# **Report of Changes in Organizational Structure**

## Online

FR Y-10

Examples

# **Table of Contents**

nitial Reporting of a Top-Tier BHC (New FR Y-10 Reporter)	3
nitial Reporting of a Top-Tier Non-qualifying or Qualifying FBO (New FR Y-10 Reporter)	5
nitial Reporting of a Mid-Tier Qualifying FBO (New FR Y-10 Reporter)	7
nitial Reporting of an Unaffiliated National or State Member Bank (New FR Y-10 Reporter)	8
nitial Reporting of an Unaffiliated Edge or Agreement Corporation (New FR Y-10 Reporter)	9
Opening of a De Novo Mid-Tier BHC or FBO	10
Opening of a De Novo U.S. Bank or State Savings Bank (no 10(L) election) by a BHC or FBO	11
Opening of a De Novo Nonbanking Company	12
Acquisition of a BHC or FBO (Qualifying or Non-qualifying)	13
Acquisition of a U.S. Bank or State Savings Bank (no 10(L) election) by a BHC or FBO	14
Acquisition of a Nonbanking Company	15
Changes to a Reportable or Newly Reportable BHC or FBO	21
Changes to a Reportable or Newly Reportable U.S. Bank or State Savings Bank (no 10(L) election) by a BHC or FBO	22
Changes to a Reportable or Newly Reportable Nonbanking Company	24
nternal Transfer of a BHC, FBO, or Banking Company by a Direct Holder	25
Partial Internal Transfer of a BHC, FBO, or Banking Company by a Direct Holder	26
External Transfer or Sale of a BHC, FBO, or Banking Company by a Direct Holder	28
nternal Transfer of a Nonbanking Company by a Direct Holder	<b>2</b> 9
Partial Internal Transfer of a Nonbanking Company by a Direct Holder	30
External Transfer or Sale of a Nonbanking Company by a Direct Holder	32
Company is No Longer Reportable Due to Liquidation	33
Company is No Longer Reportable Due to a Complete External Transfer or Sale by All Direct Holders	34
Company is No Longer Reportable Due to Inactive Status	35
Company is No Longer Reportable Due to Reduction in Ownership or Control	36
Company is No Longer Reportable Due to Change in Legal Authority	37
Company (Including the Reporter Itself) is No Longer Reportable Due to - Other	38
Merger Involving an Insured Depository Institution	40
Merger Involving a FBO, BHC, SLHC or Nonbanking Company	44
New Activity Commenced Directly by an FHC or Through an Existing Subsidiary	46

# FR Y-10 Report of Changes in Organizational Structure

# Online Examples

New Activity Commenced Through the Acquisition of a Going Concern	47
New Activity Commenced Through the Acquisition of a Going Concern	48
New Activity Commenced Through a De Novo Formation	49
Merchant Banking or Insurance Company Investments	51
Branch, Agency and Representative Offices of FBOs	53
Foreign Branches of U.S. Banking Organizations	54
U.S. Depository Institution Domestic Branch - Other	55
U.S. Depository Institution Domestic Branch Opening	58
U.S. Depository Institution Domestic Branch Name Change and Relocation	59
U.S. Depository Institution Domestic Branch Change in Service Type	60
Depository Institutions Domestic Branch Purchase or Sale	61
Depository Institutions Domestic Branch Closing	65
Initial Reporting of a Top-Tier SLHC (New FR Y-10 Reporter)	66
Opening of a De Novo Lower-Tier SLHC	68
Opening of a De Novo U.S. Savings Association	69
Acquisition of a Savings and Loan Holding Company	70
Acquisition of a U.S. Savings Association	71
Changes to a Reportable or Newly Reportable SLHC	72
Changes to a Reportable or Newly Reportable U.S. Savings Association	73
Internal Transfer of a SLHC or Savings Association by a Direct Holder	75
Partial Internal Transfer of a SLHC or Savings Association by a Direct Holder	76
External Transfer or Sale of a SLHC or Savings Association by a Direct Holder	78

#### De Novo Formations and New FR Y-10 Reporters

Event Reference 101

## Initial Reporting of a Top-Tier BHC (New FR Y-10 Reporter)

Schedule 1 of 2 – Used to report the new BHC

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king Company, a top-tier							us Dank Hes Only			
k holding company, is	Bankir	ng Schedule				For Federal Recen				age 2 of 9
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BHC, and	Charact	eristics Section								
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the formation of the		001 Redline Avenue			3.b.					
new bank and its		urrent Street Address (Physical Loc Redline, Alameda	ation)			If Relocation or Corr	ection, Prior Stree	t Address (Physic	cai Location)	)
relationship with the		Ity and County				If Relocation or Corr	ection. Prior City a	and County		
BHC		A, United States, 94501								
DIIC		tate / Province, Country, and Zip / P	ostal Code			If Relocation or Corre	ction, Prior State /	Province, Country,	and Zlp / Po	stal Code
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king or Nonbanking	9. B 10. B 11. is (c) Owners 12. D 13.a. P 13.b. P 13.c. O 13.d. if lia iii C Activity &	BUSIP Number: 12 3 4 leading six digital stanking Company Type: 12 leading six digital stanking Company Type: 13 leading six digital stanking Company Type: 14 leading six digital stanking Company at the Company is a company in the company of the company is a sability company as indicated at the appropriate ownersh 12 General Partner/Managin 14 limited Partner/Mon-Manand Legal Authority Sectivity Type	Terminated or    5   8     9   15   8     Other, please	8. Tax ID Nun FBO U. describe: ion 5 Trust 5 tive 5 Inan Liability Limited ease describe: reporter's finan ef unless otherw ame 6 Preship or limited ove, please indi- referent holder: r FRS legal authori NAICS e Activity C	orting non-ber: [ Genee Sole I Limite Partner 14. 15. 18.	equirements und  94 - 1 2 3  Imercial Bank  ral Partnership  Proprietorship d Liability Partne ship  tements?  ed)  Control by Dir Control by Rel Former Direct Legal Name of Fo  City, State / Provin	er 13(a) or 15(  14 5 6 7  U.S. Sta  ership  City, State/Province tholder: porter: Holder's Nammer Direct Holder oe, Country  of these instructors	te Chartered : Limited Pa Mutual Limited Lia No  oe, Country Yes Yes are and Location	Savings E  rtnership  ability Co.	/Corp.

#### De Novo Formations and New FR Y-10 Reporters

Event Reference 101

## Initial Reporting of a Top-Tier BHC (New FR Y-10 Reporter) - continued

Schedule 2 of 2 – Used to report the new Bank and its relationship to the BHC

Use this	king Schedule s schedule to report information abou ny, and about a reporter's directly or g Company.		_	For Federal Receive ID_RSSD_E1 (direct ID_RSSD_E2 (report if applicable, former (	holder)	Cheek ho	FR Y-10 Page 2 of
1.a.	Event Type (check all that apply):		1.b.	Date of Event:			x ii correction L
		☐ Liqu ☐ Cha	nge in Charact	hip	☐ Bed	Longer Repo	re ly Contracted
Chara	cteristics Section						
2.a.	Tri-Cities Bank		2.b.				
	Legal Name of Banking Company			If Name Change or Co	orrection, Prior Le	egal Name of Ba	anking Company
3.a.			3.b.		-t		
	Current Street Address (Physical Location)			If Relocation or Corre	ction, Prior Street	t Address (Physic	ical Location)
	Redline, Alameda			w materials	des De Si	and Country	
	City and County			If Relocation or Corre	ction, Prior City a	ina County	
	CA, United States, 94501			wm-1			
	State / Province, Country, and Zip / Postal C	200é		If Relocation or Correct	oon, Prior State / F	Province, Country,	y, and Zip / Postal Co
	CA State or Country (If foreign) of incorporation			If Relocation or Corre	otion Drior State	or Country (If for	reion) of incomorati
							reign) of moorporation
4.	Date Opened: 07/01/yyyy (MM / DD / YYYY)		5.	Fiscal Year End (	FBOs and BI		MM/DD)
6.	☐ Subje	ect to 13(a) or 15	d) of SEC Act	a) or 15(d) of SEC of 1934, but not S equirements unde	ection 404 of	SOX Act	
7.	CUSIP Number: 7 8 9 1 0 1	1 8 Tav	ID Nomban	15 - 123	41122		
	not required for FBOs leading six digits only	y C. Tax	ID Number: L	1)(5) - [1)(2)(3)(	70120		
9.	Banking Company Type:  BHC	y	U.S. Com		_	te Chartered	Savings Bank
	Banking Company Type:   BHC  Other  Business Organization Type:	FBO FBO cr, please describe Corporation Business Trust Cooperative Limited Liability I	U.S. Com Gener Sole F Limited	mercial Bank ral Partnership Proprietorship rd Liability Partner	U.S. Stat	Limited Pa	
9.	Banking Company Type:   BHC  Other  Business Organization Type:	FBO  r, please describe  Corporation  Business Trust  Cooperative  Limited Liability I  Other, please de  ted in the reporter	U.S. Com  Genei Sole f Limited Limited Partner	mercial Bank ral Partnership Proprietorship Id Liability Partner ship	U.S. Stat	Limited Pa	artnership
9.	Banking Company Type:  BHC Other  Business Organization Type:	y  : ☐ FBO  :r, please describe  Corporation  Business Trust  Cooperative  Limited Liability I  Other, please deted in the reporter  nents)	U.S. Com : Genee Sole f Limited Partner scribe: 's financial state	mercial Bank ral Partnership Proprietorship d Liability Partner ship	U.S. Stat	Limited Pa Mutual Limited Lia	artnership
9. 10. 11. Owne	Banking Company Type:  BHC Other  Business Organization Type:	FBO FROP FROP FROP FROP FROP FROP FROP FRO	□ U.S. Com     □ Genee     □ Sole f     □ Limite     imited Partner scribe:     's financial state otherwise note	mercial Bank ral Partnership Proprietorship Id Liability Partner Ship Idements?	U.S. Stat	Limited Pa Mutual Limited Lia	artnership ability Co./Corp.
9.	Banking Company Type:  BHC Other  Business Organization Type:	FBO FROP FROP FROP FROP FROP FROP FROP FRO	□ U.S. Com     □ Genee     □ Sole f     □ Limite     imited Partner scribe:     's financial state otherwise note	mercial Bank ral Partnership Proprietorship d Liability Partner ship tements?	U.S. Stat	Limited Pa Mutual Limited Lia	artnership ability Co./Corp.
9. 10. 11. Owne	Banking Company Type: BHC Other Business Organization Type: BHC Business Organization Type:	FBO cr, please describe Corporation Business Trust Cooperative Limited Liability L Other, please de ted in the reporter nents) colder level unless n: Tri-Cities Bar Legal Name	U.S. Com  Gener Sole F Limite Limited Partner scribe: 's financial state otherwise note	mercial Bank ral Partnership Proprietorship d Liability Partner ship tements?  [2] [2] [3] [4] [5] [6] [7] [7] [8] [8] [8] [8] [8] [8] [8] [8] [8] [8	U.S. Stat	Limited Pa Mutual Limited Lia No  United State, Country	artnership ability Co./Corp.
9. 10.  11.  Owne 12. 13.a.	Banking Company Type:  BHC Other  Business Organization Type:  BIS	FBO cr, please describe Corporation Business Trust Cooperative Limited Liability I Other, please de ted in the reporter nents) colder level unless n: Tri-Cities Bar Legal Name hares: 100.00 %	U.S. Com  Gener Sole F Limite Limited Partner scribe: 's financial state otherwise note king Compar	mercial Bank ral Partnership Proprietorship d Liability Partner ship tements?  [2] [2] [3] [4] [5] [6] [6] [7] [7] [7] [8] [7] [8] [8] [8] [8] [8] [8] [8] [8] [8] [8	U.S. Stat	Limited Pa Mutual Limited Lia  No  United State De, Country  Yes	artnership ability Co./Corp. tes
9. 10. 11. Owne 12. 13.a. 13.b.	Banking Company Type:  BHC Other Business Organization Type:  Business Org	FBO cr, please describe Corporation Business Trust Cooperative Limited Liability L Other, please de ted in the reporter nents) colder level unless n: Tri-Cities Bar Legal Name	U.S. Com  Gener Sole F Limite Limited Partner scribe: otherwise note king Compar	ral Partnership Proprietorship d Liability Partner ship tements?  Cod) Control by Direct Control by Report	U.S. Stat	Limited Pa Mutual Limited Lia  No  United State De, Country Yes Yes	tes
9. 10.  11.  Owne 12. 13.a.	Banking Company Type:  BHC Other Business Organization Type:  BHC Business Organization Type:	FBO cr, please describe Corporation Business Trust Cooperative Limited Liability I Other, please de ted in the reporter nents) colder level unless n: Tri-Cities Bar Legal Name hares: 100.00 %	U.S. Com  Gener Sole F Limite Limited Partner scribe: 's financial state otherwise note king Compar	mercial Bank ral Partnership Proprietorship d Liability Partner ship tements?  [2] [2] [3] [4] [5] [6] [6] [7] [7] [7] [8] [7] [8] [8] [8] [8] [8] [8] [8] [8] [8] [8	U.S. Stat	Limited Pa Mutual Limited Lia  No  United State De, Country Yes Yes	tes
9. 10. 11. Owne 12. 13.a. 13.b. 13.c.	Banking Company Type:  BHC Other  Business Organization Type:  BIS Business Organization Type:  BHC Distance Type:  BIS BUSINESS OF TYPE:  BIS BUS	FBO  FBO  FROP  FR	□ U.S. Com     □ Genee     □ Sole f     □ Limite     imited Partner     scribe:     's financial stat     otherwise note     iking Compar     14.     15.     16.  Ilimited se indi-	ral Partnership Proprietorship d Liability Partner ship tements?  Cod) Control by Direct Control by Report	U.S. Stat	Limited Pa Mutual Limited Lia  No  United State  Accountry  Yes Yes and Location	tes
9. 10. 11. Owne 12. 13.a. 13.b. 13.c.	Banking Company Type:  BHC Other  Business Organization Type:   Is the banking company consolidat (only reportable for foreign investments)  Birch Holder's Name and Location Percentage of a Class of Voting Sheroentage of Nonvoting Equity: Other Interest:  Yes No If the reportable company is a type liability company as indicated in Ite cate the appropriate ownership inte General Partner/Managing Me	FBO cr, please describe Corporation Business Trust Cooperative Limited Liability I Other, please de ted in the reporter nents) colder level unless n: Tri-Cities Bar Legal Name hares: 100.00 % e of partnership or er 10 above, plea erest of the direct	□ U.S. Com     □ Genee     □ Sole f     □ Limite     imited Partner     scribe:     's financial stat     otherwise note     iking Compar     14.     15.     16.  Ilimited se indi-	mercial Bank ral Partnership Proprietorship d Liability Partner ship tements?  [ad) Control by Direct Control by Repi Former Direct H	U.S. State  Ship  Yes  Redline, CA, tty, State/Province t Holder: orter: dolder's Name	Limited Pa Mutual Limited Lia  No  United State  Accountry  Yes Yes and Location	tes
9. 10. 11. Owne 12. 13.a. 13.b. 13.c.	Banking Company Type:  BHC Other Business Organization Type:  Business Organization Type:  Business Organization Type:  Business Organization Type:  BHC Other Business Organization Type:  BHC Company consolidat (only reportable for foreign investments)  Thip Section (report at direct head Direct Holder's Name and Location Percentage of a Class of Voting Sherocompany of Nonvoting Equity:  Other Interest:  Yes No Notice Type I should be appropriate ownership interested the proportion of the properties of the proportion of the properties of the prop	FBO  If please describe  Corporation  Business Trust  Cooperative  Limited Liability I  Other, please de  ted in the reporter  nents)  Incider level unless  Incider level unless  Incider level unless  Tri-Cities Bar  Legal Name  hares: 100.00%  of partnership or  em 10 above, plea  erest of the direct  ember  g Member	U.S. Com  Genee Genee Gole F Limite Limited Partner scribe: 's financial stai otherwise note king Compar  14. 15. 16. limited se indi- holder:	ral Partnership Proprietorship de Liability Partner ship tements?  Control by Direc Control by Rep Former Direct H Legal Name of Form City, State / Provino	U.S. State  Ship  Yes  Redline, CA, tty, State:Province t Holder: orter: dolder's Name her Direct Holder	Limited Pa Mutual Limited Lia  No  United State Re, Country Yes Yes e and Location	tes
9. 10. 11. Owne 12. 13.a. 13.b. 13.c.	Banking Company Type:  BHC Other Business Organization Type:  Business Org	FBO  FBO  FROP  FR	U.S. Com  Genee Genee Gole F Limite Limited Partner scribe: 's financial stai otherwise note king Compar  14. 15. 16. limited se indi- holder:	ral Partnership Proprietorship de Liability Partner ship tements?  Control by Direc Control by Rep Former Direct H Legal Name of Form City, State / Provino	U.S. State  Ship  Yes  Redline, CA, tty, State:Province t Holder: orter: dolder's Name her Direct Holder	Limited Pa Mutual Limited Lia  No  United State  Exp. Country  Yes Yes e and Location	tes
9. 10. 11. Owne 12. 13.a. 13.b. 13.c. 13.d.	Banking Company Type:  BHC Other  Business Organization Type:   Is the banking company consolidat (only reportable for foreign investments of the company consolidat (only reportable for foreign investments)  Percentage of a Class of Voting Sheroentage of Nonvoting Equity: Other Interest:  Yes No If the reportable company is a type liability company as indicated in Ite cate the appropriate ownership interest  General Partner/Managing Me Limited Partner/Non-Managing y and Legal Authority Section	FBO cr, please describe Corporation Business Trust Cooperative Limited Liability I Other, please de ted in the reporter nents) colder level unless n: Tri-Cities Bar Legal Name hares: 100.00% e of partnership or em 10 above, plea erest of the direct ember g Member (for list of FRS legal FRS Legal uthority Code	U.S. Com  Gener Sole F Limite Limited Partner scribe: otherwise note king Compar  14. 15. 18. limited se indi- holder: liauthority codes NAICS NAICS NAICS	ral Partnership Proprietorship d Liability Partner ship tements?  Cod) Control by Direc Control by Repc Former Direct H Legal Name of Form City, State / Province	U.S. State  Ship  Yes  Redline, CA, Ity, State/Province of Holder: orter: Holder's Name oner Direct Holder e, Country  of these instruct Description	Limited Pa Mutual Limited Lia  No  United State  Exp. Country  Yes Yes e and Location	tes
9. 10. 11. Owne 12. 13.a. 13.b. 13.c. 13.d.	Banking Company Type:  BHC Other Business Organization Type:  Business Org	FBO  FBO  FROP  FR	U.S. Com  Genee Sole f Limite Limited Partner scribe: 's financial sta' otherwise note king Compar  14. 15. 18. limited se indi- holder:	ral Partnership Proprietorship de Liability Partner ship tements?  Control by Direc Control by Rep Former Direct H Legal Name of Form City, State / Provino	U.S. State  Ship  Yes  Redline, CA, Ity, State/Province of Holder: orter: Holder's Name oner Direct Holder e, Country  of these instruct Description	Limited Pa Mutual Limited Lia  No  United State  Exp. Country  Yes Yes e and Location	tes
9. 10. 11. Owne 12. 13.a. 13.b. 13.c. 13.d.  Activit	Banking Company Type:  BHC Other  Business Organization Type:   Is the banking company consolidat (only reportable for foreign investments of the company consolidat (only reportable for foreign investments)  Percentage of a Class of Voting Sheroentage of Nonvoting Equity: Other Interest:  Yes No If the reportable company is a type liability company as indicated in Ite cate the appropriate ownership interest  General Partner/Managing Me Limited Partner/Non-Managing y and Legal Authority Section	FBO cr, please describe Corporation Business Trust Cooperative Limited Liability I Other, please de ted in the reporter nents) colder level unless n: Tri-Cities Bar Legal Name hares: 100.00% e of partnership or em 10 above, plea erest of the direct ember g Member (for list of FRS legal FRS Legal uthority Code	U.S. Com  Gener Sole F Limite Limited Partner scribe: otherwise note king Compar  14. 15. 18. limited se indi- holder: liauthority codes NAICS NAICS NAICS	ral Partnership Proprietorship d Liability Partner ship tements?  Cod) Control by Direc Control by Repc Former Direct H Legal Name of Form City, State / Province	U.S. State  Ship  Yes  Redline, CA, Ity, State/Province of Holder: orter: Holder's Name oner Direct Holder e, Country  of these instruct Description	Limited Pa Mutual Limited Lia  No  United State  Exp. Country  Yes Yes e and Location	tes

De Novo Formations and New FR Y-10 Reporters

Event Reference 102

## Initial Reporting of a Top-Tier Non-qualifying or Qualifying FBO (New FR Y-10 Reporter)

Schedule 1 of 2 – Used for the initial reporting of a top-tier FBO

The initial reporting of a top-	
tier Foreign Banking	
Organization (FBO) generally	Banking Schedule For Federal Receive Bank Use Only FR Y-10 Page 2 of 9
consists of two parts:	Use this schedule to report information about a reporter that is a Banking ID_RSSD_EX (reportable company)
A. Reporting the FBO itself,	Company, and about a reporter's directly or indirectly held interests in a  Banking Company.
and	Check box if correction
B. Reporting the opening /	1.a. Event Type (check all that apply):  1.b. Date of Event: 06/01/yyyy
acquisition of its domestic	(MM / DD / YYYY)  ☑ Acquisition of a Going Concern ☐ Change in Ownership ☐ No Longer Reportable
branch, agency, bank,	☐ De Novo Formation ☐ Liquidation ☐ Became Inactive
bank holding company,	☐ External Transfer ☐ Change in Characteristics ☐ Debts Previously Contracted
commercial lending	☐ Internal Transfer ☐ Change in Activity or Legal Authority ☐ Became Reportable ☐ Other, please describe:
company, or Edge or	
agreement corporation	Characteristics Section  2.a. First Foreign Banking Company of Japan 2.b.
0 11 11 11 11	2.a. First Foreign Banking Company of Japan 2.b.  Legal Name of Banking Company f Name of Banking Company 2.b.  If Name Change or Correction, Prior Legal Name of Banking Company
For example, First Foreign	3.a. 2004 Yosukuni Street 3.b.
Banking Company of Japan	Current Street Address (Physical Location) If Relocation or Correction, Prior Street Address (Physical Location)
becomes an FBO through the	Tokyo  City and County If Relocation or Correction, Prior City and County
opening of a domestic agency.	Japan, 100-8330
In this scenario, two schedules	State / Province, Country, and Zlp / Postal Code If Relocation or Correction, Prior State / Province, Country, and Zlp / Postal Code
are required:	Japan  State or Country (If foreign) of Incorporation  If Relocation or Correction, Prior State or Country (If foreign) of Incorporation
1. One Banking schedule to	4. Date Opened: 01/01/yyyy 5. Fiscal Year End (FBOs and BHCs Only): 03/31
report the characteristics	(MM/DD/YYYY) (MM/DD)
	6. SEC Reporting Status: 🛛 Not Applicable 🗆 Subject to 13(a) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act
and activities of the top-	☐ Subject to 13(a) or 15(d) of SEC Act of 1934, but not Section 404 of SOX Act ☐ Terminated or suspended reporting requirements under 13(a) or 15(d) of the SEC Act of 1934
tier FBO, and	
2. One Branch, Agency, and	7. CUSIP Number:           8. Tax ID Number:   -     -
Representative Office	9. Banking Company Type: 🗌 BHC 🛛 FBO 🔲 U.S. Commercial Bank 🔲 U.S. State Chartered Savings Bank
(BARO) Schedule to report	Other, please describe:
the opening of the agency	10. Business Organization Type: 🛛 Corporation 🔲 General Partnership 🔲 Limited Partnership
	☐ Business Trust     ☐ Sole Proprietorship     ☐ Mutual       ☐ Cooperative     ☐ Limited Liability Partnership     ☐ Limited Liability Co./Corp.
The Initial Reporting of a Top-	Limited Liability Limited Partnership
Tier Non-qualifying or	☐ Other, please describe:
Qualifying FBO (New FR Y-10	11. Is the banking company consolidated in the reporter's financial statements?
Reporter) event selection	(only reportable for <i>foreign</i> investments)
assists with the first part of the	Ownership Section (report at direct holder level unless otherwise noted)
reporting.	12. Direct Holder's Name and Location:  Lecal Name City. State/Province. Country
	Legal Name City, State/Province, Country  13.a. Percentage of a Class of Voting Shares: % 14. Control by Direct Holder: ☐ Yes ☐ No
To complete the reporting, you	13.b. Percentage of Nonvoting Equity: % 15. Control by Reporter:
will need to select another	13.c. Other Interest: Yes No 16. Former Direct Holder's Name and Location (if applicable):
event to report the related	13.d. If the reportable company is a type of partnership or limited
event(s).	liability company as indicated in Item 10 above, please indi-
	cate the appropriate ownership interest of the direct holder:  General Partner/Managing Member  City, State / Province, Country
	☐ General Partner/Managing Member City, State / Province, Country ☐ Limited Partner/Non-Managing Member
	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 52211 Commercial Banking
	17.b. Secondary Activity
	(FBOs and BHOs only)  17.c. Termination of Activity
	12/2012

De Novo Formations and New FR Y-10 Reporters

**Event Reference 102** 

#### Initial Reporting of a Top-Tier Non-qualifying or Qualifying FBO (New FR Y-10 Reporter) – cont, Schedule 2 of 2 - Used for the initial reporting of a U.S. Agency of a Foreign Bank

To assist with the opening of the domestic agency, use the event selection of FBO U.S. Branch, Agency, or Representative County, State and Country C ID RSSD HD OFF Office under Branch Activity. Branch, Agency, and Representative Office of Foreign Banking Organizations (FBOs) If a foreign bank became an FBO Schedule (BARO Schedule) through the opening or Use this schedule to report information about U.S. branches, agencies, representative offices, and managed non-U.S. branches of acquisition of a U.S. bank, BHC FBOs, and U.S representative offices of foreign bank subsidiaries of FBOs. or FBO, a Banking Schedule Report all offices, including inactive offices that continue to retain their license. would be used in place of the Check box if correction BARO schedule. 1.a. Event Type (check all that apply): 1.b. Date of Event: 06/01/yyyy (MM / DD / YYYY) If the foreign bank became an ○ Opening License Issued Relocation FBO through the opening or ☐ Change in Office Type ☐ Became Inactive ☐ License Surrendered ☐ Commenced Activities through ☐ Ceased Activities through acquisition of a commercial Managed Non-U.S. Branch Managed Non-U.S. Branch lending company (e.g., New York Other, please describe: Article XII Company) or an Edge Characteristics Section and agreement corporation acquired after March 5, 1987, a 2. Office Type (including managed non-U.S. branches) Nonbanking Schedule would be □ Agency □ Branch ☐ Representative Office used in place of the BARO schedule. Los Angeles Agency Popular Name 4.a. Current Address 4.b. Previous Address (if changes have occurred) 101 Main Street Current Street Address (Physical Location) If Relocation or Correction, Prior Street Address (Physical Location) Los Angeles, Los Angeles City and County If Relocation or Correction, Prior City and County CA, United States, 90010 State, Country, and Zlp / Postal Code If Relocation or Correction, Prior State, Country, and Zlp / Postal Code 5. First Foreign Banking Company of Japan Head Office Legal Name Tokyo, Japan 100-8330 City, Province, Country, and Zip / Postal Code 12/2012

#### De Novo Formations and New FR Y-10 Reporters

Event Reference 103

## Initial Reporting of a Mid-Tier Qualifying FBO (New FR Y-10 Reporter)

in a tiered foreign banking	Bank	ing Schedule			For Federal Reserve Bank Us	a Unity	Page 2 of 9
organization (FBO), where		schedule to report information about a rep	orter that is a Ba	nking	ID_R\$\$D_E1 (direct holder) ID_R\$\$D_E2 (reportable comp	any)	<b>=</b>
one qualifying FBO controls	Compan	y, and about a reporter's directly or indirec			If applicable, former dih		<u> </u>
another qualifying FBO, the	Banking	Company.				Check box	x if correction
top-tier FBO may file on	1.0	Event Type (check all that apply):		1 h	Date of Event: 06/01/	www	
behalf of all lower-tier FBOs	1.4.	Event Type (Gleck all that apply).		1.0.		7/YYYY)	
or the lower-tier FBOs may		Acquisition of a Going Concern	☐ Change in		hip [	No Longer Repo	ortable
		☐ De Novo Formation	Liquidation			Became Inactiv	
choose to file separately.		External Transfer     Internal Transfer	Change in			■ Debts Previous ■ Became Report	•
		Other, please describe:	☐ Change in	Activity	or Legal Authority	Became Report	able
As a new FR Y-10 reporter, the							
initial reporting of the mid-		cteristics Section					
tier FBO consists of two parts:	2.a.	Tokyo Holding, Inc. Legal Name of Banking Company		2.b.	If Name Change or Correction.	Drior Lenal Name of Ra	nkina Company
<ol> <li>Reporting of the mid-tier</li> </ol>	3.a.	1 Obuchi Road		3.b.	irraine onange or correction,	r nor began rame or ba	mang company
FBO itself, and		Current Street Address (Physical Location)			If Relocation or Correction, Price	or Street Address (Physic	cal Location)
2. Reporting of the opening		Tokyo					
/ acquisition of the		City and County			If Relocation or Correction, Price	or City and County	
domestic branch, agency,		Japan, 100-8330 State / Province, Country, and Zip / Postal Code			If Relocation or Correction, Prior	State / Province Country	and 7ln / Postal Code
, , , , , , , , , , , , , , , , , , , ,		Japan				owner rionitie, coully,	, and exp / rooms could
bank, bank holding		State or Country (If foreign) of Incorporation		•	If Relocation or Correction, Price	or State or Country (If for	eign) of incorporation
company, commercial	4.	Date Opened: 01/01/yyyy		5.	Fiscal Year End (FBOs	and BHCs Only): 03	3/31
lending company, or		(MM / DD / YYYY)		-		(M	M/DD)
Edge or agreement	6.	SEC Reporting Status: Not Applicat			a) or 15(d) of SEC Act of		404 of SOX Act
corporation that is held					of 1934, but not Section		
by the mid-tier.					equirements under 13(a)	or 15(d) of the SEC	2 Act of 1934
	7.	CUSIP Number:	8. Tax ID Nur	nber:			
or example, Tokyo Holdings,	9.	Banking Company Type: ☐ BHC 🛛	гво □ и	S. Com	mercial Bank 🔲 U.S	S. State Chartered	Savings Bank
nc., is an existing lower-tier		☐ Other, pleas	e describe:				
qualifying FBO which has	10.	Business Organization Type:   Corpor	ation	Gene	ral Partnership	☐ Limited Pa	rtnership
elected to file separately.			ss Trust		Proprietorship	☐ Mutual	
Depending on the FBO's		Coope			d Liability Partnership	Limited Lia	bility Co./Corp.
structure, one or more of the			Liability Limited	Partner	ship		
following schedules will also			please describe:				
ŭ	11.	Is the banking company consolidated in the	ne reporter's finar	ncial stat	tements?  Yes	☐ No	
need to be filed:		(only reportable for foreign investments)					
Branch, Agency, and		ship Section (report at direct holder le	vel unless other	ise note	ed)		
Representative Office	12.	Direct Holder's Name and Location:	Nama		Other State	Drawines Country	
Schedule	12 -	Legal	Name o/	- 44	-	/Province, Country	□ N=
<ul> <li>Banking Schedule, and/or</li> </ul>		Percentage of a Class of Voting Shares:	%	14.	Control by Direct Hold		□ No
Nonbanking Schedule		Percentage of Nonvoting Equity:9	6	15.	Control by Reporter:	Yes	□ No
3	13.c.	Other Interest: Yes No		16.	Former Direct Holder's	Name and Location	n (if applicable):
he Initial Reporting of a	13.d.	If the reportable company is a type of part liability company as indicated in Item 10 at			Legal Name of Former Direct	Holder	
		cate the appropriate ownership interest of					
Mid-Tier Qualifying FBO		General Partner/Managing Member			City, State / Province, Countr	у	
New FR Y-10 Reporter)		☐ Limited Partner/Non-Managing Memb	er				
election assists with the first	Activity	and Legal Authority Section (for list	of FRS legal author	ity modes	see the Annendix of these	instructions \	
part of the reporting.	Acutil	FRS Leg	al NAIC	3			
Additional events would be		Activity Type Authority C	ode Activity C	ode	De	scription of Activity	
.aaai evento modia de	17.a.	Primary Activity	5511	11	Offices of Bank Holdi	ing Companies	
required to report branches,		Secondary Activity					
	17.b.	Secondary Activity (FBOs and BHCs only) Termination of Activity					

