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) and 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, 602,

611a, 615, and 625); and sections 113, 165, 312, 618, and 809 of the Dodd-Frank Act (12 U.S.C. §§ 5361, 5365, 5412, 1850a(c)(1), and 5468(b)(1)); and section 10(c)(2)(H) of the Home Owners' Loan Act (12 U.S.C. § 1467a(c)(2)(H)).

Reporter's Name, Street, and Ma	illing Address	Date of Report:(Month / Day / Year)	-
Legal Name			
Physical Street Address		Reporter's Mailing Address (if different from physical stree	t address)
City and County		Mailing City	
State / Province, Country	Zip / Postal Code	Mailing State / Province, Country	Zip / Postal Code
Contact's Name and Mailing Add	lress for this Report		
Name Title			
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, $\phantom{aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa$	-	20-Character LEI Code	
hereby declare that this report is true a my knowledge and belief.		Is confidential treatment requested for any portior this report submission?	
Signature of Authorized Official	Date of Signature	In accordance with the General Instructions for this (check only one), 1. a letter justifying this request is being provid with the report	ed along
For Federal Reserve Bank Use On	ly	a letter justifying this request has been provi	
RSSD ID		NOTE: Information for which confidential treatment must be provided separately and labeled as "confidential."	t is 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.

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ID_RSSD_E1 (direct holder)		1 agc 2 01 12
ID_RSSD_E2 (reportable company) .		
If applicable, former d/h		

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.

Banking	g 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 Good □ De Novo Formation □ Liquidation □ External Transfer □ Change in Good □ Internal Transfer □ Change in Good □ Other, describe: □ Change in Good	Charac	☐ Became Inactive
Chara	cteristics Section		
2.a.		2.b.	If Name Change or Correction, Prior Legal Name of Banking Company
3.a.	Legal Name of Banking Company	2 h	If Name Change or Correction, Prior Legal Name of Banking Company
s.a.	Current Street Address (Physical Location)	3.b.	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 (BHCs, IHCs, FBOs Only): (MM/DD)
6.	☐ Subject to 13(a) or 15(d) of S	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 equirements under 13(a) or 15(d) of the SEC Act of 1934
7.	CUSIP Number: 8.a. Tax ID Numor required for FBOs leading six digits only	-	
8.b.	Legal Entity Identifier (LEI):		
9.	Banking Company Type: BHC IHC FBO Other, describe:	U.S. Co	mmercial Bank U.S. State Chartered Savings Bank
10.	Business Organization Type: Corporation Business Trust Cooperative Limited Liability Limited Other, describe:	Sole Limite	ral Partnership Proprietorship d Limited Partnership Mutual Limited Liability Co./Corp. ship
11.	Is the banking company consolidated in the reporter's finan (only reportable for <i>foreign</i> investments)	icial sta	tements?
Owne	rship Section (report at direct holder level unless otherw	ise not	ed)
12.	Direct Holder's Name and Location:		
12 0	Legal Name Percentage of a Class of Voting Shares: %	1.1	City, State/Province, Country Control by Direct Holder: Yes No
13.a. 13.b.	Percentage of a Class of Voting Shares:% Percentage of Nonvoting Equity: %	14. 15.	Control by Direct Holder:
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	10.	Torrior Direct Holder's Name and Location (ii applicable).
13.u.	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

Banking Schedule—Continued

Activity	Activity and Legal Authority Section (for list of FRS legal authority codes, see the Appendix of these instructions.)					
		FRS Legal	NAICS			
	Activity Type	Authority Code	Activity Code	Description of Activity		
17.a.	Primary Activity					
17.b.	Secondary Activity					
	(FBOs and BHCs only)					
17.c.	Termination of Activity					

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ID_RSSD_E1 (direct holder)	1 490 1 01 12
ID_RSSD_E2 (reportable company)	
If applicable, former d/h	

Savings and Loan ScheduleUse this schedule to report information about a reporter that is a savings and loan holding company (SLHC), and about any reporter's (including a a

