DRAFT FR Y-10 Forms - Proposal Effective 12-31-2022

FR Y-10
OMB Number 7100-0297
Approval expires November 30, 2022
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Board of Governors of the Federal Reserve System



Report of C

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)).

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 Mailing Address	Date of Report:(Month / Day / Year)		
Legal Name			
Physical Street Address	Reporter's Mailing Address (if different from physical street addr	ress)	
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 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)		
l,,			
Printed Name Title am an authorized official of this company named above, and hereby declare that this report is true and complete to the best of	20-Character LEI Code		
my knowledge and belief.	Is confidential treatment requested for any portion of this report submission?	0=No . 1=Yes	
	In accordance with the General Instructions for this repo	ort	
Signature of Authorized Official Date of Signature	a letter justifying this request is being provided all with the report		
For Federal Reserve Bank Use Only	2. a letter justifying this request has been provided s	separately	
RSSD ID	NOTE: Information for which confidential treatment is be must be provided separately and labeled as "confidential."	eing 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 of 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 O □ De Novo Formation □ Liquidation □ External Transfer □ Change in O □ Internal Transfer □ Change in O □ Other, describe: □ Change in O	Charact	☐ Became Inactive
Chara	cteristics Section		
2.a.		2.b.	
2 -	Legal Name of Banking Company	2 6	If Name Change or Correction, Prior Legal Name of Banking 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 (BHCs, IHCs, FBOs Only): (MM/DD)
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 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	nber: [
8.b.	Legal Entity Identifier (LEI):		
9.	Banking Company Type: BHC IHC FBO U Other, describe:	J.S. Co	mmercial Bank U.S. State Chartered Savings Bank
10.	☐ Business Trust	Sole I	ral Partnership
11.	Is the banking company consolidated in the reporter's finan (only reportable for <i>foreign</i> investments)	cial sta	rements?
Owne	rship Section (report at direct holder level unless otherw	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: Yes No
13.b.		15.	Control by Reporter:
13.c.		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

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				
17.c.	(FBOs and BHCs only) Termination of Activity				

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

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 associations.

3HC's) issocia	directly or indirectly held interest in all SLHCs and savings tions.		Check box if correction $\ \Box$
1.a.	Event Type (check all that apply):	1.b.	Date of Event:
	71 (11 7)		(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	Activity	or Legal Authority
	Other, describe:		
horo	cteristics Section		
naraر 2.a.	cteristics Section	2.b.	
Z.a.	Legal Name of Savings and Loan Company	۷.۵.	If Name Change or Correction, Prior Legal Name of Savings and Loan Company
3.a.	Legal Name of Savings and Loan Sompany	3.b.	Traine Change of Contoboon, The Logar Hame of Cavings and Loan Company
o.a.	Current Street Address (Physical Location)	0.5.	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
	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
	☐ Terminated or suspended repo	orting r	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	x ID Nu	mber:
8.b.	Legal Entity Identifier (LEI):		
9.	Savings and Loan Type: Stock SLHC		Federal Savings Asso Federal Savings Association/
0.	HOLA 10(I) Stock SLHC		State Savings Association
	☐ Trust (non-testamentary) SLH	c E	Federal Savings Bank
	☐ Mutual SLHC	Ĭ	State Savings Bank HOLA 10(I) Election
	☐ HOLA 10(I) Mutual SLHC		Cooperative Bank HOLA 10(I) Election
	☐ Other, describe:		Cooperative Ballic (10C) Lieutien
10.		neral F	artnership
10.	- · · · · · · · · · · · · · · · · · · ·		rietorship
			ability Partnership
	☐ Limited Liability Limited F		
		artirier	siiib
	Other, describe:		
11.	Is the savings and loan company consolidated in the reporte	er's fina	ancial statements?
	(only reportable for <i>foreign</i> investments)		
Owne	rship Section (report at direct holder level unless otherw	ise note	-d)
	• • • • • • • • • • • • • • • • • • • •	100 1100	54)
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:
	Percentage of Nonvoting Equity: %	15.	Control by Reporter:
13.c.		16.	Former Direct Holder's Name and Location (if applicable):
	If the reportable company is a type of partnership or limited		2 2 2 2 2 and 200aton (ii approacto).
13.U.	liability company as indicated in Item 10 above, please indi-		Legal Name of Former Direct Holder
	cate the appropriate ownership interest of the direct holder:		•
	☐ General Partner/Managing Member		City, State / Province, Country
	☐ Limited Partner/Non-Managing Member		



Savings and Loan 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.	,				
17.c.	(SLHCs only) Termination of Activity				

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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. S