#### De Novo Formations and New FR Y-10 Reporters

Event Reference 104

## Initial Reporting of an Unaffiliated National or State Member Bank (New FR Y-10 Reporter)

mber bank, opens for iness and files its initial FR D. First United Bank is not	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.
trolled by a BHC.	1.a. Event Type (check all that apply):  1.b. Date of Event: 08/01/yyyy
report this event, go to <i>De</i> ro Formations and New  r-10 Reporters and use  event type <i>Initial</i>	Acquisition of a Going Concern Change in Ownership No Longer Reportable De Novo Formation Liquidation Became Inactive External Transfer Change in Characteristics Debts Previously Contracted Internal Transfer Change in Activity or Legal Authority Became Reportable Other, please describe:
orting of an Unaffiliated	Characteristics Section
ional or State Member	2.a. First United Bank
k (New FR Y-10 orter).	3.a. 3423 Investment Boulevard 3.b.  Current Street Address (Physical Location) If Relocation or Correction, Prior Street Address (Physical Location)
riterj.	Richmond, Richmond  City and County  If Relocation or Correction, Prior City and County
	VA, United States, 23219 State / Province, Country, and Zip / Postal Code If Relocation or Correction, Prior State / Province, Country, and Zip / Postal
	VA State or Country (if foreign) of incorporation  If Relocation or Correction, Prior State or Country (if foreign) of incorpor
	4. Date Opened: 08/01/yyyy 5. Fiscal Year End (FBOs and BHCs Only):
	(MM/DD/YYYY) (MM/DD)
	6. SEC Reporting Status:   Not Applicable □ Subject to 13(a) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act □ Subject to 13(a) or 15(d) of SEC Act of 1934, but not Section 404 of SOX Act □ Terminated or suspended reporting requirements under 13(a) or 15(d) of the SEC Act of 1934
	7. CUSIP Number: 8. Tax ID Number: 40 - 2009104
	not required for FBOs   leading six digits only
	not required for FBOs leading six digits only  9. Banking Company Type:   BHC FBO U.S. Commercial Bank U.S. State Chartered Savings Banl  Other, please describe:
	9. Banking Company Type: ☐ BHC ☐ FBO ☒ U.S. Commercial Bank ☐ U.S. State Chartered Savings Banl
	9. Banking Company Type: BHC FBO U.S. Commercial Bank U.S. State Chartered Savings Banl Other, please describe:  10. Business Organization Type: Corporation General Partnership Mutual Cooperative Limited Liability Partnership Limited Liability Co./Co. Limited Liability Limited Partnership Other, please describe:  11. Is the banking company consolidated in the reporter's financial statements? Yes No
	9. Banking Company Type:   BHC FBO U.S. Commercial Bank U.S. State Chartered Savings Bank  Other, please describe:  10. Business Organization Type:   Corporation General Partnership Limited Partnership Mutual  Cooperative Limited Liability Partnership Limited Liability Co./Co.  Limited Liability Limited Partnership  Other, please describe:
	9. Banking Company Type:   BHC   FBO   U.S. Commercial Bank   U.S. State Chartered Savings Bank   Other, please describe:    10. Business Organization Type:   Corporation   General Partnership   Limited Partnership   Mutual   Cooperative   Limited Liability Partnership   Limited Liability Co./Col   Limited Liability Limited Partnership   Other, please describe:    11. Is the banking company consolidated in the reporter's financial statements?   Yes   No (only reportable for foreign investments)  Ownership Section (report at direct holder level unless otherwise noted)  12. Direct Holder's Name and Location:
	9. Banking Company Type: BHC FBO U.S. Commercial Bank U.S. State Chartered Savings Bank  10. Business Organization Type: Corporation General Partnership Mutual Cooperative Limited Liability Partnership Limited Liability Co./Co. Limited Liability Limited Partnership Other, please describe:  11. Is the banking company consolidated in the reporter's financial statements? Yes No (only reportable for foreign investments)  Ownership Section (report at direct holder level unless otherwise noted)  12. Direct Holder's Name and Location:  Legal Name  City, State/Province, Country
	9. Banking Company Type:   BHC   FBO   U.S. Commercial Bank   U.S. State Chartered Savings Bank   Other, please describe:    10. Business Organization Type:   Corporation   General Partnership   Limited Partnership   Mutual   Cooperative   Limited Liability Partnership   Limited Liability Co./Col   Limited Liability Limited Partnership   Limited Liability Co./Col   Limited Liability Partnership   Limited Liability Co./Col   Col   Col
	9. Banking Company Type:   BHC   FBO   U.S. Commercial Bank   U.S. State Chartered Savings Bank   Other, please describe:    10. Business Organization Type:   Corporation   General Partnership   Limited Partnership   Mutual   Cooperative   Limited Liability Partnership   Limited Liability Co./Col   Limited Liability Limited Partnership   Limited Liability Partnership   Limited Liability Co./Col   Limited Liability Partnership   Limited Liability Co./Col   Col   Co
	9. Banking Company Type:   BHC   FBO   U.S. Commercial Bank   U.S. State Chartered Savings Bank   Other, please describe:    10. Business Organization Type:   Corporation   General Partnership   Limited Partnership   Mutual   Cooperative   Limited Liability Partnership   Limited Liability Co./Col   Limited Liability Limited Partnership   Limited Liability Co./Col   Col   Limited Liability Limited Partnership   No   No   No   No   No   No   No   N
	9. Banking Company Type:   BHC   FBO   U.S. Commercial Bank   U.S. State Chartered Savings Bani   Other, please describe:    10. Business Organization Type:   Corporation   General Partnership   Limited Partnership   Mutual   Cooperative   Limited Liability Partnership   Limited Liability Co./Col   Limited Liability Limited Partnership   Limited Liability Co./Col   Col   Col
	9. Banking Company Type:   BHC   FBO   U.S. Commercial Bank   U.S. State Chartered Savings Bani   Other, please describe:    10. Business Organization Type:   Corporation   General Partnership   Limited Partnership   Mutual   Cooperative   Limited Liability Partnership   Limited Liability Co./Col   Limited Liability Limited Partnership   Limited Liability Co./Col   Col   Limited Liability Limited Partnership   No   Other, please describe:   Yes   No   No   No   No   No   No   No   N
	8. Banking Company Type:   BHC   FBO   U.S. Commercial Bank   U.S. State Chartered Savings Bank   Other, please describe:    10. Business Organization Type:   Corporation   General Partnership   Limited Partnership   Mutual   Cooperative   Limited Liability Partnership   Limited Liability Co./Co.
	9. Banking Company Type:   BHC   FBO   U.S. Commercial Bank   U.S. State Chartered Savings Bank   Other, please describe:   10. Business Organization Type:   Corporation   General Partnership   Limited Partnership   Mutual   Limited Liability Partnership   Limited Liability Co./Col   Limited Liability Limited Partnership   Other, please describe:   Other, please describe:   11. Is the banking company consolidated in the reporter's financial statements?   Yes   No   No   (only reportable for foreign investments)    Ownership Section (report at direct holder level unless otherwise noted)   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.   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 liability company as indicated in Item 10 above, please indicate the appropriate ownership interest of the direct holder:   City, State/Province, Country   Limited Partner/Non-Managing Member   City, State/Province, Country   Commercial Banking   Commercia
	8. Banking Company Type:   BHC   FBO   U.S. Commercial Bank   U.S. State Chartered Savings Bank   Other, please describe:   Other, please describe:   Sole Proprietorship   Limited Partnership   Mutual   Cooperative   Limited Liability Partnership   Limited Liability Co./Col   Limited Liability Limited Partnership   Other, please describe:   It is the banking company consolidated in the reporter's financial statements?   Yes   No (only reportable for foreign investments)  Ownership Section (report at direct holder level unless otherwise noted)  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. 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 Cate the appropriate ownership interest of the direct holder:   Legal Name of Former Direct Holder     General Partner/Managing Member   City, State / Province, Country     Limited Partner/Mon-Managing Member   City, State / Province, Country     Limited Partner/Mon-Managing Member   City, State / Province, Country     Limited Partner/Mon-Managing Member   City, State / Province, Country

De Novo Formations and New FR Y-10 Reporters

Event Reference 105

## Initial Reporting of an Unaffiliated Edge or Agreement Corporation (New FR Y-10 Reporter)

i de novo		
	Nonbanking Schedule For Federal Reserve Bank Use Only	FR Y-10 Page 4 of 9
opens for	Use this schedule to report information about a reporter that is a Monhapking Company ID_RSSD_E1 (direct holder)	-   -
les its initial FR	and about a reporter's directly or indirectly held interests in a Nonbanking Company.	-
	Note: Savings associations acquired by a BHC and transactions involving SLHCs and	
dge	savings associations should be reported on the Savings and Loan Schedule. Check box if	correction L
not BHC or FBO.	1.a. Event Type (check all that apply):  1.b. Date of Event:   (MM / DD / YYYY)	
, OI FBO.	☐ Acquisition of a Going Concern ☐ Change in Ownership ☐ No Longer Reportal	ble
	☐ De Novo Formation ☐ Liquidation ☐ Became Inactive	
to <b>De</b>	☐ External Transfer ☐ Change in Characteristics ☐ Became Reportable	2
w	☐ Internal Transfer ☐ Change in Activity or Legal Authority ☐ Other, please describe:	
9		
eport-	Characteristics Section	
ge	2.a. Banking Edge International 2.b. Legal Name of Nonbanking Company 2.b. If Name Change or Correction, Prior Legal Name of Nonbani	king Company
on	3.a. Chicago, Cook, 3.b.	king company
	City and County (Physical Location)  If Relocation or Correction, Prior City and County (Physical L	.ocation)
	IL, United States, 60604	
	State / Province, Country, and Zip / Postal Code If Relocation or Correction, Prior State / Province, Country, and J	Zip / Postal Code
	DE 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 subsidiary, indicate its functional regulator:	
	If the Nondanking Company is a functionally regulated subsidiary, indicate its functional regulator:	
	☐ CFTC only ☐ State Securities Department ☐ State Insurance Regulator	
	Is the Nonbanking Company a Financial Subsidiary of an insured depository institution?	
	6. SEC Reporting Status: Not Applicable Subject to 13(a) or 15(d) of SEC Act of 1934 and Section 404 or	f SOY Act
	Subject to 13(a) or 15(d) of SEC Act of 1934, but not Section 404 of SOX Act	II SOX ACL
	☐ Terminated or suspended reporting requirements under 13(a) or 15(d) of the SEC Act	of 1934
	7. CUSIP Number: 8. Tax ID Number: 40 - 2009105 see instructions for leading six digits only when scellotable	
	Nonbanking Company Type (see instructions for list): Banking Edge or Agreement Corporation	
	Other, please describe:	
	10. Business Organization Type:  ☐ Corporation ☐ General Partnership ☐ Limited Partnership	
	☐ Business Trust ☐ Sole Proprietorship ☐ Mutual	
	☐ Cooperative ☐ Limited Liability Partnership ☐ Limited Liability Co./C	orp.
	☐ Limited Liability Limited Partnership	
	Other, please describe:	
	11. Is the Nonbanking Company consolidated in the reporter's financial statements?	
	Answer the above question only if the Nonbanking Company is one of the following "foreign" offices: (a) Consolidated subsidiary in a foreign country; (b) a majority-owned Edge or agreement subsidiary	
	Ownership Section (report at direct holder level unless otherwise noted)	
	Ownership Section (report at direct holder level unless otherwise noted)  12. Direct Holder's Name and Location:	No
	Ownership Section (report at direct holder level unless otherwise noted)  12. Direct Holder's Name and Location:  Legal Name  City, State/Province, Country	No
	Ownership Section (report at direct holder level unless otherwise noted)  12. Direct Holder's Name and Location:    Legal Name	No
	Ownership Section (report at direct holder level unless otherwise noted)  12. Direct Holder's Name and Location:    Legal Name	No
	Ownership Section (report at direct holder level unless otherwise noted)  12. Direct Holder's Name and Location:    Legal Name	
	Ownership Section (report at direct holder level unless otherwise noted)  12. Direct Holder's Name and Location:    Legal Name	
	Ownership Section (report at direct holder level unless otherwise noted)  12. Direct Holder's Name and Location:    Legal Name	
	Ownership Section (report at direct holder level unless otherwise noted)  12. Direct Holder's Name and Location:    Legal Name	
	Ownership Section (report at direct holder level unless otherwise noted)  12. Direct Holder's Name and Location:    Legal Name	
	Ownership Section (report at direct holder level unless otherwise noted)  12. Direct Holder's Name and Location:    Legal Name	
	Ownership Section (report at direct holder level unless otherwise noted)  12. Direct Holder's Name and Location:    Legal Name	
	Ownership Section (report at direct holder level unless otherwise noted)  12. Direct Holder's Name and Location:    Legal Name	
	Ownership Section (report at direct holder level unless otherwise noted)  12. Direct Holder's Name and Location:    Legal Name	
	Ownership Section (report at direct holder level unless otherwise noted)  12. Direct Holder's Name and Location:    Legal Name	

#### De Novo Formations and New FR Y-10 Reporters

Event Reference 106

#### Opening of a De Novo Mid-Tier BHC or FBO

The business event of *Opening* of a De Novo Mid-Tier BHC or FBO should be used to report the de novo formation of a midtier bank holding company (BHC) or a mid-tier foreign banking organization (FBO). The new mid-tier company is not the reporter.

When reporting a de novo formation of a BHC or FBO, two schedules are generally required. One schedule reflects the characteristics of and the investment in the newly formed

company. The second schedule may reflect the opening, acquisition, or transfer of a company to the mid-tier company. If the mid-tier company is an FBO, the second schedule should reflect the ownership of a U.S. branch, agency, or representative office.

If the new mid-tier company was held by more than one direct holder, an additional Banking Schedule would be required for each holder.

In this example, Affinity Mid-Tier BHC is a newly formed and wholly-owned company of Affinity Bank Holding Company (the reporter). The characteristics of and ownership information of the newly formed company must be provided.

The business event of *Opening* of a De Novo Mid-Tier BHC or FBO will produce this schedule. Complete additional events for any reportable companies, branches or agencies held by the de novo mid-tier company.

	king Schedule				For Federal Rese ID_RSSD_E1 (din	ect holder\		Page 2 of 9
lse this	schedule to report information abo	out a reporter t	that is a Bank	ing	ID_RSSD_E2 (rep	ortable company)		_
	ny, and about a reporter's directly o	r indirectly hel	d interests in	а	If applicable, form	er dih .		
anking	Company.						Check box	if correction
1.a.	Event Type (check all that apply):			1.b.	Date of Event	: 07/01/yyy		
	☐ Acquisition of a Going Concer	n 🗆	Change in O	wnersl	hip		No Longer Repo	rtable
	☑ De Novo Formation		Liquidation			□ E	Became Inactive	
	External Transfer		Change in Cl	haract	eristics		Debts Previously	Contracted
	☐ Internal Transfer		Change in Ad	ctivity o	or Legal Authori	ty 🗆 E	Became Reporta	ible
	Other, please describe:							
hara	cteristics Section							
2.a.	Affinity Mid-Tier BHC			2.b.				
	Legal Name of Banking Company				If Name Change or	Correction, Prior	r Legal Name of Bani	king Company
3.a.				3.b.				
	Current Street Address (Physical Location)				If Relocation or Cor	rection, Prior Str	eet Address (Physica	al Location)
	Yakima, Yakima				If Delegation of Co.	anakan Delay Ort	and County	
	City and County				If Relocation or Cor	rection, Phor City	y and County	
	WA, United States, 98902 State / Province, Country, and Zip / Postal (	Code			If Relocation or Com	ection. Prior State	/ Province, Country, a	and Zip / Postal Code
	DE				II Velocation of Con-	ecoon, Filor Otale	: / Flowing, County, C	and Zip / Footal Cook
	State or Country (If foreign) of Incorporation	1			If Relocation or Cor	rection, Prior Sta	ate or Country (If fore	ign) of incorporation
4.	Date Opened: 07/01/yyyy			5.	Fiscal Year End	d (FBOs and	BHCs Only): 12	
	(MM / DD / YYYY)						MN 4 and Section 4	MDD)
	Tern				of 1934, but not equirements und		of SOX Act 5(d) of the SEC	Act of 1934
_				_			1	
7.	CUSIP Number: 1 2 3 4 5   not required for FBOs leading six digits on	ly		ber:	24 - 122	_		
7. 9.	not required for FBOs leading six digits on Banking Company Type:	ly	u.s.	ber:	2 4 - 1 2 2 mercial Bank	_	] tate Chartered S	
	not required for FBOs leading six digits on Banking Company Type: BHC Other  Business Organization Type: D	ly	u.s.	Gener Sole F	mercial Bank al Partnership Proprietorship d Liability Partn	□ u.s. s		Savings Bank tnership
9.	not required for FBOs leading six digits on Banking Company Type: BHC Other Business Organization Type:	FBC FR please des Corporation Business Tru Cooperative	U.S. cribe:	Gener Sole F	mercial Bank al Partnership Proprietorship d Liability Partn	□ u.s. s	tate Chartered S	Savings Bank tnership
9.	not required for FBOs leading six digits on Banking Company Type: BHC Other Business Organization Type:	ly  Corporation Business Tru Cooperative Limited Liabi Other, please	U.S. cribe: ust uity Limited Predescribe:	Gener Sole F Limite	mercial Bank ral Partnership Proprietorship d Liability Partn ship	U.S. St	tate Chartered S	Savings Bank tnership
9.	not required for FBOs leading six digits on Banking Company Type: BHC Other Business Organization Type: BUSINESS O	ly  Cr. please designer, please designer, please designers Tructooperative Limited Liabio Other, please ited in the reprenents)	U.S cribe:	Gener Sole F Limite artner	mercial Bank  al Partnership  Proprietorship  d Liability Partn ship  ements?	U.S. St	tate Chartered S Limited Par Mutual Limited Liat	Savings Bank tnership
9.	Banking Company Type: BHC Oth  Business Organization Type: BHC  Bu	by FBO car, please desi Corporation Business Tru Cooperative Limited Liabi Other, please ated in the rep ments) colder level un m.: Affinity Be	U.S. cribe: ust lifty Limited P. e describe: orter's financi	Gener Sole F Limite artner	mercial Bank ral Partnership roporietorship d Liability Partn ship ements?	U.S. Si	Limited Par Mutual Limited Liab	Savings Bank thership bility Co./Corp.
9. 10. 11. Owner	Banking Company Type: BHC  Business Organization Type: BHC  Busine	Properties of the properties o	U.S. cribe:  ust  ust  ust  ust  ust  ust  ust  us	Gener Sole F Limite artner	mercial Bank ral Partnership roporietorship d Liability Partn ship ements?	U.S. Si ership  Yes  Yakima, W City, State/Prov	Limited Par Mutual Limited Liab	Savings Bank thership bility Co./Corp.
9. 10. 11. Owner 12. 13.a.	Banking Company Type: BHC Other Business Organization Type: BHC Other	FBO	U.S. cribe:  ust  ust  ust  ust  ust  ust  ust  us	Gener Sole F Limite artners ial stat	mercial Bank  al Partnership rroprietorship d Liability Partn ship ements?	U.S. Si ership  Yes  Yakima, W City, State/Provinct Holder:	Limited Par Mutual Limited Liab	thership bility Co./Corp.
9. 10. 11. Owner 12. 13.a. 13.b.	Banking Company Type: BHC  Business Organization Type: BHC  Busine	FBO	U.S. cribe:  ust  ust  ust  ust  ust  ust  ust  us	Gener Sole F Limite artner: ial stat Comp	al Partnership reprietorship d Liability Partn ship ements?  cd) cany  Control by Dir Control by Re	U.S. Si ership  Yes  Yakima, W City, State/Proviect Holder:	Limited Par Mutual Limited Liab  No  A, United State Inne, Country  Yes Yes	thership bility Co./Corp.
9. 10. 11. <b>Dwne</b> : 12. 13.a. 13.b.	Banking Company Type: BHC Other Business Organization Type: BHC Business Organization Type: BH	FBO	U.S cribe:  ust  lity Limited P e describe: orter's financi lless otherwis ank Holding	Gener Sole F Limite artner:  14. 15.	ral Partnership Proprietorship d Liability Partn ship ements? ed) Control by Dir Control by Re Former Direct	U.S. Si ership  Yes  Yakima, W City, State/Prov- eet Holder:	Limited Par Mutual Limited Liat No  A, United State Inne, Country Yes Yes me and Location	thership bility Co./Corp.
9. 10. 11. <b>Dwne</b> : 12. 13.a. 13.b.	Banking Company Type: BHC Other Business Organization Type: BHC BHC BHC BUSINESS Organization Type: BHC BHC BHC BUSINESS Organization Type: BHC	Properties of partnershipment 10 above, erest of the di	U.S. cribe:  ust  lity Limited P e describe: orter's financi less otherwis ank Holding	Gener Sole F Limite artner:  14. 15.	al Partnership Proprietorship d Liability Partn ship ements? ed) Control by Dir Control by Re Former Direct Legal Name of Fo	U.S. Si ership  Yes  Yakima, W City, State/Prov rect Holder: eporter: t Holder's Nai	Limited Par Mutual Limited Liat No  A, United State Inne, Country Yes Yes me and Location	thership bility Co./Corp.
9. 10. 11. <b>Dwne</b> : 12. 13.a. 13.b.	Banking Company Type: BHC Other Business Organization Type: BHC Business Organization Type: BH	Properties of partnership en 10 above, erest of the diember	U.S. cribe:  ust  lity Limited P e describe: orter's financi less otherwis ank Holding	Gener Sole F Limite artner:  14. 15.	ral Partnership Proprietorship d Liability Partn ship ements? ed) Control by Dir Control by Re Former Direct	U.S. Si ership  Yes  Yakima, W City, State/Prov rect Holder: eporter: t Holder's Nai	Limited Par Mutual Limited Liat No  A, United State Inne, Country Yes Yes me and Location	thership bility Co./Corp.
9. 10. 11. <b>Dwne</b> 12. 13.a. 13.b. 13.c. 13.d.	Banking Company Type:  BHC  Business Organization Type:  BHC  Business Organization Type:  BHC  Business Organization Type:  BHC  Cother  Business Organization Type:  BHC  Cother  Business Organization Type:  BHC  Cother  BHC  BHC  BHC  BHC  BHC  BHC  BHC  BH	FBC	u.s cribe: ust	Gener Sole F Limite artner: iial state Comp 14.	ral Partnership Proprietorship d Liability Partn ship ements?  Control by Dir Control by Re Former Direct Legal Name of Fo	U.S. Si ership  Yakima, W City, State/Prov rect Holder: eporter: t Holder's Nai	Limited Par Hutual Limited Liab No  A, United State ince, Country Yes Yes me and Location	thership bility Co./Corp.
9. 10. 11. <b>Dwne</b> 12. 13.a. 13.b. 13.c. 13.d.	Banking Company Type: BHC Other Business Organization Type: BHC Other BHC Ot	FBC	ust U.S.  list Ulity Limited Pe describe: orter's financi lless otherwis ank Holding  p or limited please indirect holder:  legal authority NAICS	Gener Sole F Limite artners ial state note Comp 14. 15. 16.	ral Partnership Proprietorship d Liability Partn ship ements?  Control by Dir Control by Re Former Direct Legal Name of Fo	U.S. Si ership  Yakima, W City, State/Prov erect Holder: eporter: t Holder's Nai omer Direct Hold noe, Country	Limited Par Hutual Limited Liab No  A, United State ince, Country Yes Yes me and Location	thership bility Co./Corp.
9. 11.  Dwnel 12. 13.a. 13.b. 13.c. 13.d.	Banking Company Type: BHC Other Business Organization Type: BHC Other BHC Ot	FBC	u.s.  cribe:  ust  lity Limited P. e describe: corter's financi  less otherwis ank Holding  p or limited please indi- rect holder:  legal authority NAICS Activity Cod	Gener Sole F Limite artners ial state note Comp. 14. 15. 18.	ral Partnership Proprietorship d Liability Partneship d Liability Partneship d Liability Partneship d Control by Dir Control by Dir Control by Re Former Direct Legal Name of For	U.S. Si ership  Yakima, W City, State/Prov- eet Holder: eporter: t Holder's Nai omer Direct Holc noe, Country  x of these instr	Limited Par Mutual Limited Liab No  A, United State Inne, Country Yes Yes He and Location Sider  Limited Par Mutual Violation No  A, United State Inne, Country Yes Inne, Country Inne,	thership bility Co./Corp.
9. 10. 11.  Dwnet 12. 13.a. 13.b. 13.c. 13.d.	Banking Company Type: BHC Other Business Organization Type: BHC Other BHC Ot	FBC	ust U.S.  list Ulity Limited Pe describe: orter's financi lless otherwis ank Holding  p or limited please indirect holder:  legal authority NAICS	Gener Sole F Limite artners ial state note Comp. 14. 15. 18.	ral Partnership Proprietorship d Liability Partn ship ements?  Control by Dir Control by Re Former Direct Legal Name of Fo	U.S. Si ership  Yakima, W City, State/Prov- eet Holder: eporter: t Holder's Nai omer Direct Holc noe, Country  x of these instr	Limited Par Mutual Limited Liab No  A, United State Inne, Country Yes Yes He and Location Sider  Limited Par Mutual Violation No  A, United State Inne, Country Yes Inne, Country Inne,	thership bility Co./Corp.
9. 10. 11. 20wnet 12. 13.a. 13.b. 13.c. 13.d. 17.a. 17.b.	Banking Company Type: BHC Other Business Organization Type: BHC Other BHC Ot	FBC	u.s.  cribe:  ust  lity Limited P. e describe: corter's financi  less otherwis ank Holding  p or limited please indi- rect holder:  legal authority NAICS Activity Cod	Gener Sole F Limite artners ial state note Comp. 14. 15. 18.	ral Partnership Proprietorship d Liability Partneship d Liability Partneship d Liability Partneship d Control by Dir Control by Dir Control by Re Former Direct Legal Name of For	U.S. Si ership  Yakima, W City, State/Prov- eet Holder: eporter: t Holder's Nai omer Direct Holc noe, Country  x of these instr	Limited Par Mutual Limited Liab No  A, United State Inne, Country Yes Yes He and Location Sider  Limited Par Mutual Violation No  A, United State Inne, Country Yes Inne, Country Inne,	thership bility Co./Corp.

