Board of Governors of the Federal Reserve System



Report of Changes in Organizational Structure—FR Y-10

This report is required by law: Sections 4(k) and 5(c)(1)(A) of the Bank Holding Company Act (12 U.S.C. §§ 1843(k), 1844(c)(1)(A)); Section 8(a) of the International Banking Act (12 U.S.C. § 3106(a)); Sections 11(a)(1), 25(7) and 25A of the Federal Reserve Act

(12 U.S.C. §§ 248(a)(1), 321, 601, 611a and 615); Section 211.13(c) of Regulation K (12 C.F.R. § 211.13(c)); Sections 225.5(b) and 225.87 of Regulation Y (12 C.F.R. §§ 225.5(b) and 225.87); and Section 10 (c)(2)(H) of the Home Owners' Loan Act (12 U.S.C. 1461 et seq.).

		Date of Report:	
		(Month / Day / Year)	
Reporter's Name, Street, and Mailing Add	Iress		
Legal Name			
Physical Street Address		Reporter's Mailing Address (if different from p	physical 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 Report		
Name Title			
Area Code / Phone Number / Extension		Contact's Mailing Address (if different from re	porter's)
Area Code / FAX Number		Mailing City	
E-mail Address		Mailing State / Province, Country	Zip / Postal Code
Authorized Official		Reporter's Legal Entity Identi	fier (LEI)
I,	,		
Printed Name Title		20-Character LEI Code	
am an authorized official of this company nar hereby declare that this report is true and comple my knowledge and belief.		Does the reporter request confident of this submission?	ential treatment for any portion
		Yes Please identify the repo which this request appli	
Signature of Authorized Official Date of	of Signature	In accordance with th	ne instructions on page GEN-5,
			request is being provided.
For Federal Reserve Bank Use Only		☐ The information for which confidential treatment is sought is being submitted separately and labeled	
RSSD ID		"Confidential."	

Public reporting burden for the information collection is estimated to average 2.25 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.

For Federal Reserve Bank Use Only	FR Y-10 Page 2 of 9
ID_RSSD_E1 (direct holder) ID_RSSD_E2 (reportable company) If applicable, former d/h	1 age 2 or 3
	J

Banking	Company.		Check box if correction $\ \Box$
1.a.	Event Type (check all that apply):	1.b.	Date of Event:
	□ Acquisition of a Going Concern □ Change in C □ De Novo Formation □ Liquidation □ External Transfer □ Change in C □ Internal Transfer □ Change in A □ Other, describe:	harac	☐ Became Inactive
 Chara	cteristics Section		
2.a.	Legal Name of Banking Company	2.b.	If Name Change or Correction, Prior Legal Name of Banking Company
3.a.		3.b.	
	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 / 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
4.	Date Opened:	5.	Fiscal Year End (FBOs and BHCs Only): (MM/DD)
6.	☐ Subject to 13(a) or 15(d) of SE	C Act	a) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act of 1934, but not Section 404 of SOX Act equirements under 13(a) or 15(d) of the SEC Act of 1934
7.	CUSIP Number: 8.a. Tax ID Num not required for FBOs leading six digits only	_	
8.b.	Legal Entity Identifier (LEI):		
9.	Banking Company Type: BHC FBO U.S Other, describe:	S. Con	nmercial Bank U.S. State Chartered Savings Bank
10.	☐ Business Trust ☐ Cooperative ☐	Sole Limite	ral Partnership Proprietorship d Limited Partnership Mutual Limited Liability Co./Corp. chip Other, describe:
11.	Is the banking company consolidated in the reporter's finance (only reportable for <i>foreign</i> investments)	ial sta	tements?
Owne	rship Section (report at direct holder level unless otherwi	se not	ed)
12.	Direct Holder's Name and Location: Legal Name		City, State/Province, Country
13.a.	Percentage of a Class of Voting Shares: %	14.	Control by Direct Holder:
13.b.	Percentage of Nonvoting Equity: %	15.	Control by Reporter:
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 indicate 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
Activit	y and Legal Authority Section (for list of FRS legal authorit	y code	s, see the Appendix of these instructions.)
	FRS Legal NAICS Activity Type Authority Code Activity Co	de	Description of Activity
17.a.	Primary Activity		
17.b.	Secondary Activity		
17.c.	(FBOs and BHCs only) Termination of Activity		

Savings and Loan Schedule

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

ID_RSSD_E1	Reserve Bank Use Onl (direct holder) (reportable company) former d/h			FR Y-	
		01	 .,		