Note: Sa	avings associations acquired by a BHC and transactions involving SLHC associations should be reported on the Savings and Loan Schedule.	,	d Check box if correction □
	Event Type (check all that apply):	1 1	b. Date of Event:
ı.a.	□ Acquisition of a Going Concern □ Change in C □ De Novo Formation □ Liquidation □ External Transfer □ Change in C)wne Chara	(MM / DD / YYYY) □ No Longer Reportable □ Became Inactive
Chara	ecteristics Section		
2.a.		2.b	L
0	Legal Name of Nonbanking Company	0.1	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
	If the Nonbanking Company is a functionally regulated subside ☐ Not Applicable ☐ SEC and CFTC ☐ CFTC only ☐ State Securities Department		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):		
6.7.	SEC Reporting Status: Not Applicable Subject to Subject to 13(a) or 15(d) of SEC Terminated or suspended reporti CUSIP Number: 8.a. T	Act on the second secon	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
0.1	see instructions for when applicable		
	Legal Entity Identifier (LEI):		
9.	Nonbanking Company Type (see instructions for list):		
	Other, describe:		
10.	☐ Business Trust ☐ Sole	Pro ted 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 otherwis	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%		City, State/Province, Country Control by Direct Holder: Yes No Regulation K, Subpart A Investments:
13.b. 13.c.	<25% but 25% or more in the aggregate or otherwise controlled elsewhere within the organization Other Interest: Yes No 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.	☐ Portfolio Investment ☐ Joint Venture ☐ Subsidiary Former Direct Holder's Name and Location (if applicable):
	General Partner/Managing Member Limited Partner/Non-Managing Member		Legal Name of Former Direct Holder 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				
	Secondary Activity Termination of Activity				

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ID_RSSD_E1 (ns)	
ID_RSSD_E2 (s)	

Merger Schedule

Use this schedu	le to report certain types of mergers involving a reporter or company within the r	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	

☐ Yes

☐ No

Item 4 only applies to mergers involving an insured depository institution organized under U.S. law.

4. Did the head office of the nonsurvivor become a branch of the survivor?

For Federal Reserve Bank Use Only ID_RSSD_TOP (top-tier BHC) ID_RSSD_E1 (direct holder) ID_RSSD_E2 (reportable company)	FR Y-10 Page 9 of 12
ID_RSSD_E2 (reportable company)	
ID_RSSD_E1 (direct holder)	

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 $\ \Box$
Ро	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	I/DD/YYYY)
2.			S Legal Authority code and the five or unable to identify a five or six-digit N	r six-digit NAICS activity code for each NAICS activity corresponding to the
	FRS Legal Authority Code (check one)	NAICS Activity Code	Description	n of Activity
	2.a. 311 / 312 / 413			
	2.b. 🗌 311 / 🗌 312 / 🗌 413			
	2.c. 311 / 312 / 413			
	(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 th	1/DD/YYYY)
		City and County	State / Province	Country
3.a.			3.b	
	City and County (Physical Location) State / Province, Country, and Zip / Post	al Code	If Name Change or Corre	ection, Prior Legal Name
3.c.	Legal Entity Identifier (LEI):			
4.	Direct Holder's Investment in No 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. do	ollars)

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

Domestic Branch Schedule

	cluding territorial depository institutions) controlled directly or indirectly by s and loan holding company (SLHC) and state member banks that are not
1.a. Event Type (check all that apply):	1.b. Date of Event:
 □ Opening (De Novo) □ Sale of Branches □ Closure □ Change in Service Type □ Other, describe: 	 ☐ Acquisition of Branches through Merger/Absorption ☐ Relocation ☐ Deletion of Erroneously Reported Branch/Office
Characteristics Section	
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

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

5.

Head Office Legal Name

City, State, Country, and Zip / Postal Code

City, State, Country, and Zip / Postal Code

Number of Branches Sold or Purchased

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County, State and Country Code	
ID_RSSD_HD_OFF	
City and Country Code	

Foreign Branch 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

over		erm "foreign" refers to one or more foreign nations, and includes the those nations and of the United States and the Commonwealth of
Repo	ort all offices, including inactive offices that continue to reta	in their license. Check box if correction
1.a.	Event Type (check all that apply): ☐ Opening ☐ Closure ☐ Relocation ☐ Other, describe:	1.b. Date of Event: (MM / DD / YYYY)
Cha	aracteristics Section	
2.	Office Type: ☐ Full-Service Branch ☐ Shell Branch ☐ Othe	г
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
	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	-

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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)

	e this schedule to report information at Ds, and U.S representative offices of f				on-U.S. branches of
Rep	oort all offices, including inactive office	s that continue to retain t	heir licer		heck box if correction
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 th Managed Non-U.S.	nrough	Date of Event: (MM / DD / YYYY) Relocation License Surrendered	heck box if correction L
Ch	aracteristics Section				
Office Type (including managed non-U.S. branches)					
	☐ Branch ☐ Agency	☐ Representativ	e 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 Addres	ess (Physical Location)
	City and County			If Relocation or Correction, Prior City and Cou	unty
	State, Country, and Zip / Postal Code			If Relocation or Correction, Prior State, Count	try, and Zip / Postal Code
5.					
	Head Office Legal Name				
	City, Province, Country, and Zip / Postal Code				