**Online** 

#### De Novo Formations and New FR Y-10 Reporters

Event Reference 107

## Opening of a De Novo U.S. Bank or State Savings Bank (no 10(L) election) by a BHC or FBO

Community Bank is formed under an existing bank holding company (Affinity Holding	Use this Compan	ing Schedule schedule to report information by, and about a reporter's direct		_	For Federal Reserve Bank Us ID_RSSD_E1 (direct holder) ID_RSSD_E2 (reportable comp if applicable, former d/h		FR Y-10 Page 2 of 9
Company).	Banking	Company.				Check box	if correction
, ,,	1.a.	Event Type (check all that ap	ply):	1.b.	Date of Event: 04/24/		
One Banking Schedule is		☐ Acquisition of a Going Co ☐ De Novo Formation		Change in Ownersh Liquidation		☐ No Longer Repor ☐ Became Inactive	table
required to report the		External Transfer		Change in Characte		Debts Previously	Contracted
formation of the new bank		Internal Transfer		Change in Activity o	r Legal Authority	Became Reportal	ble
and its relationship with the		Other, please describe:					
BHC (the direct holder).		cteristics Section					
If the bank was held by more	2.a.	Affinity Community Bank Legal Name of Banking Company		2.b.	If Name Change or Correction.	Prior Legal Name of Bank	ing Company
than one direct holder, an	3.a.	2539 Mount Whitney Street	et	3.b.			,,
additional Banking Schedule		Current Street Address (Physical Loc	ation)		If Relocation or Correction, Pric	r Street Address (Physica	Location)
would be required for each		Yakima, Yakima City and County		<del></del>	If Relocation or Correction, Prio	or City and County	
direct holder. Similarly, if the		WA, United States, 98902	!		,	,,	
new bank holds any		State / Province, Country, and Zip / P	ostal Code		If Relocation or Correction, Prior	State / Province, Country, a	nd Zlp / Postal Code
reportable subsidiaries, these		WA State or Country (if foreign) of incorp	oration	<del></del> ;	If Relocation or Correction, Pric	r State or Country (If fore)	gn) of incorporation
would be reported on the	4.	Date Opened: 04/24/yyyy		5.	Fiscal Year End (FBOs a	and BHCs Only):	
appropriate Banking or		(MM / DD / YYYY	)		•	(MM	/DD)
Nonbanking Schedules.	6.			15(d) of SEC Act o	) or 15(d) of SEC Act of f 1934, but not Section 4 quirements under 13(a)	104 of SOX Act	
	7.	CUSIP Number: 5 5 4 6 not required for FBOs leading six dis		Tax ID Number: 3	34 - 773248	1	
	9.	Banking Company Type:	BHC FBO Other, please desc	☑ U.S. Comn cribe:	nercial Bank 🔲 U.S	S. State Chartered S.	avings Bank
	10.	Business Organization Type:	Business Tru Cooperative	st Sole P Limited ity Limited Partners	al Partnership roprietorship I Liability Partnership hip	☐ Limited Part☐ Mutual☐ Limited Liab	
	11.	Is the banking company cons (only reportable for foreign in		orter's financial state	ements? Yes	□ No	
	Owne	rship Section (report at di	rect holder level un	less otherwise note	d)		
	12.	Direct Holder's Name and Lo		lding Company		, WA, United State	s
	13 ~	Percentage of a Class of Vot	Legal Name ing Shares: 100 00	% 14.	City, State/ Control by Direct Holde	Province, Country er: 🛛 Yes	□ No
		Percentage of Nonvoting Equ		.70 14. 15.	Control by Reporter:		□ No
	13.c.		No	16.	Former Direct Holder's		
	13.d.	If the reportable company is a	type of partnership	o or limited			
		liability company as indicated cate the appropriate ownersh			Legal Name of Former Direct	Holder	
		☐ General Partner/Managir	ng Member		City, State / Province, Country	у	
		Limited Partner/Non-Mar	naging Member				
	Activity	y and Legal Authority Sec			see the Appendix of these	instructions.)	
		Activity Type	FRS Legal Authority Code	NAICS Activity Code	De	scription of Activity	
	17.a.	Primary Activity	7	52211	Commercial Banking		
	17.b.	Secondary Activity (FBOs and BHCs only)					
	17.c.	Termination of Activity					
							12/2012

#### De Novo Formations and New FR Y-10 Reporters

Event Reference 108

## **Opening of a De Novo Nonbanking Company**

#### **Formation a Company that Issues Trust Preferred Securities**

In this example, Midwest Non	banking Schedule	For Federal Reserve Bank Use Only FR Y-10 Page 4 of 9
	schedule to report information about a reporter that is a Nonbanking Company	ID_R\$\$D_E1 (direct holder)
and aho	ut a reporter's directly or indirectly held interests in a Nonbanking Company.	' ID_RSSD_E2 (reportable company) If applicable, former d/h
Note: Sa	avings associations acquired by a BHC and transactions involving SLHCs and	
	associations should be reported on the Savings and Loan Schedule.	Check box if correction L
issues trust preferred 1.a.	Event Type (check all that apply): 1.b.	Date of Event: 01/01/yyyy
securities.		(MM / DD / YYYY)
	☐ Acquisition of a Going Concern ☐ Change in Owners	
	☐ De Novo Formation ☐ Liquidation	☐ Became Inactive
	☐ External Transfer ☐ Change in Charact	
	☐ Internal Transfer ☐ Change in Activity	or Legal Authority
	Other, please describe:	
Chara	acteristics Section	
2.a.	Midwest Statutory Trust I 2.b.	
	Legal Name of Nonbanking Company	If Name Change or Correction, Prior Legal Name of Nonbanking Company
3.a.	Saint Louis, Saint Louis 3.b.	
	City and County (Physical Location)	If Relocation or Correction, Prior City and County (Physical Location)
	MO, United States, 63115 State / Province, Country, and Zip / Postal Code	If Relocation or Correction, Prior State / Province, Country, and Zip / Postal Code
	MO	investment of concessor, risk date? Province, country, and 2p? 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 subsidiary,	indicate its functional regulator:
		SEC Only
	☐ CFTC only ☐ State Securities Department ☐ S	State Insurance Regulator
5.	Is the Nonbanking Company a Financial Subsidiary of an insured of	depository institution?
6.		or 15(d) of SEC Act of 1934 and Section 404 of SOX Act
	☐ Subject to 13(a) or 15(d) of SEC Act of	
		quirements under 13(a) or 15(d) of the SEC Act of 1934
7.	CUSIP Number: 8. Tax ID No	umber: 31 - 2009108
	see instructions for leading six digits only when applicable	
9.	Nonbanking Company Type (see instructions for list): Other Com	pany
0.	Other, please describe: Statutory Trust	, and a second
10.	Business Organization Type: Corporation General F	Partnership Limited Partnership
10.	Business Trust ☐ Sole Prop	
		ability Partnership Limited Liability Co./Corp.
	☐ Limited Liability Limited Partner	
	Other, please describe:	Sinp.
11.	Is the Nonbanking Company consolidated in the reporter's financi	al statements? Yes No
11.	Answer the above question only if the Nonbanking Company is or	
	(a) Consolidated subsidiary in a foreign country; (b) a majority-ow	
Our	ership Section (report at direct holder level unless otherwise note	
	•	
12.	Direct Holder's Name and Location: Midwest Holding Company	
	Legal Name	City, State/Province, Country
13.a.		Control by Direct Holder: 🛛 Yes 📙 No
	_	Regulation K, Subpart A Investments:
		Portfolio Investment
	· · · D · · • • • • · · · · · · · · · ·	☐ Joint Venture
		Subsidiary
13.c.		Former Direct Holder's Name and Location (if applicable):
	liability company as indicated in Item 10 above, please indi- cate the appropriate ownership interest of the direct holder:	Land Name of Equation 1
	General Partner/Managing Member	Legal Name of Former Direct Holder
		City, State / Province, Country
	ty and Legal Authority Section (for list of FRS legal authority codes FRS Legal NAICS	s, see the Appendix of these instructions.)
Activi		December of Arthity
Activi	Activity Type Authority Code Activity Code	Description of Activity
	Activity Type Authority Code Activity Code	Other Financial Vehicles
17.a.	Activity Type Authority Code Activity Code Primary Activity 17 52599	
17.a. 17.b.	Activity Type Authority Code Activity Code	

Acquisitions

Event Reference 109

## Acquisition of a BHC or FBO (Qualifying or Non-qualifying)

BHC, a top tier bank holding	Bank	ing Schedule			For Federal Reserve Bank Us	se Only	FR Y-10 Page 2 of 9
company, acquires 95% of		schedule to report information a	about a reporter tha	t is a Banking	ID_RSSD_E1 (direct holder) ID_RSSD_E2 (reportable comp	sany)	
the voting shares of		y, and about a reporter's directly			If applicable, former dih		
Statewide Bancshares.	Banking	Company.				Check box if	correction
Statewide Bancshares has	1.a.	Event Type (check all that appl	y):	1.b.	Date of Event: 08/01/		
been in existence since 1980		Acquisition of a Going Con-	cern □ Ch	ange in Ownershi	-	D/YYYY)  No Longer Reporta	hle
and will become a lower tier		☐ De Novo Formation	_	uidation		Became Inactive	
holding company under		External Transfer		ange in Characte		Debts Previously C	
Interchange BHC.		☐ Internal Transfer ☐ Other, please describe:	∐ Ch	ange in Activity o	Legal Authority	Became Reportable	•
To report this event, use the	Chara	cteristics Section					
Event Type Acquisition of a	2.a.	Statewide Bancshares		2.b.			
		Legal Name of Banking Company			Name Change or Correction	, Prior Legal Name of Banking	Company
Going Concern.	3.a.	2175 East Rich Street Current Street Address (Physical Locati	on)	3.b	Relocation or Correction, Pri	or Street Address (Physical L	ocation)
		Columbus, Franklin	,				,
The acquired BHC's		City and County			Relocation or Correction, Pri	or City and County	
subsidiaries, including all		OH, United States, 43201					
bank and nonbank subs,		State / Province, Country, and Zip / Pos OH	tal Code		Relocation or Correction, Prior	State / Province, Country, and	ZIp / Postal Code
would be reported separately		State or Country (If foreign) of Incorpora	ition		Relocation or Correction, Pri	or State or Country (If foreign	of Incorporation
on Banking and Nonbanking	4.	Date Opened: 06/01/1980		5. F	iscal Year End (FBOs	and BHCs Only): 12/3	
schedules.		(MM / DD / YYYY)			,	(MM/Di	
	6.				or 15(d) of SEC Act of		of SOX Act
Subsequent acquisitions of					1934, but not Section		
additional shares by the same					quirements under 13(a)		t of 1934
direct holder would be	7.	CUSIP Number: 2 2 1 0 9 not required for FBOs leading six digits	9 <u>1</u> 1 8. Ta soniv	x ID Number: 3	1 - 20091	0[9]	
reported as a <i>Change in</i>	9.	Banking Company Type: B	_	U.S. Comm	omial Bank	S. State Chartered Sav	ings Book
Ownership.	8.		ther, please describ		ierdai Barik 🗀 0.	s. state Chartered Sav	ings bank
	10.	Business Organization Type:	□ Corporation	Genera	l Partnership	☐ Limited Partne	ership
			☐ Business Trust		oprietorship	☐ Mutual	
			Cooperative		Liability Partnership	Limited Liabili	y Co./Corp.
			<ul> <li>□ Limited Liability</li> <li>□ Other, please d</li> </ul>	Limited Partners	nip		
	11.	Is the banking company consol (only reportable for foreign inve		er s financial state	ments?  Yes	□ No	
		rship Section (report at dire			-		
	12.	Direct Holder's Name and Loca	ation: Interchange Legal Name	RHC		ous, OH, United State Province, Country	es
!			-				
	13.a.	Percentage of a Class of Voting	g Shares: <u>95.00</u> %	14.	Control by Direct Hold	er: 🛛 Yes 🗀	No
		Percentage of a Class of Voting Percentage of Nonvoting Equit		14. 15.	-		No No
	13.b.	-	y:%		Control by Direct Hold Control by Reporter:		No
	13.b. 13.c.	Percentage of Nonvoting Equit	y:% No	15. 16.	Control by Direct Hold Control by Reporter: Former Direct Holder's	Yes C s Name and Location (i	No
	13.b. 13.c.	Percentage of Nonvoting Equit Other Interest: Yes If the reportable company is a t liability company as indicated in	y:% No ype of partnership o I tem 10 above, ple	15. 16. or limited ase indi-	Control by Direct Hold Control by Reporter:	Yes C s Name and Location (i	No
	13.b. 13.c.	Percentage of Nonvoting Equit Other Interest: Yes X I If the reportable company is a t liability company as indicated it cate the appropriate ownership	y:%  No ype of partnership o Item 10 above, ple interest of the direc	15. 16. or limited ase indi-	Control by Direct Hold Control by Reporter: Former Direct Holder's Legal Name of Former Direct	⊠ Yes □ s Name and Location (i	No
	13.b. 13.c.	Percentage of Nonvoting Equit Other Interest:  Yes  If the reportable company is a t liability company as indicated ir cate the appropriate ownership General Partner/Managing	y:%  No ype of partnership o Item 10 above, ple interest of the direc Member	15. 16. or limited ase indi-	Control by Direct Hold Control by Reporter: Former Direct Holder's	⊠ Yes □ s Name and Location (i	No
	13.b. 13.c. 13.d.	Percentage of Nonvoting Equit Other Interest:  Yes  if the reportable company is a t liability company as indicated in cate the appropriate ownership General Partner/Managing Limited Partner/Non-Managing	y:%  No ype of partnership o Item 10 above, ple interest of the direc Member ging Member	15. 16. or limited ase indi- tholder:	Control by Direct Hold Control by Reporter: Former Direct Holder's Legal Name of Former Direc City, State / Province, Count	⊠ Yes □ s Name and Location (i t Holder	No
	13.b. 13.c. 13.d.	Percentage of Nonvoting Equit Other Interest:  Yes  If the reportable company is a t liability company as indicated in cate the appropriate ownership General Partner/Managing Limited Partner/Non-Managy and Legal Authority Section	y:%  No ype of partnership o I ttem 10 above, ple interest of the direc Member ging Member  On (for list of FRS leg FRS Legal	15. 16. In limited asse indi- tholder: gal authority codes, NAICS	Control by Direct Hold Control by Reporter: Former Direct Holder's Legal Name of Former Direc City, State / Province, Count see the Appendix of these	✓ Yes      Is Name and Location (in tholder  Ty  Instructions.)	No
	13.b. 13.c. 13.d. Activit	Percentage of Nonvoting Equit Other Interest:  Yes  If the reportable company is a t liability company as indicated ir cate the appropriate ownership General Partner/Managing Limited Partner/Non-Manay and Legal Authority Section	y:%  No ype of partnership o I ttem 10 above, ple interest of the direc Member ging Member  On (for list of FRS leg FRS Legal Authority Code	15. 16. or limited ase indi- tholder: gal authority codes, NAICS Activity Code	Control by Direct Hold Control by Reporter: Former Direct Holder's Legal Name of Former Direct City, State / Province, Count see the Appendix of these		No
	13.b. 13.c. 13.d. Activit	Percentage of Nonvoting Equit Other Interest:  Yes  If the reportable company is a t liability company as indicated ir cate the appropriate ownership General Partner/Managing Limited Partner/Non-Manay and Legal Authority Section Activity Type Primary Activity	y:%  No ype of partnership o I ttem 10 above, ple interest of the direc Member ging Member  On (for list of FRS leg FRS Legal	15. 16. In limited asse indi- tholder: gal authority codes, NAICS	Control by Direct Hold Control by Reporter: Former Direct Holder's Legal Name of Former Direc City, State / Province, Count see the Appendix of these		No
	13.b. 13.c. 13.d. Activit	Percentage of Nonvoting Equit Other Interest:  Yes  If the reportable company is a t liability company as indicated ir cate the appropriate ownership General Partner/Managing Limited Partner/Non-Manay and Legal Authority Section	y:%  No ype of partnership o I ttem 10 above, ple interest of the direc Member ging Member  On (for list of FRS leg FRS Legal Authority Code	15. 16. or limited ase indi- tholder: gal authority codes, NAICS Activity Code	Control by Direct Hold Control by Reporter: Former Direct Holder's Legal Name of Former Direct City, State / Province, Count see the Appendix of these		No
	13.b. 13.c. 13.d. Activit 17.a. 17.b.	Percentage of Nonvoting Equit Other Interest:  Yes  If the reportable company is a t liability company as indicated ir cate the appropriate ownership General Partner/Managing Limited Partner/Non-Managy and Legal Authority Section Activity Type Primary Activity Secondary Activity	y:%  No ype of partnership o I ttem 10 above, ple interest of the direc Member ging Member  On (for list of FRS leg FRS Legal Authority Code	15. 16. or limited ase indi- tholder: gal authority codes, NAICS Activity Code	Control by Direct Hold Control by Reporter: Former Direct Holder's Legal Name of Former Direct City, State / Province, Count see the Appendix of these		No

#### Acquisitions

Event Reference 110

## Acquisition of a U.S. Bank or State Savings Bank (no 10(L) election) by a BHC or FBO

othis example, United olding Company, a BHC, cquired 95% voting equity of irginia United Bank, a commercial bank that was	Use this Compa	ing Schedule schedule to report information about a reporter that is a y, and about a reporter's directly or indirectly held interes Company.	For Federal Receive Bank Use Only ID_RSSD_E1 (direct holder) ID_RSSD_E2 (reportable company) If applicable, former dih  Check box if correction			
ready in existence.	1.a.	Event Type (check all that apply):	1.b.	Date of Event: 08/01	I/yyyy DD/YYYY)	
o report this event, go to cquisition of a U.S. Bank or tate Savings Bank.		□ Acquisition of a Going Concern     □ De Novo Formation     □ External Transfer     □ Internal Transfer     □ Other, please describe:	ion in Characte	nip	No Longer Reports Became Inactive Debts Previously C Became Reportable	Contracted
	Chara	cteristics Section				
	2.a.	Virginia United Bank	2.b.			
		Legal Name of Banking Company 6400 Investment Boulevard		If Name Change or Correctio	n, Prior Legal Name of Bankin	g Company
	3.a.	Current Street Address (Physical Location)	3.b.	If Relocation or Correction, P	rior Street Address (Physical L	Location)
		Richmond, Richmond				
		City and County		If Relocation or Correction, P	rior City and County	
		VA, United States, 23219 State / Province, Country, and Zip / Postal Code VA	_	If Relocation or Correction, Pric	or State / Province, Country, and	d Zlip / Postal Code
		State or Country (if foreign) of incorporation	_	If Relocation or Correction, P	rior State or Country (if foreign	n) of incorporation
	4.	Date Opened: 01/01/2003	5.	Fiscal Year End (FBOs	and BHCs Only):	
		(MM / DD / YYYY)		,	(MM/E	DD)
	6.	SEC Reporting Status: Not Applicable Subject to 13(a) or 15(d) o  Terminated or suspended	f SEC Act of	of 1934, but not Section		
	7.			37-20091		
	9.	Banking Company Type:  BHC FBO  Other, please describe:	U.S. Comr	mercial Bank 🔲 U	.S. State Chartered Sa	vings Bank
	10.	Business Organization Type:   Corporation  Business Trust  Cooperative  Limited Liability Limit  Other, please describ	Sole P Limited	al Partnership Proprietorship d Liability Partnership ship	☐ Limited Partn ☐ Mutual ☐ Limited Liabil	-
	11.	Is the banking company consolidated in the reporter's fit (only reportable for <i>foreign</i> investments)	nancial state	ements? Yes	s 🗌 No	
	Owne	ship Section (report at direct holder level unless other	erwise note	d)		
	12.	Direct Holder's Name and Location: United Holding C	ompany		ond, VA, United Stat	es
		Legal Name			te/Province, Country	
		Percentage of a Class of Voting Shares: 95.00 %	14.	Control by Direct Hol		No
		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):
		If the reportable company is a type of partnership or limit	ted			
	13.d.	liability company as indicated in Item 10 above, please in	ndi-	Legal Name of Former Dire	ect Holder	
	13.d.	liability company as indicated in Item 10 above, please in cate the appropriate ownership interest of the direct hold	ndi-	Legal Name of Former Dire		
	13.d.	liability company as indicated in Item 10 above, please in	ndi-			
		liability company as indicated in Item 10 above, please in cate the appropriate ownership interest of the direct hold General Partner/Managing Member Limited Partner/Non-Managing Member	ndi- ler:	City, State / Province, Cour	ntry	
		liability company as indicated in Item 10 above, please in cate the appropriate ownership interest of the direct hold  General Partner/Managing Member Limited Partner/Non-Managing Member  and Legal Authority Section (for list of FRS legal authority Section)	ndi- ler:	City, State / Province, Cour	ntry	
	Activit	liability company as indicated in Item 10 above, please in cate the appropriate ownership interest of the direct hold  General Partner/Managing Member Limited Partner/Non-Managing Member  / and Legal Authority Section (for list of FRS legal aut FRS Legal N/ Authority Code Activity Type Authority Code Activity Type	ndi- ler: thority codes, AICS	City, State / Province, Cour	e instructions.)	
	Activit	liability company as indicated in Item 10 above, please in cate the appropriate ownership interest of the direct hold General Partner/Managing Member  Limited Partner/Non-Managing Member  I and Legal Authority Section (for list of FRS legal authority Type Authority Code Activity Type Authority Code Activity Type 7 52	ndi- ler: thority codes, AICS ty Code	City, State / Province, Cour see the Appendix of thes	e instructions.)	
	Activit	liability company as indicated in Item 10 above, please in cate the appropriate ownership interest of the direct hold  General Partner/Managing Member Limited Partner/Non-Managing Member  / and Legal Authority Section (for list of FRS legal aut FRS Legal N/ Authority Code Activity Type Authority Code Activity Type	ndi- ler: thority codes, AICS ty Code	City, State / Province, Cour see the Appendix of thes	e instructions.)	

FR Y-10

Acquisitions

Event Reference 111

## **Acquisition of a Nonbanking Company**

#### **Example 1: Acquisition of a General Partner Interest in a Limited Partnership**

In this example, New Kingsland	No objection of the dealer	
Banking Company acquired an	NonDanking Schedule Port-board Moserve Bank Use Unity Page 4 of 9	
80% general partner interest in	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.	
New Kingsland Investment L.P.	Note: Savings associations acquired by a BHC and transactions involving SLHCs and	
G	savings associations should be reported on the Savings and Loan Schedule.  Check box if correction	
	1.a. Event Type (check all that apply):  1.b. Date of Event:   (MM / DD / YYYY)	
	☐ De Novo Formation ☐ Liquidation ☐ Became Inactive	
	☐ External Transfer ☐ Change in Characteristics ☐ Became Reportable	
	☐ Internal Transfer ☐ Change in Activity or Legal Authority ☐ Other, please describe:	
	Characteristics Section	
	2.a. New Kingsland Investment L.P. 2.b.	
	Legal Name of Nonbanking Company If Name Change or Correction, Prior Legal Name of Nonbanking Company	
	3.a. Newark, Essex 3.b.	
	City and County (Physical Location) If Relocation or Correction, Prior City and County (Physical Location)  NJ, United States, 07100	
	State / Province, Country, and Zip / Postal Code If Relocation or Correction, Prior State / Province, Country, and Zip / Postal Code	
	NJ 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 subsidiary, indicate its functional regulator:	
	□ Not Applicable □ SEC and CFTC ☑ SEC Only	
	☐ CFTC only ☐ State Securities Department ☐ State Insurance Regulator	
	5. Is the Nonbanking Company a Financial Subsidiary of an insured depository institution?	
	6. SEC Reporting Status: Not Applicable Subject to 13(a) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act	
	□ Subject to 13(a) or 15(d) of SEC Act of 1934, but not Section 404 of SOX Act     □ Terminated or suspended reporting requirements under 13(a) or 15(d) of the SEC Act of 1934	
	7. CUSIP Number: 8. Tax ID Number: 22 - 11111111	
	see Instructions for when applicable leading six digits only	
	Nonbanking Company Type (see instructions for list): Other Company	
	Other, please describe: Provides Investment Advice	
	10. Business Organization Type: ☐ Corporation ☐ General Partnership ☐ Limited Partnership ☐ Business Trust ☐ Sole Proprietorship ☐ Mutual	
	Cooperative Limited Liability Partnership Limited Liability Co./Corp.	
	Limited Liability Limited Partnership	
	Other, please describe:	
	11. Is the Nonbanking Company consolidated in the reporter's financial statements? Yes No Answer the above question only if the Nonbanking Company is one of the following "foreign" offices:	
	(a) Consolidated subsidiary in a foreign country; (b) a majority-owned Edge or agreement subsidiary	
	Ownership Section (report at direct holder level unless otherwise noted)	
	12. Direct Holder's Name and Location: New Kingsland Banking Company Srockholm, NJ, United States	
	Legal Name City, State/Province, Country	
	13.a. Percentage of a Class of Voting Shares: ☐ 100% 14. Control by Direct Holder: ☒ Yes ☐ No	
	80% to <100% >50% to <80% 25% to 50% 15. Regulation K, Subpart A Investments:	
	<25% but 25% or more in the aggregate or otherwise  Portfolio Investment controlled elsewhere within the organization  Joint Venture	
	13.b. Other Interest: ☑ Yes ☐ No ☐ Subsidiary	
	13.c. If the reportable company is a type of partnership or limited 18. Former Direct Holder's Name and Location (if applicable):	
	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	
	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 26 52393 Investment Advice	
	17.b. Secondary Activity	
	17.c. Termination of Activity	
	12/2012	

#### Acquisitions

Event Reference 111

## **Acquisition of a Nonbanking Company - continued**

**Example 2: Acquisition of a Limited Partner Interest in a Limited Partnership** 

In this example, Pine Street	
Bank Holding Company directly	Nonbanking Schedule For Federal Reserve Bank Use Only FR Y-10 Page 4 of 9
acquires a 99% limited partner	Use this schedule to report information about a reporter that is a Nonhanking Company
' '	and about a reporter's directly or indirectly held interests in a Nonbanking Company.
interest in Pine Street Financial	Note: Savings associations acquired by a BHC and transactions involving SLHCs and
Services, L.P.	savings associations should be reported on the Savings and Loan Schedule.
	1.a. Event Type (check all that apply):  1.b. Date of Event: 06/01/yyyy (MM / DD / YYYY)
	☐ Acquisition of a Going Concern ☐ Change in Ownership ☐ No Longer Reportable
	□ De Novo Formation     □ Liquidation     □ Became Inactive       □ External Transfer     □ Change in Characteristics     □ Became Reportable
	☐ Internal Transfer ☐ Change in Activity or Legal Authority
	☐ Other, please describe:
	Characteristics Section
	2.a. Pine Street Financial Services, L.P. 2.b.
	Legal Name of Nonbanking Company If Name Change or Correction, Prior Legal Name of Nonbanking Company
	3.a. St. Louis, St. Louis 3.b.
	City and County (Physical Location) If Relocation or Correction, Prior City and County (Physical Location)
	MO, United States, 63119
	State / Province, Country, and Zip / Postal Code If Relocation or Correction, Prior State / Province, Country, and Zip / Postal Code  NJ
	State or Country (if foreign) of Incorporation If Relocation or Correction, Prior State or Country (if foreign) of incorporation
	<ol><li>If the Nonbanking Company is a functionally regulated subsidiary, indicate its functional regulator:</li></ol>
	☑ Not Applicable ☐ SEC and CFTC ☐ SEC Only
	☐ CFTC only ☐ State Securities Department ☐ State Insurance Regulator
	5. Is the Nonbanking Company a Financial Subsidiary of an insured depository institution?
	6. SEC Reporting Status: 🗵 Not Applicable 🔲 Subject to 13(a) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act
	<ul> <li>☐ Subject to 13(a) or 15(d) of SEC Act of 1934, but not Section 404 of SOX Act</li> <li>☐ Terminated or suspended reporting requirements under 13(a) or 15(d) of the SEC Act of 1934</li> </ul>
	CUSIP Number: 8. Tax ID Number: 40 - 222222     see Instructions for when applicable updated in a special part of the second of the secon
	9. Nonbanking Company Type (see instructions for list): Other Company
	☑ Other, please describe: Finance Company  10. Business Organization Type: ☐ Corporation ☐ General Partnership ☒ Limited Partnership
	10. Business Organization Type: ☐ Corporation ☐ General Partnership ☒ Limited Partnership ☐ Business Trust ☐ Sole Proprietorship ☐ Mutual
	☐ Cooperative ☐ Limited Liability Partnership ☐ Limited Liability Co./Corp.
	☐ Limited Liability Limited Partnership
	Other, please describe:
	11. Is the Nonbanking Company consolidated in the reporter's financial statements? Yes No Answer the above question only if the Nonbanking Company is one of the following "foreign" offices:
	(a) Consolidated subsidiary in a foreign country; (b) a majority-owned Edge or agreement subsidiary
	Ownership Section (report at direct holder level unless otherwise noted)
	12. Direct Holder's Name and Location: Pine Street Bank Holding Company Legal Name  St. Louis, MO, United States City, State/Province, Country
	13.a. Percentage of a Class of Voting Shares: ☐ 100% 14. Control by Direct Holder: ☐ Yes ☐ No
	☐ 80% to <100% ☐ >50% to <80% ☐ 25% to 50% 15. Regulation K, Subpart A Investments:
	<25% but 25% or more in the aggregate or otherwise Portfolio Investment
	controlled elsewhere within the organization   Joint Venture
	13.b. Other Interest: ☑ Yes ☐ No ☐ Subsidiary
	<ol> <li>If the reportable company is a type of partnership or limited liability company as indicated in Item 10 above, please indi-</li> </ol>
	cate the appropriate ownership interest of the direct holder:
	☐ General Partner/Managing Member  ☑ Limited Partner/Non-Managing Member  ☐ City, State / Province, Country
	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 <u>26</u> <u>52222</u> <u>Sales Financing</u>
	17.b. Secondary Activity
	17.c. Termination of Activity

Acquisitions

Event Reference 111

## **Acquisition of a Nonbanking Company – continued**

Example 3: Acquisition of a Non-Managing Member Interest in a Limited Liability Corporation

this example, New ngsland Bank Holding ompany acquired a 99%	Use this s	panking Schedule schedule to report information about a			For Federal Reserve Bank U ID_RSSD_E1 (direct holder) ID_RSSD_E2 (reportable com		FR Y-10 Page 4 of 9
on-managing member	Note: Sav	t a reporter's directly or indirectly held in vings associations acquired by a BHC a	and transactions involving	SLHCs and	If applicable, former dift	] 	
terest in New Kingsland		ssociations should be reported on the				Check box if or	orrection L
curities, LLC.	1.a.	Event Type (check all that apply)	):	1.b.	Date of Event: 06/01	DD / YYYY)	
5.1 = 5.4.40		Acquisition of a Going Conce		e in Ownershi		☐ No Longer Reportab	le
r purposes of the FR Y-10,		☐ De Novo Formation	Liquida			Became Inactive	
non-managing member		☐ External Transfer ☐ Internal Transfer		e in Character	ristics Legal Authority	■ Became Reportable	
quivalent to a limited		Other, please describe:	L Chang	e iii Activity oi	Legal Additionty		
ner.	Chara	cteristics Section					
		New Kingsland Securities, LL Legal Name of Nonbanking Company	.c	2.b	Name Change or Correction	, Prior Legal Name of Nonbanki	ng Company
	3.a.	New York, New York		3.b.	<b>-</b>		3
		Olty and County (Physical Location) NY, United States, 10045		ir .	Relocation or Correction, Pri	or City and County (Physical Lo	cation)
		State / Province, Country, and Zip / Posta NJ	l Code	ır	Relocation or Correction, Prior	r State / Province, Country, and Zi	p / Postal Code
		State or Country (if foreign) of incorporation	on	ır	Relocation or Correction, Pri	or State or Country (if foreign) o	f incorporation
	4.	If the Nonbanking Company is a	functionally regulated	subsidiary, in	dicate its functional reg	gulator:	
			and CFTC	_	EC Only		
	_		e Securities Departme		ate Insurance Regulat		
	5.	Is the Nonbanking Company a F				Yes No	
	6.		ect to 13(a) or 15(d) o	f SEC Act of 1	1934, but not Section 4	1934 and Section 404 of 104 of SOX Act or 15(d) of the SEC Act o	
	7.	CUSIP Number: leading six digits when applicable		8. Tax ID Nun	nber: 40 - 33	33333	
	9.	Nonbanking Company Type (see		Other Comp	any		
	10.	Other, please describe: Fin Business Organization Type:		General Pa	rtnership	Limited Partnership	
	10.		Business Trust	Sole Propri Limited Liab ited Partnersh	etorship bility Partnership		rp.
	11.	Is the Nonbanking Company cor Answer the above question only (a) Consolidated subsidiary in a	if the Nonbanking Co	mpany is one	of the following "foreig		
	Owner	rship Section (report at direct	holder level unless ot	herwise noted	i)		
	12.	Direct Holder's Name and Locati			g Company New Y	ork, NY, United States	<u> </u>
	13.a.	Percentage of a Class of Voting	Shares: 100%	14. C	ontrol by Direct Holder	r: ⊠ Yes □ N	0
		☐ 80% to <100% ☐ >50% to			egulation K, Subpart A	Investments:	
		<25% but 25% or more in the			Portfolio Investment		
	13 h	controlled elsewhere within to Other Interest: ☒ Yes ☐ No	•		Joint Venture		
		If the reportable company is a typ liability company as indicated in I	pe of partnership or lim	nited 16. Fo	Subsidiary ormer Direct Holder's N	Name and Location (if ap	plicable):
		cate the appropriate ownership in	nterest of the direct ho	I	egal Name of Former Direct H	Holder	
		☐ General Partner/Managing N ☐ Limited Partner/Non-Managi		G	ty, State / Province, Country		
			-				
	Activity	v and Legal Authority Section	On (for list of FRS least a	uthority codes		instructions.)	
	Activity	y and Legal Authority Section	FRS Legal	NAICS			
		Activity Type	FRS Legal I Authority Code Acti	NAICS Wity Code	D	e instructions.)	
	17.a.		FRS Legal I Authority Code Acti	NAICS Wity Code			

Acquisitions

Event Reference 111

## **Acquisition of a Nonbanking Company – continued**

#### **Example 4: Acquisition of a Managing Member Interest in a Limited Liability Corporation**

In this example, New Kingsland							
Banking Company acquired 1% managing member interest in New Kingsland Investment, LLC.	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.  Note: Savings associations acquired by a BHC and transactions involving SLHCs and savings associations should be reported on the Savings and Loan Schedule.						
	1.a. Event Type (check all that apply): 1.b. Date of Event: 06/01/yyyy						
For purposes of the FR Y-10, the managing member is equivalent to the general partner.	1.a. Event Type (check all that apply):    Acquisition of a Going Concern						
	Characteristics Section						
	2.a. New Kingsland Investment, LLC Legal Name of Nonbanking Company 3.a. New York, New York City and County (Physical Location) NY, United States, 10045  1 New City and County (Physical Location) NY, United States, 10045						
	State / Province, Country, and Zip / Postal Code  NY  State or Country (if foreign) of Incorporation  If Relocation or Correction, Prior State / Province, Country, and Zip / Postal Code  If Relocation or Correction, Prior State or Country (if foreign) of incorporation						
	If the Nonbanking Company is a functionally regulated subsidiary, indicate its functional regulator:						
	5. Is the Nonbanking Company a Financial Subsidiary of an insured depository institution?						
	6. SEC Reporting Status:   Not Applicable □ Subject to 13(a) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act □ Subject to 13(a) or 15(d) of SEC Act of 1934, but not Section 404 of SOX Act □ Terminated or suspended reporting requirements under 13(a) or 15(d) of the SEC Act of 1934						
	7. CUSIP Number: 8. Tax ID Number: 10 - 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3						
	Nonbanking Company Type (see instructions for list): Other Company  Other, please describe: Provides Investment Advice						
	10. Business Organization Type:   Corporation   General Partnership   Limited Partnership   Mutual   Cooperative   Limited Liability Partnership   Limited Liability Co./Corp.   Limited Liability Limited Partnership   Other, please describe:						
	11. Is the Nonbanking Company consolidated in the reporter's financial statements?  No Answer the above question only if the Nonbanking Company is one of the following "foreign" offices: <ul> <li>(a) Consolidated subsidiary in a foreign country; (b) a majority-owned Edge or agreement subsidiary</li> </ul>						
	Ownership Section (report at direct holder level unless otherwise noted)						
	12. Direct Holder's Name and Location: New Kingsland Bank Holding Company Legal Name Stockholm, NJ, United States City, State/Province, Country						
	13.a. Percentage of a Class of Voting Shares: ☐ 100% 14. Control by Direct Holder: ☐ Yes ☐ No ☐ 80% to <100% ☐ >50% to <80% ☐ 25% to 50% 15. Regulation K, Subpart A Investments: ☐ <25% but 25% or more in the aggregate or otherwise ☐ Portfolio Investment ☐ controlled elsewhere within the organization ☐ Inject Venture						
	10.1 Cit 1.1 I M V						
	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:  ☐ General Partner/Managing Member  ☐ Limited Partner/Non-Managing Member  ☐ Limited Partner/Non-Managing Member  ☐ Limited Partner/Non-Managing Member						
	Activity and Legal Authority Section (for list of FRS legal authority codes, see the Appendix of these instructions.)						
	Activity driving Authority Section (for list of PRS 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 26 52393 Investment Advice						
	17.b. Secondary Activity						
	17.c. Termination of Activity						

