

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 M	ailing Address	Date of Report:	
Legal Name			
Physical Street Address		Reporter's Mailing Address (if different from physical street addre	ess)
City and County		Mailing City	
State / Province, Country	Zip / Postal Code	Mailing State / Province, Country	Zip / Postal Code
Contact's Name and Mailing Ad	dress for this Report		
Name Title	9		
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	īitle,	20-Character LEI Code	
am an authorized official of this con hereby declare that this report is true			
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 ((check only one),	report
Signature of Authorized Official	Date of Signature	1. a letter justifying this request is being provide with the report	
For Federal Reserve Bank Use Or	nly	2. a letter justifying this request has been provide separately	
RSSD ID		NOTE: Information for which confidential treatment i requested must be provided separately and la as "confidential."	s being

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.

For Federal Reserve Bank Use Only ID_RSSD_E1 (direct holder) ID_RSSD_E2 (reportable company)

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 Other, describe: 	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.	Legal Name of Banking Company	3.b.	If Name Change or Correction, Prior Legal Name of Banking Company
J.a.	Current Street Address (Physical Location)	5.0.	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):
•			(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: Image: Cusic	ber:	
8.b.	Legal Entity Identifier (LEI):		
9.	Banking Company Type: BHC HC FBO U	.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)	cial stat	tements? Yes No
Owne	rship Section (report at direct holder level unless otherwise	se note	ed)
12.	Direct Holder's Name and Location:		City, State/Province, Country
13.a.	Percentage of a Class of Voting Shares:%	14.	Control by Direct Holder: Yes No
13.b.	Percentage of Nonvoting Equity:%	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 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

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) If applicable, former d/h	FR Y-10 Page 4 of 12
Use this and loar	ngs and Loan Schedule s schedule to report information about a reporter that is a savin in holding company (SLHC), and about any reporter's (includir 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:	
	 Acquisition of a Going Concern De Novo Formation External Transfer Internal Transfer Other, describe: 	haract	Became Inactive	Contracted
Chara	cteristics Section			
2.a. 3.a.	Legal Name of Savings and Loan Company	2.b. 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 (Physica	I 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, a	
4.	State or Country (if foreign) of Incorporation Date Opened:	5.	If Relocation or Correction, Prior State or Country (if forei Fiscal Year End (SLHCs Only):	gn) of Incorporation
6.	Subject to 13(a) or 15(d) of SE	C Act	(MM/DD) a) or 15(d) of SEC Act of 1934 and Section 40 of 1934, but not Section 404 of SOX Act equirements under 13(a) or 15(d) of the SEC	
7.	CUSIP Number: Image: Cusic cus cusic cus cus cusic cus cusic cusic cus cusic cusic cus	ID Nu	mber:	
8.b.	Legal Entity Identifier (LEI):			
9.	Savings and Loan Type: Stock SLHC HOLA 10(I) Stock SLHC Trust (non-testamentary) SLHC Mutual SLHC HOLA 10(I) Mutual SLHC Other, describe:		Federal Savings Association State Savings Association Federal Savings Bank State Savings Bank HOLA 10(I) Election Cooperative Bank HOLA 10(I) Election	
10.	🗌 Business Trust 🗌 Sol	e Prop ited Lia	artnership 📄 Limited Partnership rietorship 📄 Mutual ability Partnership 📄 Limited Liability Co. ship	
11.	Is the savings and loan company consolidated in the reporte (only reportable for <i>foreign</i> investments)	er's fina	ncial statements? 🗌 Yes 🗌 No	
Owne	rship Section (report at direct holder level unless otherwise	se note	ed)	
12.	Direct Holder's Name and Location:			
	Legal Name		City, State/Province, Country	
	Percentage of a Class of Voting Shares:%	14.	Control by Direct Holder:	□ No
13.b.	Percentage of Nonvoting Equity:%	15.	Control by Reporter:	🗌 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 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	