associat	directly or indirectly held interest in all SLHCs and savings ions.		Check box if correction $\ \Box$
1.a.	Event Type (check all that apply):	1.b.	Date of Event:
			(MM / DD / YYYY)
	☐ Acquisition of a Going Concern ☐ Change in C	Owners	ship
	☐ De Novo Formation ☐ Liquidation		Became Inactive
	☐ External Transfer ☐ Change in (
	_	Activity	or Legal Authority
	Other, describe:		
Chara	cteristics 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
	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 / 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:	5.	If Relocation or Correction, Prior State or Country (if foreign) of Incorporation Fiscal Year End (SLHCs Only):
	(MM / DD / YYYY)		(MM/DD)
6.			(a) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act
			of 1934, but not Section 404 of SOX Act
		_	requirements under 13(a) or 15(d) of the SEC Act of 1934
7.	CUSIP Number: 8.a. Tax See instructions for when applicable Leading six digits only	k ID Nu	umber:
8.b.	Legal Entity Identifier (LEI):		
9.	Savings and Loan Type: Stock SLHC		Federal Savings Association
	☐ HOLA 10(I) Stock SLHC		State Savings Association
	☐ Trust (non-testamentary) SLH	c	☐ Federal Savings Bank ☐ State Savings Bank HOLA 10(I) Election
	☐ Mutual SLHC☐ HOLA 10(I) Mutual SLHC		☐ State Savings Bank HOLA 10(I) Election
	☐ Other, describe:		Gooperative Bank (102) (10(i) Elocitori
10.	· · · · · · · · · · · · · · · · · · ·	neral F	Partnership
			orietorship
	·		iability Partnership
	•		rship Other, describe:
11.	Is the savings and loan company consolidated in the report (only reportable for <i>foreign</i> investments)	er's fina	ancial statements?
Owne	ship Section (report at direct holder level unless otherw	ise not	ted)
12.	Direct Holder's Name and Location:		
	Legal Name		City, State/Province, Country
13.a.	Percentage of a Class of Voting Shares:%	14.	Control by Direct Holder:
13.b.	Percentage of Nonvoting Equity:%	15.	Control by Reporter:
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 indicate the appropriate ownership interest of the direct holder:		Legal Name of Former Direct Holder
	☐ General Partner/Managing Member		City, State / Province, Country
	☐ Limited Partner/Non-Managing Member		, ,
Δctivity	and Legal Authority Section (for list of FRS legal authori	ty code	s see the Annendix of these instructions \
Activity	FRS Legal NAICS Activity Type Authority Code Activity Code		Description of Activity
17.0			• • •
17.a. 17 h	Primary Activity Secondary Activity		
	Secondary Activity (SLHCs only)		
17.c.	Termination of Activity		12/2015

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.

For Federal Reserve Bank Use Only	FR Y-10 Page 4 of 9
ID_RSSD_E1 (direct holder) ID_RSSD_E2 (reportable company) If applicable, former d/h	. ago . o. o

12/2015

	rings associations acquired by a BHC and transactions involving SL ssociations should be reported on the Savings and Loan Schedule.	ics and	Check box if correction	
1.a.	Event Type (check all that apply):	1.b	Date of Event:	
	□ Acquisition of a Going Concern □ Change in □ De Novo Formation □ Liquidation □ External Transfer □ Change in □ Internal Transfer □ Change in □ Other, describe:	n Chara	☐ Became Inactive	
Chara	cteristics Section			
2.a.		2.b	o. If Name Change or Correction, Prior Legal Name of Nonbanking Company	
3.a.	Legal Name of Nonbanking Company	3.b		
o.a.	City and County (Physical Location)	_ 3.0	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	
4.	If the Nonbanking Company is a functionally regulated sul ☐ Not Applicable ☐ SEC and CFTC ☐ CFTC only ☐ State Securities Department	osidiary 	r, indicate its functional regulator: SEC Only State Insurance Regulator	
5.	Is the Nonbanking Company a Financial Subsidiary of an	insured	depository institution?	
6.	☐ Subject to 13(a) or 15(d) of SI	EC Act	a) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act of 1934, but not Section 404 of SOX Act	
7.		-	equirements under 13(a) or 15(d) of the SEC Act of 1934 D Number:	
8.b. 9.	Legal Entity Identifier (LEI): Nonbanking Company Type (see instructions for list):			
40	Uniform Committee Transport Communities Transport) 1	Desta analis District Desta analis	
10.	☐ Business Trust ☐ S ☐ Cooperative ☐ L	ole Pro imited	Partnership Diprietorship Diprieto	
11.	Is the Nonbanking Company consolidated in the reporter Answer the above question only if the Nonbanking Comp (a) Consolidated subsidiary in a foreign country; (b) a ma	s finan any is (cial statements?	
Owne	rship Section (report at direct holder level unless other	wise no	oted)	
12.	Direct Holder's Name and Location:			
	Legal Name		City, State/Province, Country	
13.a.	Percentage of a Class of Voting Shares: 100%		Control by Direct Holder:	
	□ 80% to <100% □ >50% to <80% □ 25% to 50% □ <25% but 25% or more in the aggregate or otherwise controlled elsewhere within the organization	6 15.	Regulation K, Subpart A Investments: Portfolio Investment Joint Venture	
13.b.	Other Interest: Yes No		☐ Subsidiary	
13.c.	liability company as indicated in Item 10 above, please indicate the appropriate ownership interest of the direct holder:		6. 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	
Activity	y and Legal Authority Section (for list of FRS legal author	ority cod	es, see the Appendix of these instructions.)	
	Activity Type FRS Legal NAIC Authority Code Activity	s	Description of Activity	
17.a.	Primary Activity		·	
	Secondary Activity			
17 c	Termination of Activity			

