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	Mailing Address	Date of Report: (Month / Day / Year)		
Legal Name				
Physical Street Address		Reporter's Mailing Address (if different from physical street add	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)		
I, Printed Name am an authorized official of this	, Title,	20-Character LEI Code		
hereby declare that this report is t my knowledge and belief.		Is confidential treatment requested for any portion of this report submission?	0=No . 1=Yes	
Signature of Authorized Official	Date of Signature	In accordance with the General Instructions for this repo (check only one), 1. a letter justifying this request is being provided al with the report	ort	
For Federal Reserve Bank Use	Only	2. a letter justifying this request has been provided		
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.

If applicable, former d/h

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Check box if correction \Box

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.

1.a.	Event Type (check all that apply):	1.b.	Date of Event:
	 Acquisition of a Going Concern De Novo Formation External Transfer Internal Transfer Change in C Change in A 	haract	hip No Longer Reportable 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.	In Name Change of Correction, Phor Legar Name of Banking Company
0.0.	Current Street Address (Physical Location)	0.0.	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):
6.	SEC Reporting Status: Not Applicable Subject Subject to 13(a) or 15(d) of SE	C Act	(MM/DD) 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:	ber:	
8.b.	Legal Entity Identifier (LEI):		
9.	Banking Company Type: BHC IIIC FBO U Other, describe:	.S. Co	mmercial Bank 🔲 U.S. State Chartered Savings Bank
10.	Business Trust	Sole I Limite	ral PartnershipLimited PartnershipProprietorshipMutualId Liability PartnershipLimited Liability Co./Corp.ship
11.	Is the banking company consolidated in the reporter's finance (only reportable for <i>foreign</i> investments)	ial sta	tements? 🗌 Yes 🗌 No
Owne	rship Section (report at direct holder level unless otherwis	se note	ed)
12.	Direct Holder's Name and Location:		
12 0	Legal Name Percentage of a Class of Voting Shares: %	14.	City, State/Province, Country Control by Direct Holder: Yes No
	Percentage of a Class of Voting Shares:% Percentage of Nonvoting Equity: %	14. 15.	Control by Direct Holder: Control by Reporter: Yes No
13.c.		16.	Former Direct Holder's Name and Location (if applicable):
	If the reportable company is a type of partnership or limited	10.	
	liability company as indicated in Item 10 above, please indi- cate 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

Activit	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					

			For Federal Reserve Bank Use Only ID_RSSD_E1 (direct holder) ID_RSSD_E2 (reportable company)		FR Y-10 Page 4 of 12
Savi	ngs and Loan Schedule		If applicable, former d/h		
	s schedule to report information about a reporter that is a saving	nae			
	holding company (SLHC), and about any reporter's (includir				
	directly or indirectly held interest in all SLHCs and savings	5		ol 1 1 1	
associa	tions.			Check box if corr	
1.a.	Event Type (check all that apply):	1.b.	Date of Event:		
			(MM / DD / YYY		
	Acquisition of a Going Concern Change in C	wners	-	Longer Reportable	
	De Novo Formation Liquidation External Transfer Change in C	harac		ecame Inactive ebts Previously Contr	racted
				ecame Reportable	acieu
	□ Other, describe:				
	cteristics Section				
2.a.		2.b.	If Name Change or Correction, Prior Leg	al Name of Cavings and La	
3.a.	Legal Name of Savings and Loan Company	3.b.	Il Name Change of Correction, Phor Le	jai name of Savings and Lo	an Company
0.0.	Current Street Address (Physical Location)	0.0.	If Relocation or Correction, Prior Stree	t Address (Physical Locati	on)
	City and County		If Relocation or Correction, Prior City a	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		ncorporation
4.	Date Opened:	5.	Fiscal Year End (SLHCs Only		
6.	(MM / DD / YYYY) SEC Reporting Status: Not Applicable Subject	to 13(a) or 15(d) of SEC Act of 1934	(MM/DD) and Section 404 of S	SOX Act
01	□ Subject to 13(a) or 15(d) of SE				
	Terminated or suspended report	orting r	equirements under 13(a) or 15	(d) of the SEC Act of	1934
7.	CUSIP Number: 8.a. Tax	ID Nu	imber:		
0 6	See instructions for when applicable Leading six digits only				
8.b. 9.	Legal Entity Identifier (LEI):		Federal Savings Association		
5.	HOLA 10(I) Stock SLHC	Ē	State Savings Association		
	□ Trust (non-testamentary) SLH0		Federal Savings Bank		
	☐ Mutual SLHC)(I) Election	
	HOLA 10(I) Mutual SLHC		Cooperative Bank HOLA 10) Election	
	Other, describe:				
10.			·	ed Partnership	
			rietorship 🗌 Mutu		
	Cooperative Lim Limited Liability Limited P		,	ed Liability Co./Corp.	
		anner	Ship		
	Other, describe:				
11.	Is the savings and loan company consolidated in the reporte (only reportable for <i>foreign</i> investments)	er's fina	ancial statements? 🗌 Yes	∟ No	
Owne	rship Section (report at direct holder level unless otherwis	se not	ed)		
12.	Direct Holder's Name and Location:				
	Legal Name		City, State/Provin	ce, Country	
13.a.	Percentage of a Class of Voting Shares:%	14.	Control by Direct Holder:	🗌 Yes 🗌 N	0
13.b.	Percentage of Nonvoting Equity:%	15.	Control by Reporter:	🗌 Yes 🗌 N	0
13.c.	Other Interest: Ses No	16.	Former Direct Holder's Nam	e and Location (if ap	plicable):
13.d.	If the reportable company is a type of partnership or limited				
	liability company as indicated in Item 10 above, please indi- cate the appropriate ownership interest of the direct holder:		Legal Name of Former Direct Holde	;	
	 General Partner/Managing Member Limited Partner/Non-Managing Member 		City, State / Province, Country		