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 hold 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 ut a reporter's directly or indirectly held interests in a Nonbanking Corr avings associations acquired by a BHC and transactions involving SLH	ipany.			
	associations should be reported on the Savings and Loan Schedule.			Check box if c	
1.a.	Event Type (check all that apply):	1.t		M / DD / YYYY)	
	 Acquisition of a Going Concern De Novo Formation Liquidation External Transfer Internal Transfer Change in Other, describe: 	Chara	rship	 No Longer Reportat Became Inactive Became 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	ng Company
	City and County (Physical Location)		If Relocation or Correction,	Prior City and County (Physical Lo	cation)
	State / Province, Country, and Zip / Postal Code		If Relocation or Correction, F	Prior State / Province, Country, and Zip	o / Postal Code
	State or Country (if foreign) of Incorporation			Prior State or Country (if foreign) o	f 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 Regu	-	
4.b.	Is the Nonbanking Company a Financial Subsidiary of an ir	sured	depository institution?	🗌 Yes 🗌 No	
5.	Fiscal Year End (IHCs Only):				
6. 7. 8.b.	□ Subject to 13(a) or 15(d) of SEC □ Terminated or suspended report	C Act of ting re	of 1934, but not Sectio		
9.	Nonbanking Company Type (see instructions for list):				
	□ Other, describe:				
10.	Business Organization Type: Corporation Ge Business Trust Sc	le Pro nited L	Partnership prietorship iability Partnership rship	 Limited Partnership Mutual Limited Liability Co./Co 	rp.
11.	Is the Nonbanking Company consolidated in the reporter's Answer the above question only if the Nonbanking Compa (a) Consolidated subsidiary in a foreign country; (b) a major	ny is o	ne of the following "fo		
Owne	rship Section (report at direct holder level unless otherv	vise no	oted)		
12.	Direct Holder's Name and Location:		City (Note (Province Country	
13.a.	Legal Name Percentage of a Class of Voting Shares: □ 100% □ 80% to <100%		Control by Direct Hole Regulation K, Subpar	t A Investments:	0
13.b.	Other Interest: Yes No		 ☐ Joint Venture ☐ Subsidiary 		
13.c.	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 ap	plicable):
	General Partner/Managing Member		Logar Hame or Former Dife		
	Limited Partner/Non-Managing Member		City, State / Province, Cour	try	

Nonbanking Schedule—Continued

Activity and Legal Authority Section (for list of FRS lega	al 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			

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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.	First Full Cal	endar 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 appli	es 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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For Federal Reserve Bank Use Onl	у
ID_RSSD_TOP (top-tier BHC)	
ID_RSSD_E1 (direct holder)	
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. Check box if correction \Box

Post-Transaction Notice Section

1.a.	Event	Туре	(check one only):	
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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

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

3.b.

(MM / DD / YYYY)

If Name Change or Correction, Prior Legal Name

Country

12/2015

Initial Investment	
Divectiture	

Divestiture

3.a.

□ No Longer Reportable

Legal Name of Nonfinancial Company

City and County (Physical Location)

Name Change

2.	Direct Holder's Name and
	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.

Legal Name

City and County

a. % Voting Securities

b.	% Total Equity

% Assets c.

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

1.b. Date of Event:

(MM / DD / YYYY)

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:
	 Opening (De Novo) Sale of Branches Sale of Branches Closure Name Change Other, describe: 	🗌 Reloca	(MM / DD / YYYY) tion of Branches through Merger/Absorption tion n of Erroneously Reported Branch/Office
Ch	aracteristics Section		
2.	Check applicable service type:		
	Full Service Limited Service Trust	Electronic	Banking
3.a.	Popular Name	3.b.	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		
ID_RSSD		Pag
County, State and Country Code		
ID_RSSD_HD_OFF		
City and Country Code		

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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. Date of Event:		
	□ Opening □ Closure □ Relocation	(MM / DD / YYYY)		
	Other, describe:			
Ch	aracteristics Section			
2.	Office Type:			
	□ Full-Service Branch □ Shell Branch □ Othe	r		
3.	Date of Board Consent or Prior Notification (if applicable):			
4.		(MM / DD / YYYY)		
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	ce	
3.	Popular Name			
4.a.	Current Address	2	l.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			