#### Acquisitions

Event Reference 111

## **Acquisition of a Nonbanking Company – continued**

**Example 5: Acquisition of a Health Insurance Company by a Financial Holding Company** 

In t	his example, ABC							
	ancial Holding Company	Nonbanking Schedule  For Federal Reserve Bank Use Only ID_R880_E1 (direct holder)  FR Y-10 Page 4 of						
	uires 100% of a class of	Use this schedule to report information about a reporter that is a Nonbanking Company, ID_RSSD_E2 (reportable company)   ID_RSSD_E2 (reportabl						
	ing shares in ABC	Note: Savings associations acquired by a BHC and transactions involving SLHCs and						
	urance Company.	savings associations should be reported on the Savings and Loan Schedule. Check box if correction [						
1113	arance company.	1.a. Event Type (check all that apply):  1.b. Date of Event: 07/14/yyyy (MM / DD / YYYY)						
No	te:	☑ Acquisition of a Going Concern ☐ Change in Ownership ☐ No Longer Reportable						
•	An insurance com-	□ De Novo Formation     □ Liquidation     □ Became Inactive       □ External Transfer     □ Change in Characteristics     □ Became Reportable						
	pany is licensed to sell	<ul> <li>☐ External Transfer</li> <li>☐ Change in Characteristics</li> <li>☐ Internal Transfer</li> <li>☐ Change in Activity or Legal Authority</li> </ul>						
	insurance products or	Other, please describe:						
	to underwrite or	Characteristics Section						
		2.a. ABC Insurance Company 2.b.						
	reinsure insurance	Legal Name of Nonbanking Company  3.a. Chicago, Cook  3.b.						
	products.	3.a. Chicago, Cook 3.b.  City and County (Physical Location) If Relocation or Correction, Prior City and County (Physical Location)						
		IL, United States, 60604						
•	An <b>insurance agent,</b>	State / Province, Country, and Zip / Postal Code  If Relocation or Correction, Prior State / Province, Country, and Zip / Postal Code  IL						
	broker, or producer	State or Country (if foreign) of incorporation If Relocation or Correction, Prior State or Country (if foreign) of incorporation						
	acts as an	4. If the Nonbanking Company is a functionally regulated subsidiary, indicate its functional regulator:						
	intermediary between	□ Not Applicable □ SEC and CFTC □ SEC Only						
	an insurance company	☐ CFTC only ☐ State Securities Department ☐ State Insurance Regulator						
	and prospective	Is the Nonbanking Company a Financial Subsidiary of an insured depository institution? ☐ Yes ☒ No     SEC Reporting Status: ☒ Not Applicable ☐ Subject to 13(a) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act						
		6. SEC Reporting Status: ☑ Not Applicable ☐ Subject to 13(a) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act ☐ Subject to 13(a) or 15(d) of SEC Act of 1934, but not Section 404 of SOX Act						
	customers.	☐ Terminated or suspended reporting requirements under 13(a) or 15(d) of the SEC Act of 1934						
		7. CUSIP Number: 8. Tax ID Number: 15 - 44444444  leading six digits only when applicable						
		Nonbanking Company Type (see instructions for list): Insurance Underwriter						
		Other, please describe:						
		10. Business Organization Type:  ☐ Corporation ☐ General Partnership ☐ Limited Partnership ☐ Business Trust ☐ Sole Proprietorship ☐ Mutual						
		☐ Business Trust ☐ Sole Proprietorship ☐ Mutual ☐ Cooperative ☐ Limited Liability Partnership ☐ Limited Liability Co./Corp.						
		Limited Liability Limited Partnership						
		Other, please describe:						
		11. Is the Nonbanking Company consolidated in the reporter's financial statements?						
		Answer the above question only if the Nonbanking Company is one of the following "foreign" offices:  (a) Consolidated subsidiary in a foreign country; (b) a majority-owned Edge or agreement subsidiary						
		Ownership Section (report at direct holder level unless otherwise noted)						
		12. Direct Holder's Name and Location: ABC Financial Holding Company Chicago, IL, United States						
		Legal Name City, State/Province, Country						
		13.a. Percentage of a Class of Voting Shares: ☐ 100% 14. Control by Direct Holder: ☐ Yes ☐ No						
		☐ 80% to <100% ☐ >50% to <80% ☐ 25% to 50% 15. Regulation K, Subpart A Investments:						
		<25% but 25% or more in the aggregate or otherwise						
		controlled elsewhere within the organization ☐ Joint Venture  13.b. Other Interest: ☐ Yes ☒ No ☐ Subsidiary						
		13.b. Other Interest: ☐ Yes ☑ No ☐ Subsidiary  13.c. If the reportable company is a type of partnership or limited 16. Former Direct Holder's Name and Location (if applicable):						
		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/Managing Member City, State / Province, Country						
		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 311 52411 Direct Life, Health, and Medical Insurance Carriers						
		17.b. Secondary Activity						
		12/201						

Acquisitions

Event Reference 111

## **Acquisition of a Nonbanking Company – continued**

Example 6: Acquisition of an Insurance Agency by a Bank Holding Company

In t	his example, CHI Bank		
Hol	ding Company acquires		R Y-10 age 4 of 9
	% of a class of voting	Use this schedule to report information about a reporter that is a Nonhanking Company   ID_RSSD_E1 (direct holder)	age 4 or 5
	res in CHI Insurance	and about a reporter's directly or indirectly held interests in a Nonbanking Company.	
_		Note: Savings associations acquired by a BHC and transactions involving SLHCs and	· □
Age	ency.	savings associations should be reported on the Savings and Loan Schedule.  Check box if correct	tion 🗆
		1.a. Event Type (check all that apply):  1.b. Date of Event: 07/14/yyyy (MM / DD / YYYY)	
Not	re:		
•	An insurance company	☐ De Novo Formation ☐ Liquidation ☐ Became Inactive	
	is licensed to sell	☐ External Transfer ☐ Change in Characteristics ☐ Became Reportable	
	insurance products or to	☐ Internal Transfer ☐ Change in Activity or Legal Authority	
		Other, please describe:	
	underwrite or reinsure	Characteristics Section	
	insurance products.	2.a. CHI Insurance Agency 2.b.	
		Legal Name of Nonbanking Company If Name Change or Correction, Prior Legal Name of Nonbanking Cor	mpany
•	An <b>insurance agent</b> ,	3.a. Chicago, Cook City and County (Physical Location) If Relocation or Correction, Prior City and County (Physical Location)	· · · · · ·
	broker, or producer acts	IL, United States, 60604	,
	as an intermediary	State / Province, Country, and Zip / Postal Code If Relocation or Correction, Prior State / Province, Country, and Zip / Pos	stal Code
	between an insurance	IL  State or Country (If foreign) of incorporation  If Relocation or Correction, Prior State or Country (If foreign) of incorporation	maration
			poration
	company and prospec-	<ol> <li>If the Nonbanking Company is a functionally regulated subsidiary, indicate its functional regulator:</li> <li>□ Not Applicable</li> <li>□ SEC and CFTC</li> <li>□ SEC Only</li> </ol>	
	tive customers.	☐ CFTC only ☐ State Securities Department ☐ State Insurance Regulator	
		Is the Nonbanking Company a Financial Subsidiary of an insured depository institution?	
		6. SEC Reporting Status:   Not Applicable □ Subject to 13(a) or 15(d) of SEC Act of 1934 and Section 404 of SOX	Act
		Subject to 13(a) or 15(d) of SEC Act of 1934, but not Section 404 of SOX Act	not
		☐ Terminated or suspended reporting requirements under 13(a) or 15(d) of the SEC Act of 193	14
		CUSIP Number:	
		Nonbanking Company Type (see instructions for list): Insurance Broker or Agent	
		☐ Other, please describe:  10. Business Organization Type: ☒ Corporation ☐ General Partnership ☐ Limited Partnership	
		Business Trust Sole Proprietorship Mutual	
		Cooperative Limited Liability Partnership Limited Liability Co./Corp.	
		☐ Limited Liability Limited Partnership	
		Other, please describe:	
		11. Is the Nonbanking Company consolidated in the reporter's financial statements?	
		Answer the above question only if the Nonbanking Company is one of the following "foreign" offices:  (a) Consolidated subsidiary in a foreign country; (b) a majority-owned Edge or agreement subsidiary	
		Ownership Section (report at direct holder level unless otherwise noted)	
		12. Direct Holder's Name and Location: CHI Bank Holding Company Legal Name  Chicago, IL, United States City, State/Province, Country	
		13.a. Percentage of a Class of Voting Shares: ⊠ 100% 14. Control by Direct Holder: ⊠ Yes □ No	
		□ 80% to <100% □ >50% to <80% □ 25% to 50% 15. Regulation K, Subpart A Investments:	
		☐ <25% but 25% or more in the aggregate or otherwise ☐ Portfolio Investment	
		controlled elsewhere within the organization	
		13.b. Other Interest: ☐ Yes ☒ No ☐ Subsidiary	
		13.c. If the reportable company is a type of partnership or limited 18. Former Direct Holder's Name and Location (if applical	ble):
		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	
		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  26 52421 Insurance Agencies and Brokerages	
		17.a. Primary Activity 26 52421 Insurance Agencies and Brokerages	
		17.b. Secondary Activity 17.c. Termination of Activity	
		T.A. ISTINIARION OF AURING	12/2012

#### Changes to Reportable or Newly Reportable Companies

Event Reference 112

## Changes to a Reportable or Newly Reportable BHC or FBO

This event should be used to								
report characteristics,	Banki	ing Schedule				For Federal Reserve Bank ( ID_RSSD_E1 (direct holder)	Jse Only	FR Y-10 Page 2 of 9
investments, or activities	Use this s	schedule to report information	about a reporte	r that is a Bar	king	ID_RSSD_E2 (reportable cor	npany)	
changes in a bank holding		, and about a reporter's direc	tly or indirectly h	eld interests i	na	If applicable, former d/h		
company (BHC) or foreign	Banking (	Company.					Check bo	ox if correction
banking organization (FBO).	1.a.	Event Type (check all that app	ply):		1.b.	Date of Event: 08/01		
		Acquisition of a Going Co	5	Change in (			DD / YYYY)	
In this example, Inland		De Novo Formation		Liquidation	Jwnersn	ip	☐ No Longer Rep	
• •		External Transfer			Characte	ristics	☐ Debts Previous	
Bancshares, the direct holder,		Internal Transfer	×	Change in A	Activity o	r Legal Authority	Became Repor	-
is increasing its ownership		Other, please describe:						
interest in Riverside	Charac	teristics Section						
Bancshares from 75% to 90%		Riverside Bancshares			2.b.			
voting equity. In addition,		Legal Name of Banking Company				f Name Change or Correctio	n, Prior Legal Name of B	anking Company
Riverside Bancshares began	3.a.	21636 Magnolia Avenue			3.b.			
conducting a secondary		Current Street Address (Physical Loca	ition)		Ī	If Relocation or Correction, P	rior Street Address (Phys	ical Location)
activity, mortgage services.		Riverside, Riverside				v D-1	d 0td 0t-	
,,		City and County CA, United States, 92501				If Relocation or Correction, P	nor City and County	
Both events were effective on		State / Province, Country, and Zip / Po	ostal Code		i	f Relocation or Correction, Pri	or State / Province, Countr	y, and Zlp / Postal Code
the same date.		DE						
When reporting these events,		State or Country (If foreign) of Incorpo	ration			f Relocation or Correction, P		oreign) of incorporation
event types <i>Change in</i>	4.	Date Opened:			5. 1	Fiscal Year End (FBOs		MM/DD)
Ownership and Change in	6.	SEC Reporting Status:	Not Applicable	Subject	t to 13(a)	or 15(d) of SEC Act o	of 1934 and Section	404 of SOX Act
,						f 1934, but not Section		
Activity or Legal Authority			Terminated or su	spended rep	orting re	quirements under 13(a	) or 15(d) of the SE	C Act of 1934
should be checked in schedule item 1.a.		CUSIP Number:		3. Tax ID Nun	nber:			
Mulatin In account and Inc.	9.	Banking Company Type:	BHC  FB		S. Comn	nercial Bank 🔲 U	I.S. State Chartered	Savings Bank
Multiple events can be	10.	Business Organization Type:			Conor	al Partnership	☐ Limited P	actnorchin
reported on the same schedule	10.	business Organization Type.	☐ Business T			roprietorship	☐ Mutual	artifership
if the changes occur on the			☐ Cooperativ			Liability Partnership		iability Co./Corp.
same effective date. Multiple				bility Limited	Partners	hip		
events occurring on different			Other, plea	se describe:				
dates must be reported on		Is the banking company cons (only reportable for foreign inv		porter's finan	cial state	ements? Yes	s 🗌 No	
separate schedules.		ship Section (report at dire		ınless otherw	ise note	d)		
		Direct Holder's Name and Loc				-	side, CA, United S	tates
			Legal Name				te/Province, Country	
	13.a.	Percentage of a Class of Voti	ng Shares: 90.00	96	14.	Control by Direct Hol	der: X Yes	☐ No
	13.b.	Percentage of Nonvoting Equ	ity:%		15.	Control by Reporter:	Yes	□ No
	13.c.	Other Interest: 🗌 Yes 🛛	No		16.	Former Direct Holder	's Name and Locati	on (if applicable):
		If the reportable company is a				Legal Name of Former Dire	of Holder	
		liability company as indicated cate the appropriate ownershi				cegal Name of Former bire	ca noidei	
		☐ General Partner/Managin ☐ Limited Partner/Non-Man	g Member			City, State / Province, Cour	ntry	
		and Legal Authority Sec		RS legal authori	ty codes.	see the Appendix of thes	e instructions.)	-
	-	Activity Type	FRS Legal Authority Code	NAICS Activity Co			Description of Activity	
				. nourmy Or				
		Primary Activity		50/0			and Barbara	
		Secondary Activity (FBOs and BHCs only)	26	5242		Insurance Agencies	and Brokerages	
	17.c.	Termination of Activity						
								12/2012

Changes to Reportable or Newly Reportable Companies

Event Reference 113

# Changes to a Reportable or Newly Reportable U.S. Bank or State Savings Bank (no 10(L) election) by a BHC or FBO

**Example 1: BHC Increases its Voting Interest in a Subsidiary Commercial Bank** 

Multiple events occurring on		
different dates must be reported on separate		FR Y-10 Page 2 of 9
schedules.	Company, and about a reporter's directly or indirectly held interests in a	
	Banking Company. Check box if correct	tion 🗆
	1.a. Event Type (check all that apply):  1.b. Date of Event: 05/01/yyyy (MM / DD / YYYY)	
	☐ Acquisition of a Going Concern ☐ Change in Ownership ☐ No Longer Reportable	
	□ De Novo Formation     □ Liquidation     □ Became Inactive       □ External Transfer     □ Change in Characteristics     □ Debts Previously Contractive	cted
	☐ Internal Transfer ☐ Change in Activity or Legal Authority ☐ Became Reportable	
	Other, please describe:	
	Characteristics Section	
	2.a. Riverside Commercial Bank 2.b.  Legal Name of Banking Company 1 Name Change or Correction, Prior Legal Name of Banking Comp	
	3.a. 2539 Mount Whitney Street 3.b.	any
	Current Street Address (Physical Location) If Relocation or Correction, Prior Street Address (Physical Location	1)
	Yakima, Yakima	
	City and County If Relocation or Correction, Prior City and County WA, United States, 98902	
	State / Province, Country, and Zip / Postal Code  If Relocation or Correction, Prior Stale / Province, Country, and Zip / Po WA	ostal Code
	State or Country (if foreign) of incorporation If Relocation or Correction, Prior State or Country (if foreign) of incorporation	orporation
	Date Opened:	
	6. SEC Reporting Status: ☐ Not Applicable ☐ Subject to 13(a) or 15(d) of SEC Act of 1934 and Section 404 of SC☐ Subject to 13(a) or 15(d) of SEC Act of 1934, but not Section 404 of SOX Act☐ Terminated or suspended reporting requirements under 13(a) or 15(d) of the SEC Act of 1934.	
	7. CUSIP Number:	
	9. Banking Company Type: ☐ BHC ☐ FBO ☐ U.S. Commercial Bank ☐ U.S. State Chartered Savings £ ☐ Other, please describe:	Bank
	and the predict destribe.	
	10. Business Organization Type: Corporation General Partnership Limited Partnership Business Trust Sole Proprietorship Mutual Cooperative Limited Liability Partnership Limited Liability Co.	
	10. Business Organization Type: Corporation General Partnership Limited Partnership Business Trust Sole Proprietorship Mutual Cooperative Limited Liability Partnership Limited Liability Co.	
	10. Business Organization Type:	
	10. Business Organization Type:	
	10. Business Organization Type: Corporation General Partnership Limited Partnership Business Trust Sole Proprietorship Mutual Cooperative Limited Liability Partnership Limited Liability Co. Limited Liability Limited Partnership Other, please describe:  11. Is the banking company consolidated in the reporter's financial statements? Yes No (only reportable for foreign investments)  Ownership Section (report at direct holder level unless otherwise noted)  12. Direct Holder's Name and Location: Riverside Bank Holding Company Yakima, WA, United States	
	10. Business Organization Type: Corporation General Partnership Limited Partnership Mutual Cooperative Limited Liability Partnership Limited Liability Co. Limited Liability Limited Partnership Limited Liability Partnership Other, please describe:  11. Is the banking company consolidated in the reporter's financial statements? Yes No (only reportable for foreign investments)  Ownership Section (report at direct holder level unless otherwise noted)  12. Direct Holder's Name and Location: Riverside Bank Holding Company Yakima, WA, United States Legal Name City, State/Province, Country	/Corp.
	10. Business Organization Type:	//Corp.
	10. Business Organization Type: Corporation General Partnership Limited Partnership Business Trust Sole Proprietorship Mutual Cooperative Limited Liability Partnership Limited Liability Co. Limited Liability Partnership Limited Liability Co. Cooperative Inmited Liability Partnership Nother, please describe:  11. Is the banking company consolidated in the reporter's financial statements? Yes Noth Nother Investments Nother Nother Nother Investments Nother	//Corp.
	10. Business Organization Type:	//Corp.
	10. Business Organization Type:	//Corp.
	10. Business Organization Type:	//Corp.
	10. Business Organization Type:	//Corp.
	10. Business Organization Type:	//Corp.
	10. Business Organization Type:   Corporation   General Partnership   Limited Partnership   Business Trust   Sole Proprietorship   Mutual   Cooperative   Limited Liability Partnership   Limited Liability Co.   Limited Partnership   Other, please describe:     11. Is the banking company consolidated in the reporter's financial statements?   Yes   No (only reportable for foreign investments)    Ownership Section (report at direct holder level unless otherwise noted)     12. Direct Holder's Name and Location: Riverside Bank Holding Company   Yakima, WA, United States   City. State/Province, Country     13.a. Percentage of a Class of Voting Shares: 95.00   14. Control by Direct Holder:   Yes   No     13.b. 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 appl liability company as indicated in Item 10 above, please indicate the appropriate ownership interest of the direct holder:   City. State / Province, Country     General Partner/Mon-Managing Member   City. State / Province, Country     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	//Corp.

#### Changes to Reportable or Newly Reportable Companies

Event Reference 113

# Changes to a Reportable or Newly Reportable U.S. Bank or State Savings Bank (no 10(L) election) by a BHC or FBO - continued

**Example 2: Commercial Bank Legal Name Change** 

Dani						
Dani	ring Schedule			For Federal Reserve Bank Use C	Only	FR Y-10 Page 2 of 9
	schedule to report information a	bout a reporter th	nat is a Banking	ID_RSSD_E1 (direct holder) ID_RSSD_E2 (reportable company	n	- Fage 2015
Compa	ny, and about a reporter's directly			If applicable, former dih		
Banking	Company.				Check box if	correction
1.a.	Event Type (check all that apply	/):	1.b.	Date of Event: 07/01/yy	/ <b>yy</b>	
	☐ Acquisition of a Going Cond	ern 🗆 c	Change in Owners			able
	☐ De Novo Formation					
	=					
	Other, please describe:		,			-
Chara	cteristics Section					
	Cascade Commercial Bank		2.b.	Valley Commercial Ban	k	
	Legal Name of Banking Company			If Name Change or Correction, Pr	ior Legal Name of Bankin	ng Company
3.a.		an)	3.b.	If Relocation or Correction Prior 5	Street Address (Physical I	ocation)
	Yakima, Yakima	,			( · · · ) · · · · ·	,
	City and County			If Relocation or Correction, Prior (	City and County	
		al Code		If Relocation or Correction Prior St.	ate / Province Country an	d 7ln / Postal Code
	WA				•	•
	State or Country (If foreign) of incorporate	ion		If Relocation or Correction, Prior S	State or Country (If foreign	n) of incorporation
4.	Date Opened:		5.	Fiscal Year End (FBOs an	d BHCs Only):	202
			П оні	-) 45(4) -6050 4-4-640	,	
0.	□ St	ubject to 13(a) or	15(d) of SEC Act	of 1934, but not Section 40	4 of SOX Act	
7.	CUSIP Number:	] 8. 7 only	Tax ID Number:			
9.				nmercial Bank 🔲 U.S.	State Chartered Sa	vings Bank
10.	[ [	Business Trus Cooperative Limited Liabili	st Sole I Limite ity Limited Partner	Proprietorship ed Liability Partnership	Mutual	
11.	Is the banking company consoli	idated in the repo		tements? Yes	□ No	
O						
	•		ess otherwise not	eaj		
12.	Direct noider's Name and Loca	Legal Name		City, State/Pr	ovince, Country	
13.a.	Percentage of a Class of Voting	Shares:	% 14.	Control by Direct Holder:	Yes	No
			15.	Control by Reporter:	☐ Yes ☐	□ No
			16.	Former Direct Holder's N	lame and Location (	if applicable):
13.d.	liability company as indicated in	Item 10 above, p	olease indi-	Legal Name of Former Direct H	older	
			ear noider:	City, State / Province, Country		
Activit	y and Legal Authority Section	on (for list of FRS	legal authority code:	s, see the Appendix of these in:	structions.)	
	Activity Type	FRS Legal Authority Code	NAICS Activity Code			
17.a.	Primary Activity					
	Secondary Activity					
17.b.						
	1.a.  Chara 2.a. 3.a.  4. 6. 7. 9. 10.  Owne 12. 13.a. 13.b. 13.c. 13.d.	Banking Company.  1.a. Event Type (check all that apply	1.a. Event Type (check all that apply):   Acquisition of a Going Concern	1.a. Event Type (check all that apply):   1.b.     Acquisition of a Going Concern   Change in Owners   Change in Character   Change in Character   Change in Character   Change in Character   Change in Activity   Other, please describe:     Characteristics Section   2.a. Cascade Commercial Bank   2.b.     Legal Name of Banking Company   3.a. 1205 Main Street   3.b.     Current Street Address (Physical Location)   Yakima, Yakima   City and County   WA, United States, 98902   State / Province, Country, and 2p / Postal Code   WA   State or Country (if foreign) of incorporation   4. Date Opened:   (MM / DD / YYYY)   5.     6. SEC Reporting Status:   Not Applicable   Subject to 13(a) or 15(d) of SEC Act   Terminated or suspended reporting r   7. CUSIP Number:   Main   Main	1.a. Event Type (check all that apply):	Sanking Company.   Check box if

#### Changes to Reportable or Newly Reportable Companies

Event Reference 114

## **Changes to a Reportable or Newly Reportable Nonbanking Company**

In this example, Bainbridge							FR Y-10
Technology is relocating from		panking Schedule	For Federal Recerve Bank U ID_RSSD_E1 (direct holder)	se Only	Page 4 of 9		
Pittsburgh to Philadelphia.		schedule to report information about a reporter tha t a reporter's directly or indirectly held interests in			ID_RSSD_E2 (reportable com	pany)	
		rings associations acquired by a BHC and transac			If applicable, former dift		_
The event type used in this		ssociations should be reported on the Savings an				Check box if o	orrection
example is <i>Change in</i>	1.a.	Event Type (check all that apply):		1.b.		/уууу	
Characteristics.		Acquisition of a Going Concern	☐ Change in C	wnorch		D / YYYY)  No Longer Reportab	la.
Characteristics.		De Novo Formation	Liquidation	wneisn	iip	Became Inactive	ie
TI:		External Transfer	Change in C	haracte	eristics	Became Reportable	
This event, Change in		☐ Internal Transfer	☐ Change in A	ctivity o	r Legal Authority		
Ownership, and Change in		Other, please describe:					
Activity or Legal Authority may	Chara	cteristics Section					
be reported either separately	2.a.	Bainbridge Technology		2.b.			
or together provided that the	_	Legal Name of Nonbanking Company				Prior Legal Name of Nonbank	ng Company
changes are effective on the	3.a.	Philadelphia, Philadelphia City and County (Physical Location)			Pittsburgh, Allegheny	or City and County (Physical Lo	cation)
same date.		PA, United States, 19102			PA, United States, 15		out only
surice date.		State / Province, Country, and Zip / Postal Code		I	Relocation or Correction, Prior	State / Province, Country, and Z	p / Postal Code
Multiple events occurring on		NV State or Country (If foreign) of Incorporation		-	Relocation or Correction Ort	or State or Country (If foreign) o	f Incorporation
Multiple events occurring on			the specification of the section				corporation
different effective dates must	4.	If the Nonbanking Company is a functiona  Not Applicable SEC and CFT		_	idicate its functional reg EC Only	julator:	
be reported on separate		☐ CFTC only ☐ State Securitie		_	tate Insurance Regulate	or	
schedules.	5.	Is the Nonbanking Company a Financial S	-		-	☐ Yes ☐ No	
	6.	SEC Reporting Status: Not Applicable	_			1934 and Section 404 of	SOX Act
					1934, but not Section 4		
		☐ Terminated or	suspended report	ing requ	uirements under 13(a) o	or 15(d) of the SEC Act o	f 1934
	7.	CUSIP Number: leading six digits only when applicable	8. Ta:	k ID Nu	mber:		
	9.	Nonbanking Company Type (see instruction	ons for list):				
		Other, please describe:					
	10.	☐ Cooper ☐ Limited	ss Trust 🔲 Sol	e Propri ited Lia	ietorship		rp.
	11.	Is the Nonbanking Company consolidated Answer the above question only if the No (a) Consolidated subsidiary in a foreign or	in the reporter's t nbanking Compan	y is one	of the following "foreig		
	Owne	rship Section (report at direct holder le	ve/ unless otherwi	se note	d)		
	12.	Direct Holder's Name and Location:					
		Legal	Name		City, State	e/Province, Country	
	13.a.	Percentage of a Class of Voting Shares:	100%	14. C	Control by Direct Holder	: Yes N	0
		□ 80% to <100% □ >50% to <80%		15. R	Regulation K, Subpart A	Investments:	
		<25% but 25% or more in the aggrega		_	Portfolio Investment		
	12 h	controlled elsewhere within the organia Other Interest: ☐ Yes ☐ No	zation		Joint Venture		
		If the reportable company is a type of partr	nership or limited		Subsidiary	Name and Location (if ap	nlicable).
	10.0.	liability company as indicated in Item 10 at		10. 1	offiler bilect floiders i	varile and cocation (ii ap	piicabie).
		cate the appropriate ownership interest of		ū	egal Name of Former Direct H	iolder	
		General Partner/Managing Member		_			
		Limited Partner/Non-Managing Memb	er	С	ity, State / Province, Country		
	Activit	y and Legal Authority Section (for list FRS Lega	-	y codes,	see the Appendix of these	instructions.)	
		Activity Type Authority Co		de	De	escription of Activity	
	17.a.	Primary Activity					
	17.b.	Secondary Activity					
	17.c.	Termination of Activity					
							12/2012

Transfers of Reportable Companies (Reporter's Interest Continues)

Event Reference 115

## Internal Transfer of a BHC, FBO, or Banking Company by a Direct Holder

This event assumes that the								
direct holder completely							FR Y-10	
transfers 100% of its interest		(ing Schedule s schedule to report information a	about a reporter t	For Federal Receive I ID_RSSD_E1 (direct h ID_RSSD_E2 (reportal	older)bie company)	Page 2 of 9		
in the reportable banking	Company, and about a reporter's directly or indirectly held interests in a  Banking Company.							
company to a company		,,					f correction	
within the reporter's	1.a.	Event Type (check all that appl	y):	1.b.	Date of Event: 0	7/01/yyyy MM / DD / YYYY)		
organization. It also assumes		Acquisition of a Going Con-	cern 🗆 (	Change in Ownersh		☐ No Longer Repor	table	
that the new direct holder		☐ De Novo Formation	_	iquidation		☐ Became Inactive		
did not have a prior interest		☐ External Transfer  ☑ Internal Transfer		Change in Characte Change in Activity o		☐ Debts Previously ☐ Became Reportal		
in the reportable company.		Other, please describe:		onunge inviousity o	Legaritationty	_ became reportar		
In this example, Tribeca Bank	Chara	cteristics Section						
• •		Midtown Bank		2.b.				
Holding Company (the top-		Legal Name of Banking Company			If Name Change or Cor	rection, Prior Legal Name of Bank	ing Company	
tier reporter) transfers all of	3.a.	601 West 51st Street Current Street Address (Physical Locati	ion)	3.b.	If Reincation or Correct	ion, Prior Street Address (Physical	(Location)	
its interest in Midtown Bank		New York, New York	on)		in Nelocation of Correct	ion, Phoi Succernation (Physical	Location	
to its lower tier BHC,		City and County			If Relocation or Correct	ion, Prior City and County		
Midtown Bank Holding		NY, United States, 1001 State / Province, Country, and Zip / Pos	tal Code	<del></del> ;	If Rejocation or Competin	in, Prior State / Province, Country, a	nd 7ln / Doctol Codo	
Company.		NY	iai Code		i relocation of Correction	in, Prior State / Province, Country, a	iu zip / Postai Code	
		State or Country (If foreign) of Incorpora	ation		If Relocation or Correct	ion, Prior State or Country (If foreig	n) of incorporation	
	4.	Date Opened:		5.	Fiscal Year End (F	BOs and BHCs Only):		
	_	(MM/DD/YYYY)				(MM)	-	
	6.	_ s	subject to 13(a) or	15(d) of SEC Act of	f 1934, but not Se	Act of 1934 and Section 40 ction 404 of SOX Act 13(a) or 15(d) of the SEC /		
	7.	CUSIP Number:	□□ 8.	Tax ID Number:				
	9.	Banking Company Type:   B  C	HC FBO	U.S. Comn	nercial Bank [	U.S. State Chartered Sa	avings Bank	
	10.		☐ Corporation ☐ Business Tru: ☐ Cooperative ☐ Limited Liabil ☐ Other, please	st Sole Policification Solicification Sol	al Partnership roprietorship I Liability Partners hip	☐ Limited Part☐ Mutual☐ Limited Liab☐	nership ility Co./Corp.	
	11.	Is the banking company consol (only reportable for foreign inve	lidated in the repo		ements?	Yes No		
	Owne	rship Section (report at dire		ess otherwise note	d)			
	12.	Direct Holder's Name and Loca			-	ew York, NY, United Sta	tes	
			Legal Name			y, State/Province, Country	_	
		Percentage of a Class of Voting		% 14.	Control by Direct	_	□ No	
		Percentage of Nonvoting Equit		15.	Control by Repor		□ No	
	13.c.			16.		older's Name and Location Holding Company	(if applicable):	
	13.d.	If the reportable company is a t liability company as indicated in			Legal Name of Forme			
		cate the appropriate ownership			New York, Ny,	United States		
		General Partner/Managing			City, State / Province,	Country		
		Limited Partner/Non-Mana	ging Member					
	Activit	y and Legal Authority Secti	ion (for list of FRS FRS Legal	legal authority codes, NAICS	see the Appendix of	these instructions.)		
		Activity Type	Authority Code	Activity Code		Description of Activity		
	17.a.	Primary Activity						
		Secondary Activity				•		
	17.0	(FBOs and BHCs only) Termination of Activity						
	17.6.	remination of Activity					12/2012	