Savings and Loan Schedule—Continued

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.	Termination of Activity					

			For Federal Reserve Bar ID_RSSD_E1 (direct holde ID_RSSD_E2 (reportable	er)	FR Y-10 Page 6 of 12
Use this and abo Note: Sa	banking Schedule schedule to report information about a reporter that is a Nonbanking of ut a reporter's directly or indirectly held interests in a Nonbanking Com avings associations acquired by a BHC and transactions involving SLF	pany.]
savings	associations should be reported on the Savings and Loan Schedule.			Check box if c	orrection
1.a.	Event Type (check all that apply):	1.t		M / DD / YYYY)	
	 Acquisition of a Going Concern De Novo Formation External Transfer Internal Transfer Other, describe: 	Chara	rship	No Longer Reportable	
	cteristics Section				
2.a. 3.a.	Legal Name of Nonbanking Company	2.b. 3.b.	If Name Change or Correct	ion, Prior Legal Name of Nonbankir	ig Company
	City and County (Physical Location)		If Relocation or Correction,	Prior City and County (Physical Loc	ation)
	State / Province, Country, and Zip / Postal Code		If Relocation or Correction, P	rior 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 subs Not Applicable SEC and CFTC CFTC only State Securities Department		indicate its functional SEC Only State Insurance Regul	-	
4.b.	Is the Nonbanking Company a Financial Subsidiary of an in	sured	depository institution?	🗌 Yes 🗌 No	
5.	Fiscal Year End (IHCs Only):				
6. 7.	□ Subject to 13(a) or 15(d) of SEC □ Terminated or suspended repor	C Act of ting re	of 1934, but not Section		
8.b.					
9.	Nonbanking Company Type (see instructions for list):				
	Other, describe:				
10.	🗌 Business Trust 🗌 So	le Pro hited L	Partnership prietorship iability Partnership rship	 Limited Partnership Mutual Limited Liability Co./Con 	<i>.</i> р.
11.	Is the Nonbanking Company consolidated in the reporter's Answer the above question only if the Nonbanking Compan (a) Consolidated subsidiary in a foreign country; (b) a majo	ny is o	ne of the following "for		
Owne	rship Section (report at direct holder level unless otherw	ise no	oted)		
12.	Direct Holder's Name and Location:		<u></u>	Nata / Dan in an Original	
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		Control by Direct Hold Regulation K, Subpar	t A Investments:)
	controlled elsewhere within the organization		☐ Joint Venture		
13.b. 13.c.	Other Interest: Yes No If the reportable company is a type of partnership or limited liability company as indicated in Item 10 above, please indi- cate the appropriate ownership interest of the direct holder:	16.		s Name and Location (if app	olicable):
	General Partner/Managing Member		Legal Name of Former Direct	ct Holder	
	Limited Partner/Non-Managing Member		City, State / Province, Coun	try	

Nonbanking Schedule—Continued

Activity and Legal Authority Section (for I	list of FRS legal a	authority codes, see the Appendix of these instructions.)
FRS L	Legal	NAICS

	Activity Type	Authority Code	Activity Code	Description of Activity
17.a.	Primary Activity			
17.b.	Secondary Activity			
17.c.	Termination of Activity			

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Merger Schedule

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

For Federal Reserve Bank Use Only

ID_RSSD_E1 (ns) _ ID_RSSD_E2 (s) _

Check box if correction \Box

1.	1. First Full Calendar 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				
lte	em 4 only appli	ies 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? \Box Yes \Box No

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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.