BHC's) (directly or indirectly held interest in all SLHCs and savings tions.		Check box if correction
1.a.	Event Type (check all that apply):	1.b.	Date of Event:
	2 2 7 1 2 (2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		(MM / DD / YYYY)
	☐ Acquisition of a Going Concern ☐ Change in C	Owners	hip
	☐ De Novo Formation ☐ Liquidation		☐ Became Inactive
	☐ External Transfer ☐ Change in C		
	☐ Internal Transfer ☐ Change in A	ctivity	or Legal Authority
	Other, describe:		
Chara	cteristics Section		
2.a.		2.b.	
_	Legal Name of Savings and Loan Company		If Name Change or Correction, Prior Legal Name of Savings and Loan Company
3.a.	Current Street Address (Physical Location)	3.b.	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 (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
		_	equirements 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	(ID Nu	mber: UU - UUUUUUU
8.b.	.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	С 🗆	Federal Savings Bank
	☐ Mutual SLHC		State Savings Bank HOLA 10(I) Election
	☐ HOLA 10(I) Mutual SLHC		Cooperative Bank HOLA 10(I) Election
	Other, describe:		
10.	Business Organization Type: Corporation Ge	neral F	artnership
		•	rietorship
	☐ Cooperative ☐ Lim	nited Li	ability Partnership
	☐ Limited Liability Limited F	Partner	ship
	☐ Other, describe:		
11.	Is the savings and loan company consolidated in the reported (only reportable for <i>foreign</i> investments)	er's fina	ancial statements? Yes No
	(only reportable for <i>foreign</i> investments)		
Owne	rship Section (report at direct holder level unless otherwi	ise note	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:
	·		<u> </u>
	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		Logal Name of Former Direct Holder
	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		ony, onate / Frovince, country

Savings and Loan Schedule—Continued

Activity	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					

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ID_RSSD_E1 (direct holder)		3
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. S

Note: Sa	avings associations acquired by a BHC and transactions involving SLHC associations should be reported on the Savings and Loan Schedule.	Cs and	d Check box if correction □
	Event Type (check all that apply):	1.b	
i.a.	□ Acquisition of a Going Concern □ Change in Concern □ De Novo Formation □ Liquidation □ External Transfer □ Change in Concern	Owne Chara	(MM / DD / YYYY) ership □ No Longer Reportable □ Became Inactive
Chara	ecteristics Section		
2.a.		2.b.	·
2.0	Legal Name of Nonbanking Company	2 h	If Name Change or Correction, Prior Legal Name of Nonbanking Company
3.a.	City and County (Physical Location)	3.b.	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.a.	If the Nonbanking Company is a functionally regulated subsider of the Not Applicable ☐ SEC and CFTC ☐ CFTC only ☐ State Securities Department		, indicate its functional regulator: SEC Only State Insurance Regulator
4.b.	Is the Nonbanking Company a Financial Subsidiary of an ins	ured	depository institution?
5.	Fiscal Year End (IHCs Only):		
6.	SEC Reporting Status: Not Applicable Subject to Subject to 13(a) or 15(d) of SEC Terminated or suspended reporting	Act o	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.	see instructions for when applicable leading six digits only	ax iL	D Number:
	Legal Entity Identifier (LEI):		
9.	Nonbanking Company Type (see instructions for list):		
	Other, describe:		
10.	☐ Business Trust ☐ Sole	e Pro ited L	Partnership
11.	Is the Nonbanking Company consolidated in the reporter's fi Answer the above question only if the Nonbanking Company (a) Consolidated subsidiary in a foreign country; (b) a majori	y is o	one of the following "foreign" offices:
Owne	rship Section (report at direct holder level unless otherwi	se no	oted)
12.	Direct Holder's Name and Location:		City State Dravings Country
13.a.	Legal Name Percentage of a Class of Voting Shares: ☐ 100% ☐ 80% to <100% ☐ >50% to <80% ☐ 25% to 50% ☐ <25% but 25% or more in the aggregate or otherwise		City, State/Province, Country Control by Direct Holder: Yes No Regulation K, Subpart A Investments: Portfolio Investment
13 h	controlled elsewhere within the organization Other Interest: Yes No		☐ Joint Venture
13.c.	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:	16.	Subsidiary 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				

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ID_RSSD_E1 (ns)	
ID_RSSD_E2 (s)	
	l

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 Cal	endar Date the Nonsurvivor No Longer Exists:		
2. Survivor:			
2. Garvivor.	Legal Name		
	City, State / Province, Country		
3. Nonsurvivor:			
	Legal Name		
	City, State / Province, Country		
Item 4 only appli	es to mergers involving an insured depository institution organ	nized under U.S. law.	
4. Did the head	office of the nonsurvivor become a branch of the survivor?	☐ Yes ☐ No	