For Federal Reserve Bank Use Only	FR Y-10 Page 5 of 9
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
1.	First Full Ca	lendar 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 appl	lies to mergers involving an insured depository institution organized under U.S. la	w.
4.	Did the head	office of the nonsurvivor become a branch of the survivor?	No

For Federal Reserve Bank Use Only ID_RSSD_TOP (top-tier BHC) ID_RSSD_E1 (direct holder)	FR Y-10 Page 6 of 9
ID_RSSD_E2 (reportable 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 or Section 10(c)(2)(H) of the Home Owners' Loan Act

Hor	me Owners' Loan Act.	GGG. GG.	(.,, ., ., ., ., ., ., ., ., ., ., ., .,	Check b	\cos if correction \Box
Po	st-Transaction Notice Se	ction			
1.a	. Event Type (check one only):		1.b. Date of Ever	nt:	
	 □ New Activity Commenced D □ New Activity Commenced th □ New Activity Commenced th 	hrough Acquisition of a	<u> </u>	(MM / DD / YYYY)	
2.	New Activities Commenced For the event type checked in it new activity. Provide a text des activity.				
	FRS Legal Authority Code (check one)	NAICS Activity Code	De	escription of Activity	
	2.a. 🗌 311 / 🗌 312 / 🔲 413				
	2.b. 🗌 311 / 🗌 312 / 🗌 413				
	2.c. 311 / 312 / 413				
	(2) 5 percent of tier 1 capital, Event Type (check one only): Initial Investment Divestiture No Longer Reportable Name Change	wnichever is less.	1.b. Date of Ever	nt:	
2.	Direct Holder's Name and Location	Legal Name			
3.a		City and County	State / Province 3.b.	Country	
o.u	Legal Name of Nonfinancial Company			or Correction, Prior Legal Name	
	City and County (Physical Location)				
	State / Province, Country, and Zip / Post	al Code			
3.c	. Legal Entity Identifier (LEI):				
4.	Direct Holder's Investment in N Report the percentage amount		able.		
	a% Voting Securities				
	b% Total Equity				
	c% Assets				
5.	Initial Aggregate Cost of Investi	ment to the FHC: \$	(in millions of	U.S. dollars)	

For Federal Reserve Bank Use Only	FR Y-10
ID_RSSD	Page 7 of 9
County, State and Country Code	
ID_RSSD_HD_OFF	
City and Country Code	

Domestic Branch Schedule

Use this schedule to report information on:

 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, Branches of Edge and agreement corporations. 					
		Check box if correction			
1.a.	Event Type (check all that apply): Opening (De Novo) Purchase of Branches Sale of Branches Closure Name Change Change in Service Type Other, describe:	1.b. Date of Event:			
Ch	aracteristics Section				
2.	Check applicable service type: ☐ Full Service ☐ Limited Service ☐ Trust ☐	Electronic Banking			
3.a.		3.b			
	Popular Name	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 inst tution 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	_			

For Federal Reserve Bank Use Only	FR Y-10 Page 8 of
ID_RSSD	l ago o o
County, State and Country Code	
ID_RSSD_HD_OFF	
City and Country Code	

Foreign Branch of U.S. Banking Organizations Schedule

City, State, Country, and Zip / Postal Code

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.						
Rep	Report all offices, including inactive offices that continue to retain their license. Check box if correction					
1.a.	Event Type (check all that apply): ☐ Opening ☐ Closure ☐ Relocation ☐ Other, describe:		Date of Event:	(MM / DD / YYYY)		
Ch	aracteristics Section					
2.	Office Type:					
	☐ Full-Service Branch ☐ Shell Branch ☐ Othe	er				
3. 4.	Date of Board Consent or Prior Notification (if applicable):	(MM / DD / YYY				
	Popular Name					
5.a.	Current Address	5.b.	Previous Addres	ss (if changes have occurred)		
	Current Street Address (Physical Location)	_	If Relocation or Corr	rection, Prior Street Address (Physical Location)		
	City	_	If Relocation or Corr	rection, Prior City		
	Province, Country, and Zip / Postal Code	_	If Relocation or Corr	rection, Prior Province, Country, and Zip / Postal Code		
6.	Head Office Legal Name	_				

For Federal Reserve Bank Use Only	FR Y-10 Page 9 of 9	
D_RSSD		
County, State and Country Code		
D_RSSD_HD_OFF		
City and Country Code		

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

Use this schedule to report information about U.S. branches, age FBOs, and U.S representative offices of foreign bank subsidiaries	ncies, representative offices, and managed non-U.S. branches of s of FBOs.
Report all offices, including inactive offices that continue to retain	their license.
1.a. Event Type (check all that apply): Opening Change in Office Type Commenced Activities through Managed Non-U.S. Branch Other, describe: License Issued Became Inactive Ceased Activities through Managed Non-U.S.	
Characteristics Section	
Office Type (including managed non-U.S. branches)☐ Branch ☐ Agency ☐ Representation	ive Office
3. 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, Province, Country, and Zip / Postal Code	