Post-Transaction Notice Section

1.a. Event Type (check one only):	
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 \Box New Activity Commenced Directly by an FHC or through an Existing Subsidiary

- New Activity Commenced through Acquisition of a Going Concern
- □ New Activity Commenced through a De Novo Formation

2. New Activities Commenced

For the event type checked in item 1.a, report the FRS Legal Authority code and the five or six-digit NAICS activity code for each new activity. Provide a text description of the activity if unable to identify a five or six-digit NAICS activity corresponding to the activity.

FRS Legal Authority Code (check one)	NAICS Activity Code	Description of Activity
2.a. 🗌 311 / 🗌 312 / 🗌 413		
2.b. 🗌 311 / 🗌 312 / 🗌 413		
2.c. 🗌 311 / 🗌 312 / 🗌 413		

Large Merchant Banking or Insurance Company Investments Section

Legal Name

City and County

Use this section to report certain merchant banking or insurance company investments when the FHC directly or indirectly acquires more than 5 percent of a Nonfinancial Company's voting shares or total equity or assets and the cost of the investment exceeds:

- (1) \$200 million; or
- (2) 5 percent of tier 1 capital, whichever is less.

1.a. Event Type (check one only):

1.b. Date of Event:

State / Province

For Federal Reserve Bank Use Only

(MM / DD / YYYY)

(MM / DD / YYYY)

Country

ID_RSSD_TOP (top-tier BHC) ID_RSSD_E1 (direct holder) ID_RSSD_E2 (reportable company)

1.b. Date of Event:

Initial Investment	
Divectiture	

- Divestiture
- No Longer Reportable
- □ Name Change

2.	Direct Holder's Name and
	Location

3.a.		3.b.	
	Legal Name of Nonfinancial Company		If Name Change or Correction, Prior Legal Name
	City and County (Physical Location)		
	State / Province, Country, and Zip / Postal Code		
3.c.	Legal Entity Identifier (LEI):		
4.	Direct Holder's Investment in Nonfinancial Company Report the percentage amount in a, b, or c, as applicable.		
	a% Voting Securities		

- b. _____% Total Equity
- c. % Assets

5. Initial Aggregate Cost of Investment to the FHC: \$_____

Domestic Branch Schedule

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Check box if correction

Use this schedule to report information on:

- 1. 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,
- 2. Branches of Edge and agreement corporations.

1.a.	Event Type (check all that apply):	1.b.	Date of Event:
			(MM / DD / YYYY)
	 Opening (De Novo) Purchase of Branches Sale of Branches Closure 	☐ Acquisi ☐ Relocat	ion of Branches through Merger/Absorption
	Image: Statistic statistics Image: Statistics Image: Statistics Image: Statistics Image: Statistics Image: Statistics Image: Statistics Image: Statistics Image: Statistics Image: Statistics		of Erroneously Reported Branch/Office
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 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

Foreign Branch of U.S. Banking Organizations Schedule

For Federal Reserve Bank Use Only	FR Y-10 Page 11 of 12
ID_RSSD	
County, State and Country Code	
ID_RSSD_HD_OFF	
City and Country Code	

Check box if correction

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.

Report all offices, including inactive offices that continue to retain their license.

1.a. Event Type (check all that apply):		1.b.	1.b. Date of Event:		
	Opening Closure Relocation		(MM / DD / YYYY)		
	C Other deparibe:				
Ch	aracteristics Section				
2.	Office Type:				
	□ Full-Service Branch □ Shell Branch □ Othe	er			
3.	Date of Board Consent or Prior Notification (if applicable):	(MM / DD / YY	<u></u>		
4.					
	Popular Name	_			
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	_			

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

For Federal Reserve Bank Use Only		
ID_RSSD		
County, State and Country Code		
ID_RSSD_HD_OFF		
City and Country Code		

Check box if correction \Box

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 offices that continue to retain their license.

1.a.	Event Type (check all that apply):		1.b.	Date of Event: (MM / DD / YYYY)
	 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. Bran 		 Relocation License Surrendered
Ch	aracteristics Section			
2.	Office Type (including managed non-	U.S. branches)		
	Branch Agency	Representative Off	ice	
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			