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

Hon	ne Owners' Loan Act.			Check box if correction $\ \Box$
Po	st-Transaction Notice Se	ction		
1.a.	Event Type (check one only):		1.b. Date of Event:	
	□ New Activity Commenced D□ New Activity Commenced th□ New Activity Commenced th	nrough Acquisition of a	rough an Existing Subsidiary Going Concern	M / DD / YYYY)
2.			Legal Authority code and the five our unable to identify a five or six-digit I	or six-digit NAICS activity code for each NAICS activity corresponding to the
	FRS Legal Authority Code (check one)	NAICS Activity Code	Descriptio	on of Activity
	2.a. 311 / 312 / 413			
	2.b. 🗌 311 / 🗌 312 / 🗌 413			
	2.c. 311 / 312 / 413			
	re than 5 percent of a Nonfinanci (1) \$200 million; or (2) 5 percent of tier 1 capital, Event Type (check one only): Initial Investment Divestiture No Longer Reportable Name Change Direct Holder's Name and Location	. , ,	nares or total equity or assets and the second that the second second that the second second second that the second secon	M / DD / YYYY)
		City and County	State / Province	Country
3.a.			3.b	,
	Legal Name of Nonfinancial Company		If Name Change or Corr	rection, 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		ble.	
	a% Voting Securities			
	b% Total Equity			
	c% Assets			
5.	Initial Aggregate Cost of Investr	ment to the FHC: \$	(in millions of U.S. d	lollars)

For Federal Reserve Bank Use (ID_RSSD	Only	FR Y-10 Page 10 of 12
County, State and Country Code		
ID_RSSD_HD_OFF		
City and Country Code		

Domestic Branch Schedule

Name of Other Depository Institution that Sold or Purchased Branches

City, State, Country, and Zip / Postal Code

	illestic Dialicii Schedule		
1. B a a	this schedule to report information on: ranches and offices of domestic depository institutions (including top-tier bank holding company (BHC) or a top-tier savings and I ffiliated with a BHC; and, ranches of Edge and agreement corporations.		
1.a.	Event Type (check all that apply):	1.b.	Date of Event: (MM / DD / YYYY)
		Acquisi Reloca	tion of Branches through Merger/Absorption tion
	□ Name Change□ Change in Service Type□ Other, describe:	Deletio	n of Erroneously Reported Branch/Office
Ch	aracteristics Section		
2.	Check applicable service type:		
	☐ Full Service ☐ Limited Service ☐ Trust ☐ Ele	ctronic	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, pretution involved in the transaction and the number of branches s		

Number of Branches Sold or Purchased

For Federal Reserve Bank Use Only ID_RSSD		FR Y-10 Page 11 of 12
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	port all offices, including inactive offices that continue to reta	ain their license. Check box if correction		
1.a.	Event Type (check all that apply): ☐ Opening ☐ Closure ☐ Relocation ☐ Other, describe:	1.b. Date of Event:		
Ch	aracteristics Section			
2.	Office Type: ☐ Full-Service Branch ☐ Shell Branch ☐ Other	er		
3. 4.	Date of Board Consent or Prior Notification (if applicable): Popular Name	(MM / DD / YYYY)		
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		
6.	Province, Country, and Zip / Postal Code	If Relocation or Correction, Prior Province, Country, and Zip / Postal Code		
	Head Office Legal Name			

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County, State and Country Code	
ID_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, 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 office	s that continue to retain th	neir licen	se.	Check box if correction
☐ Op ☐ Cr ☐ Co Ma	Type (check all that apply): pening nange in Office Type commenced Activities through anaged Non-U.S. Branch ther, describe:	☐ License Issued ☐ Became Inactive ☐ Ceased Activities the Managed Non-U.S.	rough	Date of Event: (MM / DD / YYYY) Relocation License Surrendered	
Characte	eristics Section				
2. Office	Office Type (including managed non-U.S. branches)				
☐ Br	ranch \square Agency	☐ Representative	e Office		
3.					
Popular	Name				
4.a. Currei	nt Address		4.b.	Previous Address (if changes ha	ve occurred)
Current	t Street Address (Physical Location)			If Relocation or Correction, Prior Street Ad	Idress (Physical Location)
City and	d County			If Relocation or Correction, Prior City and	County
State, C	Country, and Zip / Postal Code			If Relocation or Correction, Prior State, Co	ountry, and Zip / Postal Code
5. <u>Head O</u>	Office Legal Name				
11000					
City, Pro	ovince, Country, and Zip / Postal Code				