Service Type If Other, please describe event type:		Date of Event: (MM/DD/YYYY) Acquisition of Branches through Merger/Absorption Relocation Deletion of Erroneously Reported Branch/Office			
Ch	aracteristics Section					
2.	Check applicable service type:					
	☐ Full Service ☐ Limited Service		☐ Trust ☐ Electronic Banking			
3.a.		3.b.	If Name Change, Prior Popular Name			
1 2	Popular Name Current Address	1 h	Previous Address (if changes have occurred)			
т.а.	Cultoni / Address	7.0.	Trevious Address (il changes have occurred)			
	Current Street Address		If Relocation or Correction, Prior Street Address			
	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, Province, 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					