Transfers of Reportable Companies (Reporter's Interest Continues)

Event Reference 116

## Partial Internal Transfer of a BHC, FBO, or Banking Company by a Direct Holder

Schedule 1 of 2 - Used to report the change in ownership

A partial internal transfer		
(less than 100%) is reported	Banking Schedule For Federal Receive Bank Use Only Page	/-10 e 2 of 9
as a Change in Ownership by	Use this schedule to report information about a reporter that is a Banking ID_RSSD_E2 (reportable company)	
the transferring direct holder	Company, and about a reporter's directly or indirectly held interests in a	
and as an <i>Acquisition of a</i>	Banking Company. Check box if correction	n 🗆
Going Concern by the	1.a. Event Type (check all that apply): 1.b. Date of Event: 07/02/yyyy	
receiving direct holder.	(MM/DD/YYYY)	
receiving an est mender.		
If the transferred company is	☐ External Transfer ☐ Change in Characteristics ☐ Debts Previously Contracted	d
a banking company, two	☐ Internal Transfer ☐ Change in Activity or Legal Authority ☐ Became Reportable	
Banking Schedules are	Other, please describe:	
required:	Characteristics Section	
1. One schedule reports	2.a. Biscayen Bayside Bank 2.b.	
· ·	Legal Name of Banking Company  If Name Change or Correction, Prior Legal Name of Banking Company  3.a. 12390 Biscayne Boulevard  3.b.	1
the change in	3.a. 12390 Biscayne Boulevard 3.b.  Current Street Address (Physical Location) If Relocation or Correction, Prior Street Address (Physical Location)	
ownership in the	Miami, Miami-Dade	
transferred company	City and County If Relocation or Correction, Prior City and County	
under the original	FL, United States, 33122  State / Province, Country, and Zip / Postal Code  If Relocation or Correction, Prior State / Province, Country, and Zip / Postal	( Code
direct holder, and	FL	
2. One schedule reports	State or Country (if foreign) of incorporation If Relocation or Correction, Prior State or Country (if foreign) of incorporation	ration
the acquisition of the	4. Date Opened: 5. Fiscal Year End (FBOs and BHCs Only):	
transferred company		
by the new direct	<ol> <li>SEC Reporting Status:</li> <li>Not Applicable</li> <li>Subject to 13(a) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act</li> </ol>	Act
holder	Terminated or suspended reporting requirements under 13(a) or 15(d) of the SEC Act of 1934	4
	7. CUSIP Number:	
If the transfer results in a	not required for FBOs leading six digits only	
change in legal authority	9. Banking Company Type: ☐ BHC ☐ FBO ☐ U.S. Commercial Bank ☐ U.S. State Chartered Savings Ban	nk
code, report the new legal	Other, please describe:	
authority code in the Activity	10. Business Organization Type: Corporation General Partnership Limited Partnership	
and Legal Authority section.	□ Business Trust     □ Sole Proprietorship     □ Mutual       □ Cooperative     □ Limited Liability Partnership     □ Limited Liability Partnership	orp.
,	Limited Liability Limited Partnership	
In this example, Biscayne	Other, please describe:	
Bayside Bancorp, Inc. (the	11. Is the banking company consolidated in the reporter's financial statements?	
top-tier reporter) transfers a	(only reportable for foreign investments)	
portion of its ownership	Ownership Section (report at direct holder level unless otherwise noted)	
interest in Biscayne Bank to	12. Direct Holder's Name and Location: Biscayne Bayside Bancorp, Inc. Miami, FL, United States	
Biscayne Bayside Mid-Tier	Legal Name City, State/Province, Country  13.a. Percentage of a Class of Voting Shares: 60.00 % 14. Control by Direct Holder: ☑ Yes ☐ No	
Bancorp, a company within	13.b. Percentage of Nonvoting Equity: % 15. Control by Reporter:	
the reporter's organization.	13.c. Other Interest: ☐ Yes ☒ No 18. Former Direct Holder's Name and Location (if applicat	hle).
the reporter's organization.	13.d. If the reportable company is a type of partnership or limited	D12).
Note: Do not use the guest	liability company as indicated in Item 10 above, please indi-	
Note: Do not use the event	cate the appropriate ownership interest of the direct holder:	
type Internal Transfer when	☐ General Partner/Managing Member City, State / Province, Country ☐ Limited Partner/Non-Managing Member	
reporting a partial internal		
transfer.	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	2/2012

#### Changes to Reportable or Newly Reportable Companies

Event Reference 116

# Partial Internal Transfer of a BHC, FBO, or Banking Company by a Direct Holder - continued Schedule 2 of 2 - Used to report the acquisition

Use this Compar	<b>cing Schedule</b> schedule to report information about a reporter, and about a reporter's directly or indirectly Company.		_	For Federal Receive Ba ID_RSSD_E1 (direct hol ID_RSSD_E2 (reportable if applicable, former difi	ider)	Page 2 of 9
1.a.	Event Type (check all that apply):		1.b.	. Date of Event: 07	7/02/yyyy	
	☐ De Novo Formation ☐ External Transfer	Change in ( Liquidation Change in (	Charac	ship	M/DD/YYYY)  No Longer Rep Became Inacti Debts Previous Became Repo	ve sly Contracted
Chara	cteristics Section					
2.a.	Biscayen Bayside Bank		2.b.			
	Legal Name of Banking Company				ection, Prior Legal Name of B	anking Company
3.a.	12390 Biscayne Boulevard		3.b.			
	Current Street Address (Physical Location)			If Relocation or Correction	on, Prior Street Address (Phys	sical Location)
	Miami, Miami-Dade					
	City and County			If Relocation or Correctio	n, Prior City and County	
	FL, United States, 33122					
	State / Province, Country, and Zip / Postal Code			ir Relocation or Correction,	, Prior State / Province, Count	ry, and Zlip / Postal Code
	FL State or Country (If foreign) of Incorporation			If Relocation or Correction	on, Prior State or Country (If fo	oreign) of incomoration
_			_			
4.	Date Opened: (MM / DD / YYYY)		5.	Fiscal Year End (FB	BOs and BHCs Only):_	MM/DD)
6.	SEC Reporting Status: Not Applicable				ct of 1934 and Section	-
7.	☐ Terminated or CUSIP Number: ☐☐☐☐☐☐	suspended rep	orting		3(a) or 15(d) of the SE	C Act of 1934
7. 9.		suspended rep  8. Tax ID Nun  FBO  U.	orting in	requirements under 1		
	CUSIP Number:   Terminated or CUSIP Number:   Iteration   Iteratio	suspended rep  8. Tax ID Nun  FBO U.  describe:  ion	orting inber: S. Cor Gene Sole	requirements under 1	3(a) or 15(d) of the SE	d Savings Bank
9.	CUSIP Number:   Terminated or CUSIP Number:   Iteration   Iteratio	suspended rep 8. Tax ID Nun FBO U. describe: ion S Trust Utive Liability Limited ease describe:	orting inber: S. Cor Gene Sole Limit Partne	requirements under 1	3(a) or 15(d) of the SE	d Savings Bank Partnership
9.	CUSIP Number:   Terminated or CUSIP Number:   Iteading six digits only    Banking Company Type:   BHC   F Other, please of Business Organization Type:   Corporati   Business   Cooperati   Limited L   Other, please of Cother, please of Cooperati	suspended rep 8. Tax ID Nun FBO U. describe: ion Is Trust Is tive Iability Limited ease describe: reporter's finan	orting onber: S. Cor Gene Sole Limit Partne	requirements under 1	3(a) or 15(d) of the SE	d Savings Bank Partnership
9.	CUSIP Number:   Terminated or CUSIP Number:   Ieading six digits only    Banking Company Type:   BHC   F  Other, please of Business Organization Type:   Corporati    Business   Cooperat    Limited L   Other, please of Other, please of Cooperati    Is the banking company consolidated in the (only reportable for foreign investments)  TShip Section (report at direct holder levels)	suspended rep 8. Tax ID Nun FBO U. describe: ion 5 Trust tive Liability Limited ease describe: reporter's finan	orting inber: S. Cor Gene Sole Limit Partne cial sta	requirements under 1	3(a) or 15(d) of the SE	d Savings Bank 'artnership iability Co./Corp.
9. 10. 11.	CUSIP Number:   Terminated or CUSIP Number:   Iteading six digits only    Banking Company Type:   BHC   F Other, please of Business Organization Type:   Corporati   Business   Cooperat   Limited L   Other, please of Cooperati   Other, please of Coo	suspended rep 8. Tax ID Nun FBO U. describe: ion	orting inber: S. Cor Gene Sole Limit Partne cial sta	requirements under 1	3(a) or 15(d) of the SE	d Savings Bank 'artnership iability Co./Corp.
9. 10. 11.	CUSIP Number:     Terminated or   CUSIP Number:               Not required for FBOs   leading six digits only   Banking Company Type:   BHC   F   Other, please of   Business Organization Type:   Corporati   Business   Business   Cooperati   Limited L   Other, please of   Cooperati   Is the banking company consolidated in the (only reportable for foreign investments)  rship Section (report at direct holder leve   Direct Holder's Name and Location: Biscay   Legal National   Biscay   Bisca	suspended rep 8. Tax ID Nun FBO U. describe: ion Grust U itive iability Limited ease describe: reporter's finan ef unless otherw yne Bayside N ime	orting inber: S. Cor Gene Sole Limit Partne cial sta	requirements under 1	3(a) or 15(d) of the SE	d Savings Bank 'artnership iability Co./Corp.
9. 10.  11.  Owne 12. 13.a.	CUSIP Number:       Terminated or   CUSIP Number:               Not required for FBOs   leading six digits only   Banking Company Type:   BHC   F   Other, please or   Business Organization Type:   Corporati   Business   Cooperat   Limited L   Other, please or   Cooperat   Limited L   Other, please or   Is the banking company consolidated in the (only reportable for foreign investments)  TShip Section (report at direct holder leve   Direct Holder's Name and Location:   Biscay   Legal Na   Percentage of a Class of Voting Shares:   40.	suspended rep 8. Tax ID Nun FBO U. describe: ion Grust U itive iability Limited ease describe: reporter's finan ef unless otherw yne Bayside N ime	orting inber: S. Cor Genel Sole Limit Partne cial sta	requirements under 1	3(a) or 15(d) of the SE	d Savings Bank Partnership iability Co./Corp.
9. 10. 11. Owne 12. 13.a. 13.b.	CUSIP Number:       Terminated or   CUSIP Number:               Not required for FBOs   leading six digits only   Banking Company Type:   BHC   F   Other, please of   Business Organization Type:   Corporati   Business   Cooperat   Limited L   Other, please of   Cooperat   Limited L   Other, please of   Is the banking company consolidated in the (only reportable for foreign investments)  rship Section (report at direct holder leve   Direct Holder's Name and Location:   Biscay   Legal Na   Percentage of a Class of Voting Shares:   40.   Percentage of Nonvoting Equity:   %	suspended rep 8. Tax ID Nun FBO U. describe: ion Grust U itive iability Limited ease describe: reporter's finan ef unless otherw yne Bayside N ime	orting inher: S. Cor General Sole Limit Partne cial state 14. 15.	requirements under 1	3(a) or 15(d) of the SE	d Savings Bank Partnership iability Co./Corp.
9. 10. 11. Owne 12. 13.a. 13.b. 13.c.	CUSIP Number:       Terminated or   CUSIP Number:               Not required for FBOs   leading six digits only   Banking Company Type:   BHC   F   Other, please of   Business Organization Type:   Corporati   Business   Cooperat   Limited L   Other, please of   Cooperat   Co	suspended rep 8. Tax ID Nun FBO U. describe: ion Grust U itive i.iability Limited ease describe: reporter's finan e/ unless otherw yne Bayside N ime .00 %	orting inher: S. Cor General Sole Limit Partne cial str ise nor 14.	requirements under 1	3(a) or 15(d) of the SE	d Savings Bank Partnership iability Co./Corp.
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9. 10. 11. Owne 12. 13.a. 13.b. 13.c.	CUSIP Number:       Terminated or   CUSIP Number:                 Not required for FBOs   leading six digits only   Banking Company Type:   BHC   F   Other, please of   Business Organization Type:   Corporati   Business   Business   Cooperati   Limited L   Other, please of   Other, please of   Business   Cooperati   Limited L   Other, please of   Direct Holder's Name and Location:   Biscay   Legal Name   Percentage of a Class of Voting Shares:   Percentage of Nonvoting Equity:     %   Other Interest:   Yes   No   If the reportable company is a type of partner   Is the appropriate ownership interest of the   General Partner/Managing Member	suspended rep 8. Tax ID Nun FBO U. describe:	orting inher: S. Cor General Sole Limit Partne cial state 14. 15.	requirements under 1	3(a) or 15(d) of the SE	d Savings Bank Partnership iability Co./Corp.  No
9. 10. 11. Owne 12. 13.a. 13.b. 13.c. 13.d.	CUSIP Number:	suspended rep 8. Tax ID Nun FBO U. describe: ion 5 Trust tive Liability Limited ease describe: reporter's finan ef unless otherw yne Bayside N me ership or limited ve, please indi- e direct holder:	mber: S. Cor Gend Sole Limit Partne cial str ise nor 14. 15. 16.	requirements under 1	3(a) or 15(d) of the SE	d Savings Bank Partnership iability Co./Corp.
9. 10. 11. Owne 12. 13.a. 13.b. 13.c. 13.d.	CUSIP Number:	suspended rep 8. Tax ID Nun FBO U. describe:	mber: S. Cor Gennel Sole Limit Partne cial statise no: lid-Tie 16.	requirements under 1	3(a) or 15(d) of the SE	d Savings Bank Partnership iability Co./Corp.  No
9. 10. 11. Owne 12. 13.a. 13.b. 13.c. 13.d.	CUSIP Number:	suspended rep 8. Tax ID Nun FBO U. describe: ion	mber: S. Cor General Sole Limit Partne cial sta	requirements under 1	3(a) or 15(d) of the SE	d Savings Bank Partnership iability Co./Corp.
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9. 10.  11.  Owne 12. 13.a. 13.b. 13.c. 13.d.  Activit	CUSIP Number:	suspended rep 8. Tax ID Nun FBO U. describe: ion	mber: S. Cor General Sole Limit Partne cial sta	requirements under 1	3(a) or 15(d) of the SE	d Savings Bank Partnership iability Co./Corp.

Transfers of Reportable Companies (Reporter's Interest Continues)

Event Reference 117

## External Transfer or Sale of a BHC, FBO, or Banking Company by a Direct Holder

Banking Schedule  Use his subdud 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.  In this example, Stonewall Banking Company.  In this example, Stonewall Banking Company.  In this example, Stonewall Banking Company and Extra Transfer   Change in Ownership Liquidation   Company is completely divested through an external transfer or sale. However, Stonewall Banking Company is completely divested through an external transfer or sale. However, Stonewall Banking Company is completely divested through an external transfer or sale. However, Stonewall Banking Company is continued to their direct holders within the organization.  If the reportable interest in the company does not continue, see the examples listed under Companies are No Longer Reportable (Costation of Business or Reporters' Interest).  If the reportable company does not continue, see the examples listed under Companies are No Longer Reportable (Costation of Business or Reporters' Interest).  If the reportable company does not continue, see the examples listed under Companies are No Longer Reportable (Costation of Business or Reporters' Interest).  If the reportable company does not continue, see the examples listed under Companies are No Longer Reportable (Costation of Business Organization).  If the reportable company does not continue, see the examples listed under Companies are No Longer Reportable (Costation of Business Organization).  If the reportable company does not continue, see the examples listed under Companies are No Longer Reportable (Costation of Business Organization).  If the reportable company does not continue, see the examples listed under Companies are No Longer Reportable (Costation of Business Organization).  If the reportable company type: Business Organization type (Gorganization).  In the reportable formation the proportion (Gorganization) or the proportion (Gorganization) or the proportion (Gorganization) or the proportion (Gorg	This event assumes that the										
divests its interest in the reportable banking company but the top-tier reporter's interest in the company continues.  In this example, Stonewall Banking Company continues.  In this example, Stonewall Banking Company continues be a continued by the continues of	direct holder completely	Bank	ing Schedule								
Company and about a reporter's directly or indirectly held interests in a   Senting company	divests its interest in the		-	ion about a rep	orter that is a B	anking					•
but the top-tier reporter's interest in the company continues.  In this example, Stonewall Banchares' direct ownership interest in Stonewall Banchares' direct ownership interest in Stonewall Banking Company continues to be a reportable interest due to other direct holder within the organization.  If the reporter's interest in the company does not continue, see the examples listed under Company does not continue, see the examples (Cessation of Business or Reporters' Interest).  If the reportable company does not continue, see the examples (Cessation of Business or Reporters' Interest).  SEC Reporting Status:   Not Applicable   Status	reportable banking company.									_	
interest in the company continues.  1.a. Event Type (sheck all that apply):		Banking	Company.				•		Check box	x if correc	tion 🗆
Acquisition of a Going Concern   Change in Ownership   No Longe Reportable	• •	1.5	Event Tune /sheek all that	anniu):		1 h	Date of Event: 05	/04/spage			
In this example, Stonewall Bancshares' direct ownership interest in Stonewall Banking Company is completely divested through an external transfer or sale. However, Stonewall Banking Company continues to be a reportable interest due to other direct holders within the organization.  If the reportable company does not continue, see the examples listed under Company is controlled from colorisistics  If the reportable company does not continue, see the examples listed under Companies are No Longer Reportable (Cessation of Business or Reporters' Interest!).  SEC Reporting Status:   Not Applicable   Subject to 13(a) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act Temperature of the Value of Section (Papora at direct holder labelity Conjourny Type:   SEC Reporting Status:   Not Applicable   Subject to 13(a) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act Temperature of Section (Papora at direct holder level unless describe:    Ownership Section (Papora at direct holder level unless describe:	' '	1.4.	Event Type (Gleck all that	арріу).		1.0.			)		
In this example, Stonewall Banking Company is completely divested through an external transfer to sale. However, Stonewall Banking Company is completely divested through an external transfer or sale. However, Stonewall Banking Company and the sale of the sal	continues.			Concern			hip				
Bancshares' direct ownership interest in Stonewall Banking Company is completely divested through an external transfer or sale. However, Stonewall Banking Company to Company is completely divested through an external transfer or sale. However, Stonewall Banking Company Continues to be a reportable interest due to other direct holders within the organization.    If the reporter's interest in the reportable company does not continue, see the examples listed under Companies are No Longer Reportable (Cessation of Business or Reporters' Interest).    SEC Reporting Status: Not Applicable   Subject to 13(a) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act netwership   Subject to 13(a) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act netwership   Subject to 13(a) or 15(d) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act netwership   Subject to 13(a) or 15(d) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act netwership   Subject to 13(a) or 15(d) or 15(d) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act netwership   Subject to 13(a) or 15(d) or 15(d) or 15(d) of 15(d) of the SEC Act of 1934 and Section 404 or SOX Act netwership   Subject to 13(a) or 15(d) or 15(d) or 15(d) of 15(d) of the SEC Act of 1934 and Section 404 or SOX Act netwership   Subject to 13(a) or 15(d) or 15(d) or 15(d) or 15(d) of 15(d) of the SEC Act of 1934 and Section 404 or SOX Act netwership   Subject to 13(a) or 15(d) or 15(d) or 15(d) of the SEC Act of 1934 and Section 404 or SOX Act netwership   Subject to 13(a) or 15(d) or 15(d) or 15(d) of the SEC Act of 1934 and Section 404 or SOX Act netwership   Subject to 13(a) or 15(d) or 15(d) of the SEC Act of 1934 and Section 404 or SOX Act netwership   Subject to 13(a) or 15(d) or 15(d) of the SEC Act of 1934 and Section 404 or SOX Act netwership   Subject to 13(a) or 15(d) or 15(d) of 15(d) of the SEC Act of 1934 and Section 404 or SOX Act netwership   Subject to 13(a) or 15(d) or 15(d) or 15(d) of the SEC Act of 1934 and Section 404 or SOX Act netwership   Subject to											
Other, please describe:	• •		=					=		-	cted
Characteristics Section Company is completely divested through an external transfer or sale. However, Stonewall Banking Company Continues to be a reportable interest due to other direct holders within the organization.  If the reporter's interest in the reportable company does not continue, see the examples listed under Companies are No Longer Reportable (Cessation of Business or Reporters' Interest).  Secondary Types: Belt C   Banking Company Types: Belt C   Banking Company Set Set Section (Fig. 13) Business or Reporters' Interest).  CLUSIP Number:			_	:	Onunge ii		or Legal Additionly	_ 500	unic report	ubic	
2.a. Stonewall Banking Company transfer or Sale, However, Stonewall Banking Company continues to be a reportable interest due to other direct holders within the organization.  If the reporter's interest in the reportable company does not continue, see the examples listed under Companies are No Longer Reportable (Cessation of Business or Reporters' Interest).  SEC Reporting Status:    Not Applicable   Subject to 13(a) or 15(d) of SEC Act of 1924 and Section 404 of SOX Act   Not Applicable   Subject to 13(a) or 15(d) of SEC Act of 1924 and Section 404 of SOX Act   Not Applicable   Subject to 13(a) or 15(d) of SEC Act of 1924 and Section 404 of SOX Act   Not Applicable   Subject to 13(a) or 15(d) of SEC Act of 1924 and Section 404 of SOX Act   Not Applicable   Subject to 13(a) or 15(d) of SEC Act of 1924 and Section 404 of SOX Act   Subject to 13(a) or 15(d) of SEC Act of 1924 and Section 404 of SOX Act   Subject to 13(a) or 15(d) of SEC Act of 1924 and Section 404 of SOX Act   Subject to 13(a) or 15(d) of SEC Act of 1924 and Section 404 of SOX Act   Subject to 13(a) or 15(d) of SEC Act of 1924 and Section 404 of SOX Act   Subject to 13(a) or 15(d) of SEC Act of 1924 and Section 404 of SOX Act   Subject to 13(a) or 15(d) of SEC Act of 1924 and Section 404 of SOX Act   Subject to 13(a) or 15(d) of SEC Act of 1924 and Section 404 of SOX Act   Subject to 13(a) or 15(d) of SEC Act of 1924 and Section 404 of SOX Act   Subject to 13(a) or 15(d) of SEC Act of 1924 and Section 404 of SOX Act   Subject to 13(a) or 15(d) of SEC Act of 1924 and Section 404 of SOX Act   Subject to 13(a) or 15(d) of SEC Act of 1924 and Section 404 of SOX Act   Subject to 13(a) or 15(d) of the SEC Act of 1924 and Section 404 of SOX Act   Subject to 13(a) or 15(d) of the SEC Act of 1924 and Section 404 of SOX Act   Subject to 13(a) or 15(d) of the SEC Act of 1924 and Section 404 of SOX Act   Subject to 13(a) or 15(d) of the SEC Act of 1924 and Section 404 of SOX Act   Subject to 13(a) or 15(d) of the SEC Act of 1924 and Section 404 of SOX Act	interest in Stonewall Banking	CL									
Lega Name of Banking Company Continues to be a reportable interest due to other direct holders within the organization.  If the reportable company does not continue, see the examples listed under Company globe company does not continue, see the examples listed under Company are No Longer Reportable (Cessation of Business or Reporters' Interest).  SEC Reporting Status: Not Applicable   Subject to 13(a) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act of 1934 and	Company is completely			nany		2.5					
Common Co	divested through an external	2.a.		parry		_ 2.b.	If Name Change or Corre	ction, Prior Leg	gal Name of Bar	nking Comp	any
Charlotte, Mecklenburg  Dy and Country  Not, United States, 28202  State Previous, Country, and 2p / Postal Code  NV  Note reported in the reportable company does not continue, see the examples listed under Companies are No Longer Reportable (Cessation of Business or Reporters'  Interest).  SEC Reporting Status:   Not Applicable   Subject to 13(a) or 15(d) of SEC Act of 1934 and Section 494 of SOX Act    Terminated or suspended report allow into State or Country (Intelligence of 1934 and Section 494 of SOX Act    Terminated or suspended report allow into Section 494 of SOX Act    Terminated or suspended report allow into Section 494 of SOX Act    Terminated or suspended report allow into Section 494 of SOX Act    Terminated or suspended report allow into Section 494 of SOX Act    Terminated or suspended report allow into Section 494 of SOX Act    Terminated or suspended report allow into Section 494 of SOX Act    Terminated or suspended report allow into Section 494 of SOX Act    Terminated or suspended report allow into Section 494 of SOX Act    Terminated or suspended report allow into Section 494 of SOX Act    Terminated or suspended report allow into Section 494 of SOX Act    Terminated or suspended report allow into Section 494 of SOX Act    Terminated or suspended report allow into Section 494 of SOX Act    Terminated or suspended report allow into Section 494 of SOX Act    Terminated or suspended report allow into Section 494 of SOX Act    Terminated or suspended report allow into Section 494 of SOX Act    Terminated or suspended report allow into Section 494 of SOX Act    Terminated or suspended report allow into Section 494 of SOX Act    Terminated or suspended report allow into Section 494 of SOX Act    Terminated or suspended report allow into Section 494 of SOX Act    Terminated or suspended report allow into Section 494 of SOX Act    Terminated or suspended report allow into Section 494 of SOX Act    Terminated or suspended report allow into Section 494 of SOX Act    Terminated or suspended report	transfer or sale. However,	3.a.				3.b.	-		•		•
continues to be a reportable interest due to other direct holders within the organization.    No. United States, 28202   State Previous, Country, and Zay Postat Code   Resocation or Correction, Prior State or Country, and Zay Postat Code   Resocation or Correction, Prior State or Country (if treety) of incorporation	Stonewall Banking Company			ocation)		_	If Relocation or Correctio	n, Prior Street A	Address (Physic	cal Location	)
Interest due to other direct holders within the organization.    Sale / Province, Country, and Zpr / Postal Code   Treatment of Company and Zpr / Postal Code   Treatment of Code   Treatment o	continues to be a reportable					_	If Boloodian or Correctio	Drier Cify and	d County		
State / Province, Country, and Zip / Postal Code   The Bootation or Correction, Pitor State / Province, Country, and Zip / Postal Code   The Bootation or Correction, Pitor State or Country (if foreign) of incorporation   The Resocation or Correction, Pitor State or Country (if foreign) of incorporation   The Resocation or Correction, Pitor State or Country (if foreign) of incorporation   The Resocation or Correction, Pitor State or Country (if foreign) of incorporation   The Resocation or Correction, Pitor State or Country (if foreign) of incorporation   The Resocation or Correction, Pitor State or Country (if foreign) of incorporation   The Resocation or Correction, Pitor State or Country (if foreign) of incorporation   The Resocation or Correction, Pitor State or Country (if foreign) of incorporation   The Resocation or Correction, Pitor State or Country (if foreign) of incorporation   The Resocation or Correction, Pitor State or Country (if foreign) of incorporation   The Resocation or Correction, Pitor State or Country (if foreign) of incorporation   The Resocation or Correction, Pitor State or Country (if foreign) of incorporation   The Resocation or Correction, Pitor State or Country (if foreign) of incorporation   The Resocation or Correction, Pitor State or Country (if foreign) of incorporation   The Resocation or Correction, Pitor State or Country (if foreign) of incorporation   The Resocation or Correction, Pitor State or Country (if foreign) of incorporation   The Resocation or Correction, Pitor State or Country (if foreign) of incorporation   The Resocation or Correction, Pitor State or Country (if foreign) of incorporation of the SEC Act of 1934 but not of	'			12			ii Reiocalion or Correctio	ii, Piloi City ani	u County		
NV   State or Country (if foreign) of incorporation   If Recocation or Correction, Prior State or Country (if foreign) of incorporation   If Recocation or Correction, Prior State or Country (if foreign) of incorporation   If Recocation or Correction, Prior State or Country (if foreign) of incorporation   If Recocation or Correction, Prior State or Country (if foreign) of incorporation   If Recocation or Correction, Prior State or Country (if foreign) of incorporation   If Recocation or Correction, Prior State or Country (if foreign) of incorporation   SEC Reporting Status:   Not Applicable   Subject to 13(a) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act   Correction and States or 15(d) of SEC Act of 1934   SEC Act of 1934   SEC Act of 1934   SEC Reporting Status:   Not Applicable   Subject to 13(a) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act   Correction   Section 404 of SOX Act   SEC Act of 1934   SEC Act of 193						_	If Relocation or Correction,	Prior State / Pro	ovince, Country,	and Zlp/P	ostal Code
If the reporter's interest in the reportable company does not continue, see the examples listed under Companies are No Longer Reportable (Cessation of Business or Reporters' Interest).    SEC Reporting Status:   Not Applicable   Subject to 13(a) or 15(d) of SEC Act of 1934 and Saction 404 of SOX Act						_					
If the reporter's interest in the reportable company does not continue, see the examples listed under  Companies are No Longer  Reportable (Cessation of Business or Reporters' Interest).    CUSIP Number:	organization.		State or Country (If foreign) of Inco	rporation			If Relocation or Correctio	n, Prior State o	r Country (If for	elgn) of Inc	orporation
the reportable company does not continue, see the examples listed under Companies are No Longer Reportable (Cessation of Business or Reporters' Interest).  6. SEC Reporting Status:   Not Applicable   Subject to 13(a) or 15(d) of SEC Act of 1934, but not Section 404 of SOX Act	If the manager of a factor act in	4.		vv)		5.	Fiscal Year End (FB	Os and BH		MDD	
Subject to 13(a) or 15(d) of SEC Act of 1934, but not Section 40 of SOX Act		_	_						,		
Terminated or suspended reporting requirements under 13(a) or 15(d) of the SEC Act of 1934 examples listed under Companies are No Longer Reportable (Cessation of Business or Reporters' Interest).   Banking Company Type:   BHC   FBO   U.S. Commercial Bank   U.S. State Chartered Savings Bank   Business Trust   Sole Proprietorship   Limited Liability Partnership   Limited Liability Limited Partnership   Limited Liability Limited Partnership   Limited Liability Limited Partnership   Limited Liability Limite		6.								404 of S0	X Act
Cusing Number:	*									Act of 1	934
Companies are No Longer Reportable (Cessation of Business or Reporters' Interest).    Banking Company Type:   Corporation   General Partnership   Limited Partnership   Mutual   Liability Co./Corp.	examples listed under	7				_					
Other, please describe:	Companies are No Longer	••		digits only	o. Tax ID IV	amber					
10. Business Organization Type:   Corporation   General Partnership   Limited Partnership   Business Trust   Sole Proprietorship   Mutual   Control properties   Limited Liability Partnership   Limited Liability Co./Corp.   Limited Liability Partnership   Limited Liability Partnership   Limited Liability Co./Corp.   Limited Liability Co./Corp.   Limited Liability Partnership   Limited Liability Co./Corp.   Limited Liability Co./Corp.   Limited Liability Co./Corp.   Limited Partnership Corp.   Limited Liability Co./Corp.   Limited Partnership Corp.   Limited Partnership Corp.   Limited Liability Co./Corp.   Limited Partnership Corp.   Limited	-	9.		_		J.S. Com	mercial Bank	U.S. State	Chartered S	Savings	Bank
11. Is the banking company consolidated in the reporter's financial statements? Yes No (only reportable for foreign investments)  Ownership Section (report at direct holder level unless otherwise noted)  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. Percentage of Nonvoting Equity: % 15. Control by Reporter: Yes No 13.c. Other Interest: Yes No 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:  General Partner/Managing Member  Activity and Legal Authority Section (for list of FRS legal authority codes, see the Appendix of these instructions.)  FRS Legal NAICS Authority Code Authority Code Description of Activity  17.a. Primary Activity  17.b. Secondary Activity	Interest).	10.	Business Organization Typ	☐ Busine: ☐ Cooper ☐ Limited	ss Trust ative Liability Limite	☐ Sole F☐ Limited Description	roprietorship d Liability Partnersh		Mutual		
Ownership Section (report at direct holder level unless otherwise noted)  12. Direct Holder's Name and Location:    Legal Name		11.		nsolidated in th			ements?	Yes   1	No		
Legal Name   City, State/Province, Country		Owne			el unless other	wise note	ed)				
13.a. Percentage of a Class of Voting Shares:%		12.	Direct Holder's Name and		Name.			State/Drovings	Country		
13.b. Percentage of Nonvoting Equity:%		12 0	Percentage of a Class of V	-		14				Пма	
13.c. Other Interest:  Yes  No  16.  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:  Stonewall, NC, United States  General Partner/Nan-Managing Member  Limited Partner/Non-Managing Member  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			-				-				
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:  General Partner/Managing Member Limited Partner/Non-Managing Member  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					'						ionblo):
Isability company as indicated in Item 10 above, please in Item 10 ab					ambia co form				and Locatio	п (п арр	icable):
cate the appropriate ownership interest of the direct holder:  General Partner/Managing Member  Limited Partner/Non-Managing Member  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		13.0.									
Limited Partner/Non-Managing Member  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							Stonewall, NC, U	Jnited Stat	es		
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							City, State / Province, C	country			
Activity Type FRS Legal NAICS Authority Code Activity Code Description of Activity  17.a. Primary Activity  17.b. Secondary Activity			☐ Limited Partner/Non-M	anaging Memb	er						
Activity Type Authority Code Activity Code Description of Activity  17.a. Primary Activity  17.b. Secondary Activity		Activity	y and Legal Authority S				, see the Appendix of t	nese instructi	ions.)		
17.b. Secondary Activity			Activity Type					Description	of Activity		
17.b. Secondary Activity		17.a.	Primary Activity								
			(FBOs and BHCs only)		_						
17.c. Termination of Activity		17.c.	Termination of Activity								43/3042
12/2012											12/2012

Transfers of Reportable Companies (Reporter's Interest Continues)

Event Reference 118

## Internal Transfer of a Nonbanking Company by a Direct Holder

This event assumes that the	
direct holder completely	Nonhanking Schodulo FR Y-10
transfers its interest (100%)	Use this calculus for report information about a reporter that is a Nonhanking Company
in the reportable nonbanking	and about a reporter's directly or indirectly held interests in a Nonbanking Company.
company to a company	Note: Savings associations acquired by a BHC and transactions involving SLHCs and
within the reporter's	savings associations should be reported on the Savings and Loan Schedule. Check box if correction
•	1.a. Event Type (check all that apply):  1.b. Date of Event:   (MM / DD / YYYY)
organization. It is also	☐ Acquisition of a Going Concern ☐ Change in Ownership ☐ No Longer Reportable
assumed that the new direct	☐ De Novo Formation ☐ Liquidation ☐ Became Inactive
holder did not have a prior	☐ External Transfer ☐ Change in Characteristics ☐ Became Reportable ☐ Internal Transfer ☐ Change in Activity or Legal Authority
interest in the reportable	☑ Internal Transfer ☑ Change in Activity or Legal Authority ☐ Other, please describe:
company.	Characteristics Section
	2.a. Newberry and Smith Trust Company 2.b.
If the transfer results in a	Legal Name of Nonbanking Company  If Name Change or Correction, Prior Legal Name of Nonbanking Company
change in the legal authority	3.a. Atlanta, Fulton 3.b.
code, report the new legal	City and County (Physical Location)  If Relocation or Correction, Prior City and County (Physical Location)  GA, United States, 30303
authority code in the Activity	State / Province, Country, and Zip / Postal Code If Relocation or Correction, Prior State / Province, Country, and Zip / Postal Code
and Legal Authority Section.	DE State or Country (If foreign) of incorporation  If Relocation or Correction, Prior State or Country (If foreign) of incorporation
and Legal Additiontly Section.	
In this average Coorsis	<ol> <li>If the Nonbanking Company is a functionally regulated subsidiary, indicate its functional regulator:</li> <li>□ Not Applicable</li> <li>□ SEC and CFTC</li> <li>□ SEC Only</li> </ol>
In this example, Georgia	☐ CFTC only ☐ State Securities Department ☐ State Insurance Regulator
Peach Bank Holding Company	5. Is the Nonbanking Company a Financial Subsidiary of an insured depository institution?
transfers its entire interest in	6. SEC Reporting Status: Not Applicable Subject to 13(a) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act
Newberry and Smith Trust	Subject to 13(a) or 15(d) of SEC Act of 1934, but not Section 404 of SOX Act
Company to its subsidiary	☐ Terminated or suspended reporting requirements under 13(a) or 15(d) of the SEC Act of 1934
bank, Georgia Peach Bank.	7. CUSIP Number:             8. Tax ID Number:   -     -
Because Newberry and Smith	Nonbanking Company Type (see instructions for list):
Trust Company was	Other, please describe:
transferred from a Bank	10. Business Organization Type: Corporation General Partnership Limited Partnership
Holding Company to a Bank,	☐ Business Trust ☐ Sole Proprietorship ☐ Mutual
the legal authority code for	☐ Cooperative ☐ Limited Liability Partnership ☐ Limited Liability Co./Corp.
the investment in the	☐ Limited Liability Limited Partnership ☐ Other, please describe:
	11. Is the Nonbanking Company consolidated in the reporter's financial statements?
nonbank also changes and	Answer the above question only if the Nonbanking Company is one of the following "foreign" offices:
must be reported.	(a) Consolidated subsidiary in a foreign country; (b) a majority-owned Edge or agreement subsidiary
	Ownership Section (report at direct holder level unless otherwise noted)
	12. Direct Holder's Name and Location: Georgia Peach Bank Atlanta, GA, United States
	Legal Name City, State/Province, Country
	13.a. Percentage of a Class of Voting Shares: ☐ 100% 14. Control by Direct Holder: ☐ Yes ☐ No☐ 80% to <100% ☐ >50% to <80% ☐ 25% to 50% 15. Regulation K, Subpart A Investments:
	□ 80% to <100%    □ >50% to <80%    □ 25% to 50%    15. Regulation K, Subpart A Investments:     □ <25% but 25% or more in the aggregate or otherwise    □ Portfolio Investment
	controlled elsewhere within the organization   Joint Venture
	13.b. Other Interest:  Yes No Subsidiary
	<ol> <li>If the reportable company is a type of partnership or limited liability company as indicated in Item 10 above, please indi-</li> <li>Former Direct Holder's Name and Location (if applicable):</li> </ol> Georgia Peach Bank Holding Company
	liability company as indicated in Item 10 above, please indi- cate the appropriate ownership interest of the direct holder:  Georgia Peach Bank Holding Company  Legal Name of Former Direct Holder
	General Partner/Managing Member Atlanta, GA, United States
	Limited Partner/Non-Managing Member City, State / Province, Country
	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 104
	17.a. Primary Activity 104 17.b. Secondary Activity
	17.c. Termination of Activity
	12/2012

Transfers of Reportable Companies (Reporter's Interest Continues)

Event Reference 119

## Partial Internal Transfer of a Nonbanking Company by a Direct Holder

Schedule 1 of 2 - Used to report the change in ownership

A partial internal transfer is	
reported as a <i>Change in</i>	Nonbanking Schedule For Federal Reserve Bank Use Only FR Y-10 Page 4 of 9
Ownership by the direct	Use this schedule to report information about a reporter that is a Nonbanking Company,    D_RSSD_E2 (reportable company)   D_RSSD_E2
holder transferring the partial	and about a reporter's directly or indirectly held interests in a Nonbanking Company.
ownership and as an <i>Acquisi</i> -	Note: Savings associations acquired by a BHC and transactions involving SLHCs and savings associations should be reported on the Savings and Loan Schedule.  Check box if correction
tion of a Going Concern by the	1.a. Event Type (check all that apply):  1.b. Date of Event: 08/20/yyyy
direct holder receiving the	(MM/DD/YYYY)
transfer.	Acquisition of a Going Concern Change in Ownership No Longer Reportable
tialisiei.	□ De Novo Formation     □ Liquidation     □ Became Inactive       □ External Transfer     □ Change in Characteristics     □ Became Reportable
If the two persons of a property is	☐ Internal Transfer ☐ Change in Activity or Legal Authority
If the transferred company is	Other, please describe:
a nonbank, two Nonbanking	Characteristics Section
Schedules must be filed:	2.a. Meadowlark Golden Securities 2.b.
1. One schedule reports the	Legal Name of Nonbanking Company  1f Name Change or Correction, Prior Legal Name of Nonbanking Company  3.a. San Francisco, San Francisco  3.b.
change in ownership in	3.a. San Francisco, San Francisco 3.b. City and County (Physical Location) If Relocation or Correction, Prior City and County (Physical Location)
the transferred company	CA, United States, 94105
under the original direct	State / Province, Country, and Zip / Postal Code  If Relocation or Correction, Prior State / Province, Country, and Zip / Postal Code  CA
holder, and	State or Country (If foreign) of incorporation If Relocation or Correction, Prior State or Country (If foreign) of incorporation
2. One schedule reports the	4. If the Nonbanking Company is a functionally regulated subsidiary, indicate its functional regulator:
acquisition of the	□ Not Applicable □ SEC and CFTC □ SEC Only
transferred company by	☐ CFTC only ☐ State Securities Department ☐ State Insurance Regulator
the new direct holder	5. Is the Nonbanking Company a Financial Subsidiary of an insured depository institution?
the new direct holder	6. SEC Reporting Status: Not Applicable Subject to 13(a) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act
If the attraction and the traction	□ Subject to 13(a) or 15(d) of SEC Act of 1934, but not Section 404 of SOX Act     □ Terminated or suspended reporting requirements under 13(a) or 15(d) of the SEC Act of 1934
If the transfer results in a	7. CUSIP Number:
change in the legal authority	see instructions for Teadling six diligits only when applicable
code, report the new legal	Nonbanking Company Type (see instructions for list):
authority code in the Activity	Other, please describe:
and Legal Authority section.	10. Business Organization Type: Corporation General Partnership Limited Partnership
	☐ Business Trust     ☐ Sole Proprietorship     ☐ Mutual       ☐ Cooperative     ☐ Limited Liability Partnership     ☐ Limited Liability Co./Corp.
In this example, Meadowlark	Limited Liability Limited Partnership
BHC is transferring part of its	Other, please describe:
ownership interest in	11. Is the Nonbanking Company consolidated in the reporter's financial statements?
Meadowlark Golden Securi-	Answer the above question only if the Nonbanking Company is one of the following "foreign" offices:  (a) Consolidated subsidiary in a foreign country; (b) a majority-owned Edge or agreement subsidiary
ties, a nonbanking company,	
to Spartan Holdings, another	Ownership Section (report at direct holder level unless otherwise noted)
company within the top-tier	12. Direct Holder's Name and Location: Meadowlark BHC San Francisco, Ca, United States  Legal Name City, State/Province, Country
· · ·	13.a. Percentage of a Class of Voting Shares: ☐ 100% 14. Control by Direct Holder: ☒ Yes ☐ No
reporter's organization. In this	☐ 80% to <100%   >50% to <80%  ☐ 25% to 50%  15. Regulation K, Subpart A Investments:
example, the legal authority	<25% but 25% or more in the aggregate or otherwise Portfolio Investment
code does not change.	controlled elsewhere within the organization
	13.b. Other Interest: ☐ Yes ☒ No ☐ Subsidiary  13.c. If the reportable company is a type of partnership or limited 16. Former Direct Holder's Name and Location (if applicable):
Note: Do not select the event	liability company as indicated in Item 10 above, please indi-
type <i>Internal Transfer</i> when	cate the appropriate ownership interest of the direct holder:
reporting a partial internal	☐ General Partner/Managing Member ☐ Limited Partner/Non-Managing Member ☐ City, State / Province, Country
transfer.	
	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
	17.c. Termination of Activity

Transfers of Reportable Companies (Reporter's Interest Continues)

Event Reference 119

## Partial Internal Transfer of a Nonbanking Company by a Direct Holder

Schedule 2 of 2 - Used to report the acquisition

Use this and abo Note: Sa	Dbanking Schedule is schedule to report information about a reporter that is a Nonbanking Company. bout a reporter's directly or indirectly held interests in a Nonbanking Company. Savings associations acquired by a BHC and transactions involving SLHCs and sassociations should be reported on the Savings and Loan Schedule.    For Faderal Reserve Bank Use Omly   Page 4 or   Page
	a. Event Type (check all that apply):  1.b. Date of Event: 08/20/yyyy
1.a.	Event type (check all that apply):   (MM / 10D / YYYY)
Chara	racteristics Section
2.a.	a. Meadowlark Golden Securities 2.b. Legal Name of Nonbanking Company if Name Change or Correction, Prior Legal Name of Nonbanking Company a. San Francisco, San Francisco City and County (Physical Location) if Relocation or Correction, Prior City and County (Physical Location)
	CA, United States, 94105  State / Province, Country, and Zip / Postal Code If Relocation or Correction, Prior State / Province, Country, and Zip / Postal Code
	CA State or Country (if foreign) of incorporation If Relocation or Correction, Prior State or Country (if foreign) of incorporation
4.	
5.	Is the Nonbanking Company a Financial Subsidiary of an insured depository institution?
7.	see instructions for leading six digits only when applicable
9.	Nonbanking Company Type (see instructions for list):
10.	Business Organization Type: Corporation General Partnership Limited Partnership Business Trust Sole Proprietorship Mutual Cooperative Limited Liability Partnership Limited Liability Co./Corp. Limited Liability Limited Partnership Other, please describe:
11.	
Owne	nership Section (report at direct holder level unless otherwise noted)
12.	Direct Holder's Name and Location: Spartan Holdings San Francisco, Ca, United States Legal Name City, State/Province, Country
13.a.	a. Percentage of a Class of Voting Shares:
13 h	b. Other Interest: See No Substitute Substit
	cate the appropriate ownership interest of the direct holder:  General Partner/Managing Member  General Partner/Managing Member
13.c.	General Partner/Managing Member Limited Partner/Non-Managing Member City, State / Province, Country
13.c.	General Partner/Managing Member

Transfers of Reportable Companies (Reporter's Interest Continues)

Event Reference 120

## **External Transfer or Sale of a Nonbanking Company by a Direct Holder**

This event assumes that the	
direct holder completely divests	Nonbanking Schedule For Federal Reserve Bank Use Only Page 4 of 9
of its interest in a nonbanking	Use this schedule to report information about a reporter that is a Nonbanking Company.    ID_RSB_E   (reportable company)
company, but the top-tier	and about a reporter's directly or indirectly held interests in a Nonbanking Company.  Note: Savings associations acquired by a BHC and transactions involving SLHCs and
reporter's interest in the	savings associations should be reported on the Savings and Loan Schedule. Check box if correction
company continues.	1.a. Event Type (check all that apply): 1.b. Date of Event: 07/31/yyyy
company continues.	(MM/DD/YYYY)
In this example FOS Bank	□ Acquisition of a Going Concern     □ Change in Ownership     □ De Novo Formation     □ Liquidation     □ Became Inactive
In this example, EOS Bank	⊠ External Transfer
Holding Company ownership	☐ Internal Transfer ☐ Change in Activity or Legal Authority
interest in EOS Leasing	Other, please describe:
Company, a nonbank, is	Characteristics Section
completely divested through an	2.a. EOS Leasing Company 2.b. Legal Name of Nonbanking Company If Name Change or Correction, Prior Legal Name of Nonbanking Company
external transfer or sale.	3.a. Las Vegas, Clark 3.b.
However, EOS Leasing Company	City and County (Physical Location)  If Relocation or Correction, Prior City and County (Physical Location)
continues to be reportable due	NV, United States, 89101  State / Province, Country, and Zip / Postal Code  If Relocation or Correction, Prior State / Province, Country, and Zip / Postal Code
to additional ownership	NV
interests by other direct holders	State or Country (if foreign) of incorporation If Relocation or Correction, Prior State or Country (if foreign) of incorporation
within the reporter's	If the Nonbanking Company is a functionally regulated subsidiary, indicate its functional regulator:
organization.	Not Applicable
3	Is the Nonbanking Company a Financial Subsidiary of an insured depository institution?
If the reporter's interest in the	6. SEC Reporting Status: Not Applicable Subject to 13(a) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act
reportable company does not	☐ Subject to 13(a) or 15(d) of SEC Act of 1934, but not Section 404 of SOX Act
continue, see the examples	☐ Terminated or suspended reporting requirements under 13(a) or 15(d) of the SEC Act of 1934
listed under <i>Companies are No</i>	7. CUSIP Number: 8. Tax ID Number: =
•	9. Nonbanking Company Type (see instructions for list):
Longer Reportable (Cessation	Other, please describe:
of Business or Reporters'	10. Business Organization Type: Corporation General Partnership Limited Partnership
Interest).	☐ Business Trust ☐ Sole Proprietorship ☐ Mutual
	☐ Cooperative ☐ Limited Liability Partnership ☐ Limited Liability Co./Corp. ☐ Limited Liability Limited Partnership
	Other, please describe:
	11. Is the Nonbanking Company consolidated in the reporter's financial statements?
	Answer the above question only if the Nonbanking Company is one of the following "foreign" offices:
	(a) Consolidated subsidiary in a foreign country; (b) a majority-owned Edge or agreement subsidiary
	Ownership Section (report at direct holder level unless otherwise noted)
	12. Direct Holder's Name and Location:  Legal Name  City, State/Province, Country
	13.a. Percentage of a Class of Voting Shares: 100% 14. Control by Direct Holder: Yes No
	□ 80% to <100% □ >50% to <80% □ 25% to 50% 15. Regulation K, Subpart A Investments:
	<25% but 25% or more in the aggregate or otherwise Portfolio Investment
	controlled elsewhere within the organization   Joint Venture
	13.b. Other Interest: ☐ Yes ☐ No ☐ Subsidiary  13.c. If the reportable company is a type of partnership or limited 16. Former Direct Holder's Name and Location (if applicable):
	liability company as indicated in Item 10 above, please indi-
	cate the appropriate ownership interest of the direct holder:
	☐ General Partner/Managing Member ☐ Las Vegas, NV, United States ☐ Limited Partner/Non-Managing Member ☐ City, State / Province, Country
	Activity and Legal Authority Section (for list of FRS legal authority codes, see the Appendix of these instructions.)  FRS Legal NAICS
	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
	122012

Companies are No Longer Reportable (Cessation of Business or Reporter's Interest)

Event Reference 121

## **Company is No Longer Reportable Due to Liquidation**

In this example, Visual Credit							
Life Insurance (a nonbank) is							
liquidated. Once a company is	Nonbanking Schedule				I	For Federal Reserve Bank Use Only	
liquidated it is no longer		schedule to report information abou			ID_NGGO_EZ (repor	fable company)	
reportable. This status is	Note: Sar	t a reporter's directly or indirectly he vings associations acquired by a Bl	HC and transactions	involving SLHCs ar	If applicable, former	<del>-</del>	_
reported by checking the event	savings a	ssociations should be reported on	the Savings and Lo	an Schedule.		Check box if o	orrection L
types No Longer Reportable and	1.a.	Event Type (check all that ap	ply):	1.	b. Date of Event:	04/30/yyyy (MM / DD / YYYY)	
Liquidation.		Acquisition of a Going Co	×	Change in Own Liquidation		No Longer Reportal     Became Inactive     ■	
For purposes of the FR Y-10,		☐ External Transfer ☐ Internal Transfer			acteristics ty or Legal Authority	☐ Became Reportable	
liquidation refers to the final		Other, please describe:			.,		
distribution of assets,	Chara	cteristics Section					
satisfaction of liabilities, and	2.a.	Visual Credit Life Insurance		2.			
closing of capital accounts.	3.a.	Legal Name of Nonbanking Company Boston, Suffolk	1	3.	b	orrection, Prior Legal Name of Nonbank	
		City and County (Physical Location) MA, United States, 02108			If Relocation or Correc	ction, Prior City and County (Physical L	ocation)
Note: Liquidations of Banking		State / Province, Country, and Zip / P	ostal Code		If Relocation or Correct	ion, Prior State / Province, Country, and 2	îp / Postal Code
Company's are reported		MA State or Country (If foreign) of incorpo	oration		If Relocation or Correc	ction, Prior State or Country (if foreign)	of incorporation
similarly on the Banking	4.	If the Nonbanking Company i	s a functionally re	egulated subsidia:	y, indicate its functio	onal regulator:	
Schedule.		☐ CFTC only ☐ S	EC and CFTC tate Securities D	epartment	SEC Only State Insurance R		
	5.	Is the Nonbanking Company					
	6.		subject to 13(a) o	r 15(d) of SEC Ac	t of 1934, but not Se	Act of 1934 and Section 404 of ction 404 of SOX Act 13(a) or 15(d) of the SEC Act	
	7.	CUSIP Number:			Number:		
	9.	Nonbanking Company Type (	see instructions	for list):			
	10.	U Other, please describe: Business Organization Type:	☐ Corporation	□ Genera	l Partnership	Limited Partnership	
	10.	Susmess Organization Type.	Business T	rust Sole Pre Limited	oprietorship Liability Partnership	Mutual	orp.
	11.	Is the Nonbanking Company Answer the above question of (a) Consolidated subsidiary in	nly if the Nonbar	nking Company is	one of the following		
	Owne	rship Section (report at di	ect holder level u	ınless otherwise n	oted)		
	12.	Direct Holder's Name and Lo					
	40 -	B	Legal Name			City, State/Province, Country Holder:	-
	13.a.	Percentage of a Class of Voti	_		<ol> <li>Control by Direct</li> <li>Regulation K, Sub</li> </ol>		10
		☐ <25% but 25% or more in	the aggregate of	r otherwise	☐ Portfolio Inves		
	12 h	controlled elsewhere with Other Interest: Yes	in the organization	in	☐ Joint Venture		
		If the reportable company is a liability company as indicated	type of partnersi in Item 10 above	, please indi-	Subsidiary  B. Former Direct Hol	lder's Name and Location (if a	oplicable):
		cate the appropriate ownersh  General Partner/Managir	-	airect holder:	Legal Name of Former	Direct Holder	_
		Limited Partner/Non-Man			City, State / Province,	Country	
	Activit	y and Legal Authority Sec	ction (for list of FF	RS legal authority co	des, see the Appendix (	of these instructions.)	
		Activity Type	FRS Legal Authority Code	NAICS Activity Code		Description of Activity	
		Primary Activity					
		Secondary Activity Termination of Activity					

Companies are No Longer Reportable (Cessation of Business or Reporter's Interest)

Event Reference 122

# Company is No Longer Reportable Due to a Complete External Transfer or Sale by All Direct Holders

In this example, East Street Bank				
Holding Company (the reporter)				
sells 100% its interest in East	Nonba	nking Schedule	For Federal Reserve Bank Use Only	FR Y-10 Page 4 of 9
Street Investments. As a result.		edule to report information about a reporter that is a Nonbanking Company,	ID_RSSD_E1 (direct holder) ID_RSSD_E2 (reportable company)	
the reporter no longer holds any		reporter's directly or indirectly held interests in a Nonbanking Company. gs associations acquired by a BHC and transactions involving SLHCs and	If applicable, former d/h	
interest in East Street		ociations should be reported on the Savings and Loan Schedule.	Check box if cor	rection
	1.a. Ev	vent Type (check all that apply): 1.b. [	Date of Event: 08/31/yyyy	
Investments.	_	Acquisition of a Going Concern	(MM / DD / YYYY)  No Longer Reportable	
		De Novo Formation	Became Inactive	
In this case, both the <i>External</i>	$\boxtimes$			
Transfer and No Longer			Legal Authority	
Reportable event types should		Other, please describe:		
be checked.		eristics Section		
		ast Street Investments 2.b.	Name Change or Correction, Prior Legal Name of Nonbanking	Company
		everly Hills, Los Angeles 3.b.	The standard of the standard o	
			Relocation or Correction, Prior City and County (Physical Loca	tion)
		A, United States, 90210 ate / Province, Country, and Zip / Postal Code	Relocation or Correction, Prior State / Province, Country, and Zip /	Postal Code
	N'	V		
			Relocation or Correction, Prior State or Country (if foreign) of in	ncorporation
		the Nonbanking Company is a functionally regulated subsidiary, inc Not Applicable SEC and CFTC SE	dicate its functional regulator: C Only	
			ate Insurance Regulator	
	5. Is	the Nonbanking Company a Financial Subsidiary of an insured dep		
	6. SE	EC Reporting Status: Not Applicable Subject to 13(a) o	r 15(d) of SEC Act of 1934 and Section 404 of S	OX Act
		Subject to 13(a) or 15(d) of SEC Act of 1		
			irements under 13(a) or 15(d) of the SEC Act of	1934
		see instructions for leading six digits only when applicable	nber:	
		onbanking Company Type (see instructions for list):		
		Other, please describe: Usiness Organization Type: Corporation General Par	tnership	
	10. 60	Business Trust Sole Proprie	• = •	
		☐ Cooperative ☐ Limited Liab		-
		☐ Limited Liability Limited Partnersh	ip	
		Other, please describe:		
	Ar	the Nonbanking Company consolidated in the reporter's financial nswer the above question only if the Nonbanking Company is one () Consolidated subsidiary in a foreign country; (b) a majority-owne	of the following "foreign" offices:	
	Ownersh	hip Section (report at direct holder level unless otherwise noted)	)	
	12. Di	irect Holder's Name and Location:		
		Legal Name	City, State/Province, Country	_
			ontrol by Direct Holder: Yes No	
			egulation K, Subpart A Investments:  Portfolio Investment	
			I Pontolio investment	
	_			
		controlled elsewhere within the organization	Joint Venture	
	13.b. Ot 13.c. If t	controlled elsewhere within the organization ther Interest: \( \text{Yes} \) \( \text{No} \) the reportable company is a type of partnership or limited 16. For	Joint Venture Subsidiary ormer Direct Holder's Name and Location (if appl	icable):
	13.b. Ot 13.c. If t	controlled elsewhere within the organization ther Interest: \( \subseteq \text{ Yes} \) No the reportable company is a type of partnership or limited ability company as indicated in Item 10 above, please indi-	Joint Venture Subsidiary ormer Direct Holder's Name and Location (if appl ast Street Bank Holding Company	icable):
	13.b. Ot 13.c. If i lia ca	controlled elsewhere within the organization ther Interest: Yes No the reportable company is a type of partnership or limited ability company as indicated in Item 10 above, please indi- ate the appropriate ownership interest of the direct holder: Let	Joint Venture Subsidiary Surmer Direct Holder's Name and Location (if appl ast Street Bank Holding Company January Starter Bank Holding Company Starter Bank Holder	icable):
	13.b. Ot 13.c. If t lia ca	controlled elsewhere within the organization ther Interest:	Joint Venture Subsidiary ormer Direct Holder's Name and Location (if appl ast Street Bank Holding Company	icable):
	13.b. Of 13.c. If i lia ca	controlled elsewhere within the organization ther Interest:	Joint Venture Subsidiary I Subsidiary I Subsidiary I Surect Holder's Name and Location (if appl ast Street Bank Holding Company gal Name of Former Direct Holder everly Hills, CA, United States y, State / Province, Country	icable):
	13.b. Of 13.c. If is a ca	controlled elsewhere within the organization ther Interest:  Yes  No the reportable company is a type of partnership or limited ability company as indicated in Item 10 above, please indi- ate the appropriate ownership interest of the direct holder: General Partner/Managing Member Limited Partner/Managing Member City and Legal Authority Section (for list of FRS legal authority codes, s	Joint Venture Subsidiary Surmer Direct Holder's Name and Location (if appl ast Street Bank Holding Company gal Name of Former Direct Holder everly Hills, CA, United States y, State / Province, Country see the Appendix of these instructions.)	icable):
	13.b. Of 13.c. If it is ca	controlled elsewhere within the organization ther Interest:	Joint Venture Subsidiary I Subsidiary I Subsidiary I Surect Holder's Name and Location (if appl ast Street Bank Holding Company gal Name of Former Direct Holder everly Hills, CA, United States y, State / Province, Country	icable):
	13.b. Of 13.c. If file ca  Activity a  Activity a	controlled elsewhere within the organization ther Interest:  Yes  No the reportable company is a type of partnership or limited ability company as indicated in Item 10 above, please indi- stee the appropriate ownership interest of the direct holder:   General Partner/Managing Member   Limited Partner/Mon-Managing Member and Legal Authority Section (for list of FRS legal authority codes, s FRS Legal NAICS Authority Code Activity Code	Joint Venture Subsidiary Surmer Direct Holder's Name and Location (if appl ast Street Bank Holding Company gal Name of Former Direct Holder everly Hills, CA, United States y, State / Province, Country see the Appendix of these instructions.)	icable):
	13.b. Of 13.c. If it is ca	controlled elsewhere within the organization ther Interest:	Joint Venture Subsidiary Surmer Direct Holder's Name and Location (if appl ast Street Bank Holding Company gal Name of Former Direct Holder everly Hills, CA, United States y, State / Province, Country see the Appendix of these instructions.)	icable):

## FR Y-10 Report of Changes in Organizational Structure

Online Examples

Companies are No Longer Reportable (Cessation of Business or Reporter's Interest)

Event Reference 123

## **Company is No Longer Reportable Due to Inactive Status**

ment Services (a nonbank) ceased business activity and	Nonbanking Schedule  Use this schedule to report information about a reporter that is a Nonbanking Company,    For Federal Reserve Bank Use Only   Page 4 of 9   Page 4 of
pecame inactive. Once a company becomes inactive it	and about a reporter's directly or indirectly held interests in a Nonbanking Company.  Note: Savings associations acquired by a BHC and transactions involving SLHCs and
s no longer reportable. This	savings associations should be reported on the Savings and Loan Schedule. Check box if correction $\Box$
new status is indicated by	1.a. Event Type (check all that apply):  1.b. Date of Event: 04/24/yyyy (MM / DD / YYYY)
thecking the event types No	☐ Acquisition of a Going Concern ☐ Change in Ownership ☐ No Longer Reportable
onger Reportable and	□ De Novo Formation     □ Liquidation     ☒ Became Inactive       □ External Transfer     □ Change in Characteristics     □ Became Reportable
ecame Inactive.	☐ Internal Transfer ☐ Change in Activity or Legal Authority
ecume mactive.	Other, please describe:
he company is reactivated	Characteristics Section
	2.a. LLP Investment Services 2.b.
a later date, this is reported	Legal Name of Nonbanking Company  3.a. New York, New York  3.b.
a Change in Activity or	3.a. New York, New York 3.b.  City and County (Physical Location) If Relocation or Correction, Prior City and County (Physical Location)
gal Authority.	NY, United States, 10001
	State / Province, Country, and Zip / Postal Code If Relocation or Correction, Prior State / Province, Country, and Zip / Postal Code
ote: Banking Company's that	NY State or Country (If foreign) of incorporation If Relocation or Correction, Prior State or Country (If foreign) of incorporation
come inactive are reported	If the Nonbanking Company is a functionally regulated subsidiary, indicate its functional regulator:
milarly on the Banking	□ Not Applicable □ SEC and CFTC □ SEC Only
hedule.	☐ CFTC only ☐ State Securities Department ☐ State Insurance Regulator
icadic.	5. Is the Nonbanking Company a Financial Subsidiary of an insured depository institution?
	6. SEC Reporting Status: Not Applicable Subject to 13(a) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act
	☐ Subject to 13(a) or 15(d) of SEC Act of 1934, but not Section 404 of SOX Act
	Terminated or suspended reporting requirements under 13(a) or 15(d) of the SEC Act of 1934
	CUSIP Number:                 8. Tax ID Number:     -
	Nonbanking Company Type (see instructions for list):
	Other, please describe:
	10. Business Organization Type: Corporation General Partnership Limited Partnership Business Trust Sole Proprietorship Mutual Cooperative Limited Liability Partnership Limited Liability Co./Corp. Limited Liability Limited Partnership Other, please describe:
	11. Is the Nonbanking Company consolidated in the reporter's financial statements?
	Answer the above question only if the Nonbanking Company is one of the following "foreign" offices:
	(a) Consolidated subsidiary in a foreign country; (b) a majority-owned Edge or agreement subsidiary
	Ownership Section (report at direct holder level unless otherwise noted)
	12. Direct Holder's Name and Location:
	13.a. Percentage of a Class of Voting Shares: 100% 14. Control by Direct Holder: Yes No
	□ 80% to <100% □ >50% to <80% □ 25% to 50% 15. Regulation K, Subpart A Investments:
	<25% but 25% or more in the aggregate or otherwise Portfolio Investment
	controlled elsewhere within the organization   Joint Venture
	13.b. Other Interest:  Yes No Subsidiary
	<ol> <li>If the reportable company is a type of partnership or limited</li> <li>Former Direct Holder's Name and Location (if applicable):</li> </ol>
	liability company as indicated in Item 10 above, please indi- cate the appropriate ownership interest of the direct holder:
	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
	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
	Activity Type Authority Code Activity Code Description of Activity  17.a. Primary Activity

## FR Y-10 Report of Changes in Organizational Structure

Online Examples

Companies are No Longer Reportable (Cessation of Business or Reporter's Interest)

Event Reference 124

## Company is No Longer Reportable Due to Reduction in Ownership or Control

In this example, Exchange Investment Services (a nonbank) ceases to be reportable when the aggregate ownership level by the reporter falls below 25% (the	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.  Note: Savings associations acquired by a BHC and transactions involving SLHCs and	of 9						
regulatory threshold for	and the state of t	savings associations should be reported on the Savings and Loan Schedule.  Check box if correction  Check box if correcti						
nonbanks), and the Nonbanking	1.a. Event Type (check all that apply):  1.b. Date of Event:  (MM / DD / YYYY)							
Company is not otherwise	☐ Acquisition of a Going Concern ☐ Change in Ownership ☐ No Longer Reportable							
controlled by the reporter.	□ De Novo Formation     □ Liquidation     □ Became Inactive       □ External Transfer     □ Change in Characteristics     □ Became Reportable							
	☐ Internal Transfer ☐ Change in Activity or Legal Authority							
The change in ownership and	Other, please describe:	=						
reportability is indicated by	Characteristics Section							
checking the event types <i>Change</i>	2.a. Exchange Investment Services 2.b.							
in Ownership and No Longer	Legal Name of Nonbanking Company 1 Name Change or Correction, Prior Legal Name of Nonbanking Company 3.a. Chicago, Cook 3.b.	у						
Reportable.	City and County (Physical Location) If Relocation or Correction, Prior City and County (Physical Location)	_						
	IL, United States, 60601  State / Province, Country, and Zip / Postal Code  If Relocation or Correction, Prior State / Province, Country, and Zip / Postal Code	vie						
Note: The reportability threshold	IL	_						
for a Banking Company is 5% of a	State or Country (if foreign) of Incorporation If Relocation or Correction, Prior State or Country (if foreign) of Incorporation	ion						
class of voting securities or	4. If the Nonbanking Company is a functionally regulated subsidiary, indicate its functional regulator:							
otherwise held or controlled.	□ Not Applicable     □ SEC and CFTC     □ SEC Only     □ CFTC only     □ State Securities Department     □ State Insurance Regulator							
Banking Company's that are no	Is the Nonbanking Company a Financial Subsidiary of an insured depository institution?							
longer reportable due to a	6. SEC Reporting Status: Not Applicable Subject to 13(a) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act							
change in ownership are	☐ Subject to 13(a) or 15(d) of SEC Act of 1934, but not Section 404 of SOX Act							
reported similarly on the Banking	☐ Terminated or suspended reporting requirements under 13(a) or 15(d) of the SEC Act of 1934							
Schedule.	CUSIP Number:               8. Tax ID Number:   -     -							
	9. Nonbanking Company Type (see instructions for list):  □ Other, please describe:	_						
	10. Business Organization Type: Corporation General Partnership Limited Partnership Business Trust Sole Proprietorship Mutual Cooperative Limited Liability Partnership Limited Liability Co./Corp. Limited Liability Limited Partnership Other, please describe:							
	11. Is the Nonbanking Company consolidated in the reporter's financial statements? Yes No Answer the above question only if the Nonbanking Company is one of the following "foreign" offices: (a) Consolidated subsidiary in a foreign country; (b) a majority-owned Edge or agreement subsidiary							
	Ownership Section (report at direct holder level unless otherwise noted)							
	12. Direct Holder's Name and Location:	_						
	Legal Name City, State/Province, Country							
	13.a. Percentage of a Class of Voting Shares: ☐ 100% 14. Control by Direct Holder: ☐ Yes ☐ No ☐ 80% to <100% ☐ >50% to <80% ☐ 25% to 50% 15. Regulation K, Subpart A Investments:							
	Subject to <100% to <80% to <80% to ≤00% t							
	controlled elsewhere within the organization   Joint Venture							
	13.b. Other Interest: Yes No Subsidiary							
	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:  18. Former Direct Holder's Name and Location (if applicable):  Legal Name of Former Direct Holder	-						
	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	_						
	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.a. Primary Activity	_						
	17.c. Termination of Activity	_						
	12/20	012						

Online Examples

Companies are No Longer Reportable (Cessation of Business or Reporter's Interest)

Event Reference 125

#### Company is No Longer Reportable Due to Change in Legal Authority

this example, First Acme	
urance Services (a	Nonbanking Schedule For Federal Reserve Bank Use Only FR Y-10 Page 4 of 9
nbank) becomes no longer	Use this schedule to sepect information about a reporter that is a Manhanking Company   ID_RSSD_E1 (direct holder)
portable due to a change in	and about a reporter's directly or indirectly held interests in a Nonbanking Company, in Applicable company, in a Nonbanking Company, in a Nonbank
· · · · · · · · · · · · · · · · · · ·	Note: Savings associations acquired by a BHC and transactions involving SLHCs and
ivity. Such an event could	savings associations should be reported on the Savings and Loan Schedule. Check box if correction
se because of a change in	1.a. Event Type (check all that apply):  1.b. Date of Event: 04/30/yyyy
gulatory reporting	(MM / DD / YYYY)  ☐ Acquisition of a Going Concern ☐ Change in Ownership ☑ No Longer Reportable
quirements or a change in	☐ De Novo Formation ☐ Liquidation ☐ Became Inactive
activities of the company	External Transfer Change in Characteristics Became Reportable
its direct holders.	☐ Internal Transfer ☐ Change in Activity or Legal Authority
its direct noiders.	Other, please describe:
th of the event types <i>No</i>	Characteristics Section
	2.a. First Acme Insurance Services 2.b.
nger Reportable and	Legal Name of Nombanking Company  If Name Change or Correction, Prior Legal Name of Nombanking Company  Dithouragh, Allegal Name of Nombanking Company
ange in Activity or Legal	3.a. Pittsburgh, Allegheny 3.b.
thority should be checked.	City and County (Physical Location)  PA, United States, 15222
	State / Province, Country, and Zip / Postal Code  If Relocation or Correction, Prior State / Province, Country, and Zip / Postal Code
to Booking Com.	PA
te: Banking Company's	State or Country (if foreign) of incorporation If Relocation or Correction, Prior State or Country (if foreign) of incorporation
at becomes no longer	<ol> <li>If the Nonbanking Company is a functionally regulated subsidiary, indicate its functional regulator:</li> </ol>
portable due to a change in	☐ Not Applicable ☐ SEC and CFTC ☐ SEC Only
-	☐ CFTC only ☐ State Securities Department ☐ State Insurance Regulator
al authority are reported	Is the Nonbanking Company a Financial Subsidiary of an insured depository institution?  Yes No
nilarly on the Banking	6. SEC Reporting Status: Not Applicable Subject to 13(a) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act
nedule.	Sec Reporting Status:  Not Applicable Subject to 13(a) or 15(d) of SEC Act of 1834 and Section 404 of SOA Act  Subject to 13(a) or 15(d) of SEC Act of 1934, but not Section 404 of SOX Act
	☐ Terminated or suspended reporting requirements under 13(a) or 15(d) of the SEC Act of 1934
	CUSIP Number:
	Nonbanking Company Type (see instructions for list):
	Other, please describe:
	10. Business Organization Type: Corporation General Partnership Limited Partnership
	☐ Business Trust ☐ Sole Proprietorship ☐ Mutual
	☐ Cooperative ☐ Limited Liability Partnership ☐ Limited Liability Co./Corp.
	☐ Limited Liability Limited Partnership
	Other, please describe:
	11. Is the Nonbanking Company consolidated in the reporter's financial statements?
	Answer the above question only if the Nonbanking Company is one of the following "foreign" offices:
	(a) Consolidated subsidiary in a foreign country; (b) a majority-owned Edge or agreement subsidiary
	Ownership Section (report at direct holder level unless otherwise noted)
	12. Direct Holder's Name and Location:  Legal Name City, State/Province, Country
	13.a. Percentage of a Class of Voting Shares: 100% 14. Control by Direct Holder: Yes No
	<25% but 25% or more in the aggregate or otherwise  Portfolio Investment controlled elsewhere within the organization  I Joint Venture
	40. 00 1
	13.b. Other Interest: ☐ Yes ☐ No ☐ Subsidiary  13.c. If the reportable company is a type of partnership or limited 18. Former Direct Holder's Name and Location (if applicable):
	<ol> <li>In the reportable company as a type or partnership or limited.</li> <li>Former Direct Holder's Name and Location (if applicable):</li> <li>Itability company as indicated in Item 10 above, please indi-</li> </ol>
	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
	Activity and Legal Authority Section (for list of FRS legal authority codes, see the Appendix of these instructions.)
	FRS Legal NAICS
	FRS Legal NAICS
	FRS Legal NAICS Activity Type Authority Code Activity Code Description of Activity
	FRS Legal NAICS Activity Type Authority Code Activity Code Description of Activity  17.a. Primary Activity

Companies are No Longer Reportable (Cessation of Business or Reporter's Interest)

Event Reference 126

## Company (Including the Reporter Itself) is No Longer Reportable Due to - Other

Schedule 1 of 2 - Used to report the sale of the bank In this example, XYZ Bank For Federal Reserve Bank Use Only Banking Schedule Holding Company (the ID\_R\$\$D\_E1 (direct holder) Use this schedule to report information about a reporter that is a Banking ID\_RSSD\_E2 (reportable company) reporter) is no longer Company, and about a reporter's directly or indirectly held interests in a reportable due to the sale of its Banking Company. Check box if correction sole remaining bank. 1.b. Date of Event: 05/03/yyyy (MM/DD/YYYY) 1.a. Event Type (check all that apply): ☐ Change in Ownership No Longer Reportable In this scenario, two Banking Acquisition of a Going Concern Liquidation □ De Novo Formation ☐ Became Inactive Schedules are needed: ☐ Debts Previously Contracted X External Transfer Change in Characteristics 1. One to report the sale of Internal Transfer ☐ Change in Activity or Legal Authority ☐ Became Reportable the bank, and Other, please describe: 2. One to report the new Characteristics Section status of the BHC 2.a. XYZ National Bank If Name Change or Correction, Prior Legal Name of Banking Company Legal Name of Banking Company 123 North Main Street The first Banking Schedule Current Street Address (Physical Location) If Relocation or Correction, Prior Street Address (Physical Location) should have the event types Boston, Suffolk City and County If Relocation or Correction, Prior City and County External Transfer and No MA, United States, 02107 Longer Reportable checked, If Relocation or Correction, Prior State / Province, Country, and Zip / Postal Code State / Province, Country, and Zip / Postal Code and the name and location of If Relocation or Correction, Prior State or Country (If foreign) of incorporation State or Country (If foreign) of incorporation the bank being sold. The BHC Fiscal Year End (FBOs and BHCs Only):
(MM/DD) Date Opened: (MM / DD / YYYY) should be listed as the former direct holder. SEC Reporting Status: Not Applicable Subject to 13(a) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act ☐ Subject to 13(a) or 15(d) of SEC Act of 1934, but not Section 404 of SOX Act □ Terminated or suspended reporting requirements under 13(a) or 15(d) of the SEC Act of 1934 8. Tax ID Number: Banking Company Type: 
BHC U.S. Commercial Bank ☐ FBO U.S. State Chartered Savings Bank Other, please describe: Business Organization Type: 

Corporation ☐ General Partnership ☐ Limited Partnership ☐ Business Trust ☐ Sole Proprietorship ☐ Mutual ☐ Cooperative Limited Liability Partnership ☐ Limited Liability Co./Corp. ☐ Limited Liability Limited Partnership Other, please describe: Is the banking company consolidated in the reporter's financial statements? (only reportable for foreign investments) Ownership Section (report at direct holder level unless otherwise noted) 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 ☐ Yes ☐ No 13.b. Percentage of Nonvoting Equity: \_ Control by Reporter: 13.c. Other Interest: Yes No Former Direct Holder's Name and Location (if applicable): XYZ Bank Holding Company 13.d. If the reportable company is a type of partnership or limited Legal Name of Former Direct Holde liability company as indicated in Item 10 above, please indi-Boston, MA, United States cate the appropriate ownership interest of the direct holder: City, State / Province, Country ☐ General Partner/Managing Member ☐ Limited Partner/Non-Managing Member 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

This page contains information about the chosen example. The example schedule(s) should be used as a guide when filing since only one reporting situation is displayed. Please keep in mind that the example may not reflect your specific reporting situation. Other variations may exist.

12/2012

Online Examples

Companies are No Longer Reportable (Cessation of Business or Reporter's Interest)

Event Reference 126

## Company (Including the Reporter Itself) is No Longer Reportable Due to - Other Schedule 2 of 2 - Used to report the new status of the BHC

The second Banking Schedule	
shows the event types <i>No</i>	Banking Schedule For Federal Reserve Bank Use Only Page 2 of 9
Longer Reportable and Other	ID_RSSD_E1 (direct noider)
J ,	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
checked. The reason the BHC	Banking Company
is no longer reportable is	Check box if correction
provided in the description text box, and the name and	1.a. Event Type (check all that apply):  1.b. Date of Event: 05/03/yyyy (MM / DD / YYYY)
location of the BHC should be	☐ Acquisition of a Going Concern ☐ Change in Ownership ☑ No Longer Reportable
	□ De Novo Formation □ Liquidation □ Became Inactive
reported in the	☐ External Transfer     ☐ Change in Characteristics     ☐ Debts Previously Contracted       ☐ Internal Transfer     ☐ Change in Activity or Legal Authority     ☐ Became Reportable
Characteristics Section.	☐ Internal transfer ☐ Change in Activity or Legal Authority ☐ Became Reportable  ☐ Other, please describe: Company is no longer reportable due to the sale of its sole bank
	Characteristics Section
Under the group category of	2.a. XYZ Bank Holding Company 2.b.
Companies Are No Longer	Legal Name of Banking Company  If Name Change or Correction, Prior Legal Name of Banking Company
Reportable (Cessation of	3.a. 123 North Main Street 3.b.
Business or Reporter's	Current Street Address (Physical Location) If Relocation or Correction, Prior Street Address (Physical Location)
-	Boston, Suffolk
Interest), use the event	City and County If Relocation or Correction, Prior City and County
selection <i>Company Is No</i>	MA, United States, 02107
Longer Reportable (Including	State / Province, Country, and Zip / Postal Code If Relocation or Correction, Prior State / Province, Country, and Zip / Postal Code
the Reporter Itself) Due to –	State or Country (If foreign) of incorporation If Relocation or Correction, Prior State or Country (If foreign) of incorporation
Other.	Date Opened: 5. Fiscal Year End (FBOs and BHCs Only):
	(MM/DD/YYYY) (MM/DD)
Additional events may be	6. SEC Reporting Status: ☐ Not Applicable ☐ Subject to 13(a) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act
required to complete the	Subject to 13(a) or 15(d) of SEC Act of 1934, but not Section 404 of SOX Act
reporting.	☐ Terminated or suspended reporting requirements under 13(a) or 15(d) of the SEC Act of 1934
reporting.	7. CUSIP Number:  8. Tax ID Number:
	9. Banking Company Type:   BHC FBO U.S. Commercial Bank U.S. State Chartered Savings Bank Other, please describe:
	10. Business Organization Type: Corporation General Partnership Limited Partnership Business Trust Sole Proprietorship Mutual Cooperative Limited Liability Partnership Limited Liability Co./Corp. Limited Liability Limited Partnership Other, please describe:
	Is the banking company consolidated in the reporter's financial statements?      Ves No     (only reportable for <i>foreign</i> investments)
	Ownership Section (report at direct holder level unless otherwise noted)
	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. 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 indi-
	cate the appropriate ownership interest of the direct holder:
	General Partner/Managing Member City, State / Province, Country
	Limited Partner/Non-Managing Member
	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
	12/2012

Mergers

Event Reference 127

### **Merger Involving an Insured Depository Institution**

E	xample 1 – ivie	rger with ivonsurviving Depository tha	at mad No branches	
In this example, North Beach Savings and Loan merges into			For Federal Reserve Bank Use Only ID_RSSD_E1 (ns)	FR Y-10 Page 5 of 9
Pacific Heights Bank at the			ID_RSSD_E2 (s)	
close of business on April 24.	Merger Sc	chedule		
The head office of North Beach S&L continues as a branch	Use this schedul	le to report certain types of mergers involving a reporter or		_
office of Pacific Heights Bank,			Check box	if correction
as noted in item 4 of the			<b>.</b>	
Merger Schedule.	1. First Full Ca	lendar Date the Nonsurvivor No Longer Exists: 04/25 (MM/DI	D/YYYY)	
Since the merger occurred on	2. Survivor:	Pacific Heights Bank Legal Name		
April 24 (close of business), the		Seattle, WA, United States		
first full calendar date that the		City, State / Province, Country		
nonsurvivor no longer exists is	3. Nonsurvivor:	North Beach Savings and Loan		
April 25		Legal Name		
		Portland, OR, United States City, State / Province, Country		
	Item 4 only appli	ies to mergers involving an insured depository institution o	organized under U.S. law.	
		office of the nonsurvivor become a branch of the survivor		
				12/2012

**Online Examples** 

Mergers

**Event Reference 127** 

#### Merger Involving an Insured Depository Institution

Example 2 - Merger with Nonsurviving Depository and Acquisition of its Branches Schedule 1 of 3 - Used to report the Merger event

In this example, South Beach Bank (Nonsurvivor) merges into ID\_RSSD\_E1 (ns) Local First Bank (Survivor) at ID\_RSSD\_E2 (s) the close of business on March Merger Schedule 10. The head office of South Use this schedule to report certain types of mergers involving a reporter or company within the reporter's organizational structure. Beach Bank continues as a Check box if correction branch office of Local First Bank, as noted in item 4 of the Merger Schedule. 1. First Full Calendar Date the Nonsurvivor No Longer Exists: 03/11/yyyy Local First Bank Since the merger occurred on Survivor: Legal Name March 10<sup>th</sup> (close of business), San Francisco, CA, United States the first full calendar date that City, State / Province, Country the nonsurvivor no longer 3. Nonsurvivor: South Beach Bank exists is March 11. Legal Name Portland, OR, United States South Beach Bank had two City, State / Province, Country reportable branches. The transfer of the branches to Item 4 only applies to mergers involving an insured depository institution organized under U.S. law. Local First Bank (Survivor) 4. Did the head office of the nonsurvivor become a branch of the survivor? X Yes No needs to be reported on the Domestic Branch Schedule with an Event Type of Acquisition of **Branches Through** Merger/Absorption. Multiple schedules must be filed for this merger event: 1. A Merger Schedule to report the merger 2. One Domestic Branch Schedule for each reportable branch to report the branch acquisitions For this example, Schedule 1 reports the merger event, and Schedules 2 through 3 report the domestic branch acquisitions. 12/2012

Online Examples

Mergers

Event Reference 127

#### **Merger Involving an Insured Depository Institution**

Example 2 – Merger with Nonsurviving Depository and Acquisition of its Branches - continued Schedule 2 of 3 – Used to report the acquisition of the Nonsurvivors 1<sup>st</sup> of 2 branches

Domestic Branch Schedule  Use this schedule to report information on:  1. Branches and offices of domestic depository institutions (including territorial depository institutions) controlled directly or indirectly be a top-tier bank holding company (BHC) or a top-tier savings and toan holding company (SLHC) and state member banks that are not affiliated with a BHC; and,  2. Branches of Edge and agreement corporations.  Check box if correction  Check box if correction  1.a. Event Type (check all that apply):  Opening (De Novo)  Purchase of Branches  Sale of Branches  Change in Service Type  Change in Service Type  Check applicable service type:  Full Service  Drivent Imited Service  Trust  Bectronic Banking  3. b.  If Name Change, Prior Popular Name  4. b. Previous Address (if changes have occurred)  FRelocation or Correction, Prior Street Address (Physical Location)  Portland, Multinomah  City and county  CA, United Sates, 972201  State, County, and 2p / Postal Code  Name of Other Depository Institution that Sold or Purchased Branches sold or purchased:  Name of Other Depository Institution that Sold or Purchased Branches of Ity, State, County, and 2p / Postal Code  Name of Other Depository Institution that Sold or Purchased Branches of City, State, County, and 2p / Postal Code  Name of Other Depository Institution that Sold or Purchased Branches of City, State, County, and 2p / Postal Code		For Federal Reserve Bank Use Only	FR Y-10 Page 7 of 9
Use this schedule Use this schedule Use this schedule to report information on:  1. Branches and offices of domestic depository institutions (including territorial depository institutions) controlled directly or a top-lier bank holding company (BHC) and, a top-lier bank holding company (BHC) and state member banks that are not affiliated with a BHC; and,  2. Branches of Edge and agreement corporations.  Check box if correction  1.a. Event Type (check all that apply):    Opening (De Novo)			-
Use this schedule to report information on:  1. Branches and offices of domestic depository institutions (including territorial depository institutions) controlled directly of 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.  Check box if correction  1.a. Event Type (check all that apply):    Opening (De Novo)			-
Use this schedule to report information on:  1. Branches and offices of domestic depository institutions (including territorial depository institutions) controlled directly or indirectly be 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.  Check box if correction  1.a. Event Type (check all that apply):    Opening (De Novo)	Domestic Branch Schedule		-
1. Branches and offices of domestic depository institutions (including territorial depository institutions) controlled directly or indirectly be a top-tier bank holding company (BLHC) 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.    Check box if correction	Dominatio Dianon Johnwale	ony and country code	
Opening (De Novo)	<ol> <li>Branches and offices of domestic depository institutions (inc a top-tier bank holding company (BHC) or a top-tier savings affiliated with a BHC; and,</li> </ol>	and loan holding company (SLHC) and state member bank	s that are not
Opening (De Novo)	1.a. Event Type (check all that apply):	1.b. Date of Event: 03/11/yyyy	
Sale of Branches   Closure   Relocation   Deletion of Erroneously Reported Branch/Office		(MM / DD / YYYY)	
Sale of Branches   Closure   Relocation   Deletion of Erroneously Reported Branch/Office	Opening (De Novo) Purchase of Branches	Acquisition of Branches through Merger/Absorption	
Characteristics Section  Check applicable service type:  ☐ Full Service ☐ Limited Service ☐ Trust ☐ Electronic Banking  3.a. Columbia Avenue Branch Popular Name  4.a. Current Address  67 Columbia Avenue Current Street Address (Physical Location) Portland, Multnomah City and County CA, United Sates, 972201 State, Country, and Zip / Postal Code  5. Local First Bank Head Office Legal Name San Francisco, CA, United States, 94105 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	☐ Sale of Branches ☐ Closure	Relocation	
Characteristics Section  Check applicable service type:  ☐ Full Service ☐ Limited Service ☐ Trust ☐ Electronic Banking  3.a. Columbia Avenue Branch Popular Name  4.a. Current Address  67 Columbia Avenue Current Street Address (Physical Location) Portland, Multnomah City and County CA, United Sates, 972201 State, Country, and Zip / Postal Code  5. Local First Bank Head Office Legal Name San Francisco, CA, United States, 94105 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		Deletion of Erroneously Reported Branch/Office	
Characteristics Section  Check applicable service type:    Full Service   Limited Service   Trust   Electronic Banking    Sa.   Columbia Avenue Branch   Popular Name   Sa.   If Name Change, Prior Popular Name			
2. Check applicable service type:    Solution   Columbia Avenue Branch   Substitution   Trust   Electronic Banking	Const., prease describe.		
2. Check applicable service type:    Selectronic Banking	Characteristics Section		
3.a. Columbia Avenue Branch Popular Name  3.b. If Name Change, Prior Popular Name  4.a. Current Address 4.b. Previous Address (if changes have occurred)  67 Columbia Avenue Current Street Address (Physical Location) Portland, Multinomah City and County CA, United Sates, 972201 State, Country, and Zip / Postal Code  5. Local First Bank Head Office Legal Name San Francisco, CA, United States, 94105 City, Stale, 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	Characteristics Section		
3.b. If Name Change, Prior Popular Name  4.a. Current Address  67 Columbia Avenue Current Street Address (Physical Location) Portland, Multinomah City and County CA, United Sates, 972201 State, Country, and Zip / Postal Code  5. Local First Bank Head Office Legal Name San Francisco, CA, United States, 94105 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	<ol><li>Check applicable service type:</li></ol>		
3.b. If Name Change, Prior Popular Name  4.a. Current Address  67 Columbia Avenue Current Street Address (Physical Location) Portland, Multinomah City and County CA, United Sates, 972201 State, Country, and Zip / Postal Code  5. Local First Bank Head Office Legal Name San Francisco, CA, United States, 94105 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	M Full Service	Flectronic Banking	
Popular Name  If Name Change, Prior Popular Name  4.a. Current Address  67 Columbia Avenue  Current Street Address (Physical Location)  Portland, Multhomah  City and County  CA, United Sates, 972201  State, Country, and Zip / Postal Code  5. Local First Bank  Head Office Legal Name  San Francisco, CA, United States, 94105  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	EL I dil Service ← Limited Service ← Trust ←	_ Liectroffic Daffking	
Popular Name  If Name Change, Prior Popular Name  4.a. Current Address  67 Columbia Avenue  Current Street Address (Physical Location)  Portland, Multhomah  City and County  CA, United Sates, 972201  State, Country, and Zip / Postal Code  5. Local First Bank  Head Office Legal Name  San Francisco, CA, United States, 94105  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	2 - Columbia Avenue Branch	2 h	
4.b. Previous Address (if changes have occurred)  67 Columbia Avenue  Current Street Address (Physical Location)  Portland, Multnomah  City and County  CA, United Sates, 972201  State, Country, and Zip / Postal Code  5. Local First Bank  Head Office Legal Name  San Francisco, CA, United States, 94105  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			
67 Columbia Avenue  Current Street Address (Physical Location)  Portland, Multinomah  City and County  CA, United Sates, 972201  State, Country, and Zlp / Postal Code  17 Relocation or Correction, Prior Street Address (Physical Location)  18 Relocation or Correction, Prior Street Address (Physical Location)  19 Relocation or Correction, Prior Street Address (Physical Location)  19 Relocation or Correction, Prior Street, Country  10 Relocation or Correction, Prior State, Country  11 Relocation or Correction, Prior Street, Address (Physical Location)  12 Relocation or Correction, Prior Street, Address (Physical Location)  13 Relocation or Correction, Prior Street, Address (Physical Location)  14 Relocation or Correction, Prior Street, Address (Physical Location)  15 Relocation or Correction, Prior Street, Address (Physical Location)  16 Relocation or Correction, Prior Street, Address (Physical Location)  17 Relocation or Correction, Prior Street, Address (Physical Location)  18 Relocation or Correction, Prior Street, Address (Physical Location)  18 Relocation or Correction, Prior Street, Address (Physical Location)  18 Relocation or Correction, Prior Street, Address (Physical Location)  19 Relocation or Correction, Prior Street, Address (Physical Location)  19 Relocation or Correction, Prior Street, Address (Physical Location)  10 Relocation or Correction, Prior Street, Address (Physical Location)  10 Relocation or Correction, Prior Street, Address (Physical Location)  10 Relocation or Correction, Prior Street, Address (Physical Location)  11 Relocation or Correction, Prior Street, Address (Physical Location)  12 Relocation or Correction, Prior Street, Address (Physical Location)  13 Relocation or Correction, Prior Street, Address (Physical Location)  14 Relocation or Correction, Prior Street, Address (Physical Location)  15 Relocation or Correction, Prior Street	r-opina Mante	ii name change, rhoi Populai Name	
67 Columbia Avenue  Current Street Address (Physical Location)  Portland, Multinomah  City and County  CA, United Sates, 972201  State, County, and Zip / Postal Code  17 Relocation or Correction, Prior Street Address (Physical Location)  18 Relocation or Correction, Prior City and County  The Relocation or Correction, Prior State, County  19 Relocation or Correction, Prior State, Country  10 Relocation or Correction, Prior State, Country  10 Relocation or Correction, Prior State, Country, and Zip / Postal Code  19 Relocation or Correction, Prior State, Country, and Zip / Postal Code  10 Relocation or Correction, Prior State, Country, and Zip / Postal Code  10 Relocation or Correction, Prior State, Country, and Zip / Postal Code  10 Relocation or Correction, Prior State, Country, and Zip / Postal Code  10 Relocation or Correction, Prior State, Country  11 Relocation or Correction, Prior State, Country  12 Relocation or Correction, Prior State, Country  13 Relocation or Correction, Prior State, Country  14 Relocation or Correction, Prior State, Country  15 Relocation or Correction, Prior State, Country  16 Relocation or Correction, Prior State, Country  17 Relocation or Correction, Prior State, Country  18 Relocation or Correction, Prior State, Country  19 Relocation or Correction, Prior State, Country  19 Relocation or Correction, Prior State, Country  10 Relocation or Correction, Prior State, Country  11 Relocation or Correction, Prior State, Country  12 Relocation or Correction, Prior State, Country  12 Relocation or Correction, Prior State, Country  13 Relocation or Correction, Prior State, Country  14 Reloca	A a Current Address	4 h. Province Address Of the control	
Current Street Address (Physical Location) Portland, Multinomah City and County CA, United Sates, 972201 State, Country, and Zip / Postal Code  Treliocation or Correction, Prior City and County Treliocation or Correction, Prior City and County Treliocation or Correction, Prior City and County Treliocation or Correction, Prior State, Country, and Zip / Postal Code  Treliocation or Correction, Prior State, Country, and Zip / Postal Code  Treliocation or Correction, Prior State, Country, and Zip / Postal Code  Treliocation or Correction, Prior City and Country Tre	4.a. Ourrent Address	4.D. Previous Address (If changes have occurred)	
Current Street Address (Physical Location) Portland, Multinomah City and County CA, United Sates, 972201 State, Country, and Zip / Postal Code  Treliocation or Correction, Prior City and County Treliocation or Correction, Prior City and County Treliocation or Correction, Prior City and County Treliocation or Correction, Prior State, Country, and Zip / Postal Code  Treliocation or Correction, Prior State, Country, and Zip / Postal Code  Treliocation or Correction, Prior State, Country, and Zip / Postal Code  Treliocation or Correction, Prior City and Country Tre	67 Columbia Avenue		
Portland, Multnomah  City and County  CA, United Sates, 972201  State, Country, and Zlp / Postal Code  If Relocation or Correction, Prior City and County  If Relocation or Correction, Prior State, Country, and Zlp / Postal Code  5. Local First Bank  Head Office Legal Name  San Francisco, CA, United States, 94105  City, State, Country, and Zlp / 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:  Number of Other Depository Institution that Sold or Purchased Branches  Number of Branches Sold or Purchased		If Relocation or Correction, Prior Street Address (Physical	ocation)
City and County  CA, United Sates, 972201  State, Country, and Zip / Postal Code  1r Relocation or Correction, Prior City and Country  Trelocation or Correction, Prior State, Country, and Zip / Postal Code  1r Relocation or Correction, Prior State, Country, and Zip / Postal Code  1r Relocation or Correction, Prior State, Country, and Zip / Postal Code  City, State, Country, and Zip / Postal Code  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			-
CA, United Sates, 972201 State, Country, and Zip / Postal Code  5. Local First Bank Head Office Legal Name San Francisco, CA, United States, 94105 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		if Relocation or Correction. Prior City and County	
State, Country, and Zip / Postal Code  1. Local First Bank Head Office Legal Name San Francisco, CA, United States, 94105 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		recovered or someoners, and sony and country	
Local First Bank     Head Office Legal Name     San Francisco, CA, United States, 94105     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		if Rejocation or Correction Orier State Country and 7th LC	lostal Corto
Head Office Legal Name  San Francisco, C.A., United States, 94105  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	State, Ostality, and Zip / Postal Code	ii Neocascor or Correction, Prior State, Country, and Zip / F	ooldi Coue
Head Office Legal Name  San Francisco, CA, United States, 94105  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	5 Local First Bank		
San Francisco, CA, United States, 94105 City, State, Country, and Zlp / 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		<del></del>	
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			
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		<del></del>	
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	only order y and april cold cold		
			pository inst
City, State, Country, and Zlp / Postal Code	Name of Other Depository Institution that Sold or Purchased Branches	Number of Branches Sold or Purchased	
	City, State, Country, and Zip / Postal Code	<del></del>	
12/21			12/201
12/20			12/201
12/20			12/20

Online Examples

Mergers

Event Reference 127

#### **Merger Involving an Insured Depository Institution**

Example 2 – Merger with Nonsurviving Depository and Acquisition of its Branches - continued Schedule 3 of 3 – Used to report the acquisition of the Nonsurvivors 2nd branch

ID_RSSD Pag
County, State and Country Code
ID_RSSD_HD_OFF
City and Country Code
g territorial depository institutions) controlled directly or indirect loan holding company (SLHC) and state member banks that an Check box if correction
1.b. Date of Event: 03/11/yyyy
(MM / DD / YYYY)
Acquisition of Branches through Merger/Absorption
Relocation Deletion of Erroneously Reported Branch/Office
ectronic Banking
3.b.
If Name Change, Prior Popular Name
4.b. Previous Address (if changes have occurred)
if Relocation or Correction, Prior Street Address (Physical Location)
if Relocation or Correction, Prior City and County
ii resocation or correction, Prior City and County
if Relocation or Correction, Prior State, Country, and Zip / Postal Code
and the second s
ovide the name and address of the other domestic depository sold or purchased:
Number of Branches Sold or Purchased

Online Examples

Mergers

Event Reference 128

### Merger Involving a FBO, BHC, SLHC or Nonbanking Company

Example 1 – Merger involving a Nonbanking Company

In this example, Opal River				
Nonbank Sub merges into			For Federal Reserve Bank Use Only	FR Y-10
			ID_RSSD_E1 (ns)	Page 5 of 9
Diamond Star Nonbank Sub.			ID_R\$\$D_E2 (s)	_
	Merger So	chedule		
Note: Item 4 on the Merger Schedule is left blank since it		alle to report certain types of mergers involving a reporter or		
does not apply to mergers			Check box if	correction
involving Nonbanking				
Companies.	1. First Full Ca	elendar Date the Nonsurvivor No Longer Exists: 04/25/	/yyyy D/YYYY)	
	2 8	Diamond Star Nonbank Sub	•	
	<ol><li>Survivor:</li></ol>	Legal Name		
		Santa Fe, NM, United Sates City, State / Province, Country		
	<ol><li>Nonsurvivor:</li></ol>	Opal River Nonbank Sub Legal Name		
		Legal Name		
		Albuquerque, NM, United Sates		
		City, State / Province, Country		
	Item 4 only appl	lies to mergers involving an insured depository institution or	manized under U.S. law	
		office of the nonsurvivor become a branch of the survivor?		
	4. Did the flead	office of the nonsulvivor become a branch of the sulvivor:	_ les _ lao	
				12/2012

Mergers

**Event Reference 128** 

#### Merger Involving a FBO, BHC, SLHC or Nonbanking Company

Example 2 - Merger involving a BHC In this example, Opal River FR Y-10 Page 5 of 9 Savings Company (a SLHC) ID\_RSSD\_E1 (ns) merges into Diamond Star Bank ID\_RSSD\_E2 (s) Merger Schedule Holding Company (a BHC). Use this schedule to report certain types of mergers involving a reporter or company within the reporter's organizational structure. Note: Item 4 on the Merger Check box if correction Schedule is left blank since it does not apply to mergers 1. First Full Calendar Date the Nonsurvivor No Longer Exists: 04/25/yyyy involving bank holding (MM / DD / YYYY) companies (BHC) or savings Diamond Star Bank Holding Company 2. Survivor: and loan holding companies (SLHC). Santa Fe, NM, United Sates City, State / Province, Country 3. Nonsurvivor: Opal River Savings Company Albuquerque, NM, United Sates City, State / Province, Country 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? Yes No 12/2012

Online Examples

Event Reference 129

#### New Activity Commenced Directly by an FHC or Through an Existing Subsidiary

In this example a financial				
holding company (FHC), begins conducting a new			For Federal Reserve Bank Use Only ID_RSSD_TOP (top-tier BHC)	FR Y-10 Page 6 of 9
activity - investment banking	4(k) Schedule		ID_RSSD_E1 (direct holder) ID_RSSD_E2 (reportable company)	
and securities dealing. The FHC and its direct and indirect	Use this schedule to provide required		es, formations and acquisitions of companies, and la	
subsidiaries have not	Home Owners' Loan Act.	stments authorized under Section	4(k) of the Bank Holding Company Act or Section 1 Check b	U(c)(2)(H) of the ox if correction
previously engaged in this activity under Section 4(k) of	Post-Transaction Notice Se	ction		
the Bank Holding Act*.	1.a. Event Type (check one only):		1.b. Date of Event: 08/01/ yyyy (MM / DD / YYYY)	
If the new activity is		Directly by an FHC or through an I hrough Acquisition of a Going Co hrough a De Novo Formation	Existing Subsidiary	
commenced simultaneously through more than one existing sub, only one 4(k) Schedule is required.			thority code and the five or six-digit NAICS activit identify a five or six-digit NAICS activity correspo	
Note: If more than three new	FRS Legal Authority Code (check one)	NAICS Activity Code	Description of Activity	
activities are being com- menced, complete additional	2.a. ⊠ 311 / □ 312 / □ 413	52311 Investment B	anking and Securities Dealing	
4(k) Schedules as needed.	2.b. 🗌 311 / 🗌 312 / 🔲 413			
If the commencement of the	2.c. 311 / 312 / 413			
new activity results in a	Large Merchant Banking or			
change to the primary or secondary activity of the FHC		ial Company's voting shares or to	company investments when the FHC directly or interest	
or any of its subsidiaries, additional Banking, Savings		Wildrever is less.		
and Loan or Nonbanking	1.a. Event Type (check one only):		1.b. Date of Event: (MM/DD/YYYY)	
Schedules would need to be filed using the Event Type Change in Activity or Legal	☐ Divestiture ☐ No Longer Reportable ☐ Name Change			
Authority.	Direct Holder's Name and     Location	Legal Name		
*Note: The 4(k) Schedule is	Location			
used to report activities of	3.a	City and County	State / Province Country  3.b.	
Bank Holding Companies	Legal Name of Nonfinancial Company		If Name Change or Correction, Prior Legal Name	
conducted under Section 4(k) of the BHC Act, and activities	City and County (Physical Location)		_	
of Savings and Loan Holding	State / Province, Country, and Zip / Post	al Code	_	
Companies conducted under Section 10(c)(2)(H) of HOLA.	Direct Holder's Investment in N Report the percentage amount			
	a% Voting Securities			
	b% Total Equity			
	c% Assets			
	<ol><li>Initial Aggregate Cost of Investr</li></ol>	ment to the FHC: \$	(in millions of U.S. dollars)	42/2042
	I			12/2012

Activities Conducted by Financial Holding Companies

Event Reference 130

#### **New Activity Commenced Through the Acquisition of a Going Concern**

Schedule 1 of 2 – Used to report the acquisition of an existing nonbank

In this example, Main Street	Nonhanking Schedule For Federal Receive Bank Use Only FR Y-10
Savings Company (a Savings	NonDanking Schedule  Use this schedule to construction about a constact that is a Manhanking Company  ID_RSSD_E1 (direct holder)
and Loan Financial Holding	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.
Company)* conducts a new	Note: Savings associations acquired by a BHC and transactions involving SLHCs and
activity through the acquisition	savings associations should be reported on the Savings and Loan Schedule. Check box if correction $\square$
of Private Client Management	1.a. Event Type (check all that apply):  1.b. Date of Event:   (MM / DD / YYYY)
Inc., an existing nonbanking	☑ Acquisition of a Going Concern ☐ Change in Ownership ☐ No Longer Reportable
company.	☐ De Novo Formation ☐ Liquidation ☐ Became Inactive
. ,	☐ External Transfer ☐ Change in Characteristics ☐ Became Reportable ☐ Internal Transfer ☐ Change in Activity or Legal Authority
Two schedules must be filed:	Other, please describe:
1. A Nonbanking Schedule to	Characteristics Section
report the acquisition of	2.a. Private Client Management Inc. 2.b.
Private Client	Legal Name of Nonbanking Company If Name Change or Correction, Prior Legal Name of Nonbanking Company
Management Inc. Use the	3.a. Los Angeles, Los Angeles 3.b.  City and County (Physical Location) If Relocation or Correction, Prior City and County (Physical Location)
Event Type <i>Acquisition of</i>	CA, United Sates, 90067
a Nonbanking Company	State / Province, Country, and Zip / Postal Code If Relocation or Correction, Prior State / Province, Country, and Zip / Postal Code
2. A 4(k) Schedule to fulfill the	CA State or Country (If foreign) of Incorporation  If Relocation or Correction, Prior State or Country (If foreign) of incorporation
Post-Transaction Notice	4. If the Nonbanking Company is a functionally regulated subsidiary, indicate its functional regulator:
requirement.	☑ Not Applicable ☐ SEC and CFTC ☐ SEC Only
requirement.	☐ CFTC only ☐ State Securities Department ☐ State Insurance Regulator
Note: If a new activity is	5. Is the Nonbanking Company a Financial Subsidiary of an insured depository institution?
Note: If a new activity is conducted through the	<ol> <li>SEC Reporting Status: ☑ Not Applicable ☐ Subject to 13(a) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act</li> <li>☐ Subject to 13(a) or 15(d) of SEC Act of 1934, but not Section 404 of SOX Act</li> </ol>
acquisition of more than one	☐ Terminated or suspended reporting requirements under 13(a) or 15(d) of the SEC Act of 1934
'	7. CUSIP Number: 8. Tax ID Number: 115 - 2009130
company, additional	see instructions for when applicable leading six digits only
Nonbanking Schedules would	Nonbanking Company Type (see instructions for list): Other Company
be required for each company	☑ Other, please describe: Portfolio Management
acquired.	10. Business Organization Type: ☑ Corporation ☐ General Partnership ☐ Limited Partnership ☐ Business Trust ☐ Sole Proprietorship ☐ Mutual
	Cooperative Limited Liability Partnership Limited Liability Co./Corp.
*Note: The 4(k) Schedule is	Limited Liability Limited Partnership
used to report activities of	Other, please describe:
Bank Holding Companies	11. Is the Nonbanking Company consolidated in the reporter's financial statements?  Yes  No Answer the above question only if the Nonbanking Company is one of the following "foreign" offices:
conducted under Section 4(k)	(a) Consolidated subsidiary in a foreign country; (b) a majority-owned Edge or agreement subsidiary
of the BHC Act, and activities of	Ownership Section (report at direct holder level unless otherwise noted)
Savings and Loan Holding	12. Direct Holder's Name and Location: Main Street Savings Company Los Angeles, CA, United States
Companies conducted under	Legal Name City, State/Province, Country
Section 10(c)(2)(H) of HOLA.	13.a. Percentage of a Class of Voting Shares: 100% 14. Control by Direct Holder: Yes No
	☐ 80% to <100%   >50% to <80%   ☐ 25% to 50%   15. Regulation K, Subpart A Investments:
	13.b. Other Interest: ☐ Yes ☒ No ☐ 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:
	☐ General Partner/Managing Member
	Limited Partner/Non-Managing Member City, State / Province, Country
	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
	FRS Legal NAICS
	FRS Legal NAICS Activity Type Authority Code Activity Code Description of Activity

Activities Conducted by Financial Holding Companies

Event Reference 130

#### New Activity Commenced Through the Acquisition of a Going Concern

Schedule 2 of 2 – Used to fulfill the Post-Transaction Notice requirement

If multiple companies are				
acquired on the same date,			For Federal Reserve Bank Use Only	FR Y-10
'			ID_RSSD_TOP (top-tier BHC)	Page 6 of 9
only one 4(k) Schedule is			ID_RSSD_E1 (direct holder) ID_RSSD_E2 (reportable company)	
required for each new 4(k) or	4(k) Schedule		<u> </u>	
Section 10(c)(2)(H)/HOLA	Use this schedule to provide required	post-transaction notice for activitie	es, formations and acquisitions of companies,	and large merchant
activity and date.	banking and insurance company inves		4(k) of the Bank Holding Company Act or Sec	
	Home Owners' Loan Act.		Ch	eck box if correction
If more than three new	Post-Transaction Notice Sec	ction		
activities are commenced,	1.a. Event Type (check one only):		1.b. Date of Event: 04/27/yyyy	
complete additional schedules	_		(MM / DD / YYYY)	_
as needed.	New Activity Commenced Di			
as necucu.	New Activity Commenced th     New Activity Commenced th		oncern	
	I New Activity Commenced in	rough a De Novo i offiation		
	<ol><li>New Activities Commenced</li></ol>			
			uthority code and the five or six-digit NAICS a	
	new activity. Provide a text desc activity.	ription of the activity if unable to	identify a five or six-digit NAICS activity con	responding to the
	activity.			
	FRS Legal Authority Code	NAICS		
	(check one)	Activity Code	Description of Activity	
	2.a. □ 311 / □ 312 / 🔯 413	52392 Portfolio Mar	nagement	
	2.0			
	2.b. 🗌 311 / 🔲 312 / 🔲 413			
	2 - 0 244 / 0 242 / 0 442			
	2.c. 311 / 312 / 413			
	Large Merchant Banking or	Insurance Company Inve	estments Section	
		al Company's voting shares or to	company investments when the FHC direct otal equity or assets and the cost of the inve	
	1.a. Event Type (check one only):		1.b. Date of Event:	_
	☐ Initial Investment		(MM / DD / YYYY)	
	Divestiture			
	☐ No Longer Reportable			
	☐ Name Change			
	<ol><li>Direct Holder's Name and</li></ol>			
	Location	Legal Name		
		City and County	State / Province Country	
	3.a.	City and County	3.b.	
	Legal Name of Nonfinancial Company		If Name Change or Correction, Prior Legal Nam	ne
			_	
	City and County (Physical Location)			
	State / Province, Country, and Zip / Posta	il Code	_	
	Direct Holder's Investment in No.	onfinancial Company		
	Report the percentage amount in			
	96 Valias Sassitias			
	a% Voting Securities			
	b% Total Equity			
	c% Assets			
	<ol><li>Initial Aggregate Cost of Investment</li></ol>	nent to the FHC: \$	(in millions of U.S. dollars)	4313843
				12/2012

#### Activities Conducted by Financial Holding Companies

Event Reference 131

## **New Activity Commenced Through a De Novo Formation**

Schedule 1 of 2 – Used to report the formation of a de novo company

In this example S&C Banking	
Company (a FHC), conducts a	Nonbanking Schedule For Federal Reserve Bank Use Only FR Y-10 Page 4 of 9
new 4(k)* activity through	Use this schedule to report information about a reporter that is a Nonhanking Company
the formation of S&C	and about a reporter's directly or indirectly held interests in a Nonbanking Company.
Advisors Inc., a newly formed	Note: Savings associations acquired by a BHC and transactions involving SLHCs and savings associations should be reported on the Savings and Loan Schedule.  Check box if correction
nonbanking company.	
nondanking company.	1.a. Event Type (check all that apply):  1.b. Date of Event:   (MM / DD / YYYY)
Two schedules must be filed:	☐ Acquisition of a Going Concern ☐ Change in Ownership ☐ No Longer Reportable
	☑ De Novo Formation ☐ Liquidation ☐ Became Inactive ☐ External Transfer ☐ Change in Characteristics ☐ Became Reportable
1. A Nonbanking Schedule	☐ Internal Transfer ☐ Change in Charge in Charge in Activity or Legal Authority
to report the formation of	Other, please describe:
S&C Advisors Inc. Use the	Characteristics Section
Event Type <i>Opening of a De</i>	2.a. S&C Advisors, Inc 2.b.
Novo Nonbanking	Legal Name of Nonbanking Company  If Name Change or Correction, Prior Legal Name of Nonbanking Company
Company.	3.a. San Francisco, San Francisco 3.b.  City and County (Physical Location) If Relocation or Correction, Prior City and County (Physical Location)
2. A 4(k) Schedule to fulfill the	CA, United States, 94105
Post-Transaction Notice	State / Province, Country, and Zip / Postal Code If Relocation or Correction, Prior State / Province, Country, and Zip / Postal Code
requirement.	CA 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 subsidiary, indicate its functional regulator:
Note: If a new activity is	□ Not Applicable □ SEC and CFTC ☑ SEC Only
conducted through the	☐ CFTC only ☐ State Securities Department ☐ State Insurance Regulator
acquisition of more than one	5. Is the Nonbanking Company a Financial Subsidiary of an insured depository institution?
•	6. SEC Reporting Status: Not Applicable Subject to 13(a) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act
company, additional	☐ Subject to 13(a) or 15(d) of SEC Act of 1934, but not Section 404 of SOX Act ☐ Terminated or suspended reporting requirements under 13(a) or 15(d) of the SEC Act of 1934
Nonbanking Schedules would	7. CUSIP Number:
be required for each	see instructions for leading six digits only when applicable
company acquired.	Nonbanking Company Type (see instructions for list): Other Company
*Note: The 4/k) Schadule is	☑ Other, please describe: Investment Advisor
*Note: The 4(k) Schedule is	10. Business Organization Type: ☑ Corporation ☐ General Partnership ☐ Limited Partnership ☐ Business Trust ☐ Sole Proprietorship ☐ Mutual
used to report activities of	Cooperative Limited Liability Partnership Limited Liability Co./Corp.
Bank Holding Companies	☐ Limited Liability Limited Partnership
conducted under Section 4(k)	Other, please describe:
of the BHC Act, and activities	11. Is the Nonbanking Company consolidated in the reporter's financial statements? Yes No
of Savings and Loan Holding	Answer the above question only if the Nonbanking Company is one of the following "foreign" offices:  (a) Consolidated subsidiary in a foreign country; (b) a majority-owned Edge or agreement subsidiary
Companies conducted under	Ownership Section (report at direct holder level unless otherwise noted)
Section 10(c)(2)(H) of HOLA.	•
	12. Direct Holder's Name and Location: S&C Banking Company San Francisco, CA, United States Legal Name City, State/Province, Country
	13.a. Percentage of a Class of Voting Shares: ☐ 100% 14. Control by Direct Holder: ☒ Yes ☐ No
	□ 80% to <100% ☒ >50% to <80% □ 25% to 50% 15. Regulation K, Subpart A Investments:
	<25% but 25% or more in the aggregate or otherwise Portfolio Investment
	controlled elsewhere within the organization
	13.b. Other Interest: 山 Yes  凶 No      □ Subsidiary  13.c. If the reportable company is a type of partnership or limited   18. Former Direct Holder's Name and Location (if applicable):
	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
	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 311 52393 Investment Advice
	17.b. Secondary Activity
	17.6. Termination of Activity

#### Activities Conducted by Financial Holding Companies

Event Reference 131

## **New Activity Commenced Through a De Novo Formation**

Schedule 2 of 2 – Used to fulfill the Post-Transaction Notice requirement

If the new activity is			-	
conducted through more than				FR Y-10
Ü			For Federal Reserve Bank U ID_RSSD_TOP (top-tier BHC)	Dane E of 9
one company, only one 4(k)			ID_R\$\$D_E1 (direct holder)	
Schedule is required to fulfill	4(k) Schedule		ID_RSSD_E2 (reportable com	pany)
the Post-Transaction Notice	• •			f
requirement.			r activities, formations and acquisitions o Section 4(k) of the Bank Holding Compa	
	Home Owners' Loan Act.			Check box if correction
Up to three new activities can	B . T			
be reported on a single 4(k)	Post-Transaction Notice Se	ction		
Schedule provided each	<ol><li>1.a. Event Type (check one only):</li></ol>		1.b. Date of Event: 08/01/	
·	☐ New Activity Commenced D	irectly by an FHC or thro	(MM / DD ough an Existing Subsidiary	/ *****)
activity is commenced on the	☐ New Activity Commenced th			
same date.	New Activity Commenced th	nrough a De Novo Forma	ition	
	2 N			
If more than three activities	New Activities Commenced  For the event type checked in it.	om 1 a report the EDS I	egal Authority code and the five or six-	digit NAICS activity ende for each
are initially conducted on the			nable to identify a five or six-digit NAIC	-
same date, use additional 4(k)	activity.	,	,	,,
Schedules as needed.				
Scriedules as fleeded.	FRS Legal Authority Code (check one)	NAICS Activity Code	Description of A	clivity
	(and and	riserily sour		,
	2.a. 🛛 311 / 🗌 312 / 🔲 413	52393 Invest	tment Advice	
	2.b. 🗌 311 / 🗌 312 / 🔲 413			
	2.c. 311 / 312 / 413			
	Large Merchant Banking or	Insurance Compai	ny Investments Section	
	more than 5 percent of a Nonfinanci (1) \$200 million; or (2) 5 percent of tier 1 capital,		res or total equity or assets and the co	st of the investment exceeds:
	1.a. Event Type (check one only):		1.b. Date of Event:	
	☐ Initial Investment		(MM / DD	/ / / / / / / / / / / / / / / / / / / /
	☐ Divestiture			
	☐ No Longer Reportable			
	■ Name Change			
	2 Disease Helderda Norman and			
	<ol> <li>Direct Holder's Name and Location</li> </ol>	Legal Name		
		City and County	State / Province	Country
	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 / Posta	al Code		
	<ol> <li>Direct Holder's Investment in No Report the percentage amount in</li> </ol>		•	
	Report the percentage amount i	in a, b, or c, as applicable	E.	
	a% Voting Securities			
	b 94 Total Equity			
	b% Total Equity			
	c% Assets			
	<ol><li>Initial Aggregate Cost of Investr</li></ol>	ment to the FHC: \$	(in millions of U.S. dollars	
				12/2012

#### Merchant Banking or Insurance Company Investments

Event Reference 132

#### **Merchant Banking or Insurance Company Investments**

#### Example 1 – Initial reporting of a Merchant Banking or Insurance Company Investment

In this example a financial holding company has an existing subsidiary, Acme Merchant Bank, who is engaged in merchant banking	4(k) Schedule Use this schedule to provide required	d post-transaction notice for activi	For Federal Receiv 10_RSSD_E1 (direct 10_RSSD_E2 (report 10_RSSD_E2 (report ities, formations and acquisi	-fier BHC) tholder) table company)	FR Y-10 Page 6 of 9 erchant
activities.*	banking and insurance company inve Home Owners' Loan Act.	estments authorized under Sectio	n 4(k) of the Bank Holding	Company Act or Section 10(c)(2)( Check box if co	_
Acme Merchant Bank	Post-Transaction Notice Se	ection			
subsequently makes a	1.a. Event Type (check one only):		1.b. Date of Event:		
reportable merchant banking investment in Apex Technology by acquiring 25% of the voting		Directly by an FHC or through an through Acquisition of a Going C through a De Novo Formation	n Existing Subsidiary	MM / DD / YYYY)	
securities. The initial cost of the investment exceeds \$200 million.		item 1.a, report the FRS Legal A cription of the activity if unable t			
Report the initial aggregate cost of the FHC's investment,	FRS Legal Authority Code (check one)	NAICS Activity Code	Descript	tion of Activity	
in millions of U.S. dollars,	2.a. 🗌 311 / 🗌 312 / 🔲 413				
million. If under a million,	2.b. 🗌 311 / 🗎 312 / 🔲 413				
enter 1.	2.c. 311 / 312 / 413				
This event is reported in the Large Merchant Banking or Insurance Company Investments section of the 4(k) Schedule.	Large Merchant Banking of Use this section to report certain a more than 5 percent of a Nonfinance (1) \$200 million; or (2) 5 percent of tier 1 capital,	merchant banking or insurance cial Company's voting shares or	company investments wh		
Scriedule.	1.a. Event Type (check one only):		1.b. Date of Event: 0	MM/DD/YYYY)	
*Note: The 4(k) Schedule is used to report activities of Bank Holding Companies	<ul> <li>☑ Initial Investment</li> <li>☐ Divestiture</li> <li>☐ No Longer Reportable</li> <li>☐ Name Change</li> </ul>				
conducted under Section 4(k)	Direct Holder's Name and	Acme Merchant Bank			
of the BHC Act, and activities of Savings and Loan Holding	Location	Legal Name Portland, Multnomah City and County	OR State / Province	United States Country	
Companies conducted under	3.a. Apex Technology		3.b		
Section 10(c)(2)(H) of HOLA.	Legal Name of Nonfinancial Company Portland, Multnomah		If Name Change or Co	orrection, Prior Legal Name	
	City and County (Physical Location)		_		
	OR, United States, 97203 State / Province, Country, and Zlo / Pos	tal Code	_		
	Direct Holder's Investment in N Report the percentage amount	Ionfinancial Company			
	a. 25.00 % Voting Securities				
	b% Total Equity				
	c% Assets				
	<ol><li>Initial Aggregate Cost of Invest</li></ol>	ment to the FHC: \$ 225	(in millions of U.S.	dollars)	12/2012

Merchant Banking or Insurance Company Investments

Event Reference 132

#### **Merchant Banking or Insurance Company Investments**

Example 2 – Divestiture of a Merchant Banking or Insurance Company Investment

merchant banking			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 6 of 9		
investment held by Pike Place	4(k) Schedule		2			
Merchant Bank. On October 31, the merchant	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					
bank divested its investment	Post-Transaction Notice Se	ection				
in the nonfinancial company.	1.a. Event Type (check one only):		1.b. Date of Event:			
The event is reported in the Large Merchant Banking or		Directly by an FHC or through an E hrough Acquisition of a Going Cor hrough a De Novo Formation				
Insurance Company Investments section of the 4(k) Schedule.			hority code and the five or six-digit NAICS activit identify a five or six-digit NAICS activity correspo			
	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					
	(2) 5 percent of tier 1 capital,  1.a. Event Type (check one only):  ☐ Initial Investment ☑ Divestiture	whichever is less.	1.b. Date of Event: 10/31/yyyy (MM / DD / YYYY)			
	Event Type (check one only):     Initial Investment	whichever is less.				
	1.a. Event Type (check one only):  Initial Investment Divestiture No Longer Reportable Name Change  2. Direct Holder's Name and	Pike Place Merchant Bank				
	1.a. Event Type (check one only):			25		
	1.a. Event Type (check one only):  Initial Investment  Divestiture  No Longer Reportable  Name Change  2. Direct Holder's Name and Location	Pike Place Merchant Bank Legal Name	(MM / DD / YYYY)	98		
	1.a. Event Type (check one only):  Initial Investment Divestiture No Longer Reportable Name Change  2. Direct Holder's Name and Location  3.a. Westlake Technoloy	Pike Place Merchant Bank Legal Name Seattle, King	WA United State State / Province Country  3.b.	es .		
	1.a. Event Type (check one only):    Initial Investment   Divestiture   No Longer Reportable   Name Change  2. Direct Holder's Name and Location  3.a. Westlake Technoloy   Legal Name of Nonfinancial Company	Pike Place Merchant Bank Legal Name Seattle, King	(MM / DD / YYYYY)  WA United State State / Province Country	es		
	1.a. Event Type (check one only):  Initial Investment Divestiture No Longer Reportable Name Change  2. Direct Holder's Name and Location  3.a. Westlake Technoloy	Pike Place Merchant Bank Legal Name Seattle, King	WA United State State / Province Country  3.b.	<del>2</del> 8		
	1.a. Event Type (check one only):    Initial Investment   Divestiture   No Longer Reportable   Name Change  2. Direct Holder's Name and Location  3.a. Westlake Technoloy   Legal Name of Nonfinancial Company   Seattle, King	Pike Place Merchant Bank Legal Name Seattle, King City and County	WA United State State / Province Country  3.b.	es		
	1.a. Event Type (check one only):    Initial Investment     Divestiture   No Longer Reportable     Name Change    2. Direct Holder's Name and Location    3.a. Westlake Technoloy     Legal Name of Nonfinancial Company     Seattle, King     City and County (Physical Location)     WA, United States, 98102     State / Province, Country, and 2 lp / Post     4. Direct Holder's Investment in N	Pike Place Merchant Bank Legal Name Seattle, King City and County	WA United State State / Province Country  3.b.	es		
	1.a. Event Type (check one only):    Initial Investment   Divestiture   No Longer Reportable   Name Change  2. Direct Holder's Name and Location  3.a. Westlake Technoloy   Legal Name of Nonfinancial Company Seattle, King   City and County (Physical Location)   WA, United States, 98102   State / Province, Country, and 2lp / Post   Post Holder's Investment in N Report the percentage amount	Pike Place Merchant Bank Legal Name Seattle, King City and County	WA United State State / Province Country  3.b.	98 		
	1.a. Event Type (check one only):    Initial Investment   Divestiture   No Longer Reportable   Name Change   2. Direct Holder's Name and Location   3.a. Westlake Technoloy   Legal Name of Nonfinancial Company Seattle, King   City and County (Physical Location)   WA, United States, 98102   State / Province, Country, and Zip / Post   4. Direct Holder's Investment in N Report the percentage amount   a% Voting Securities	Pike Place Merchant Bank Legal Name Seattle, King City and County	WA United State State / Province Country  3.b.	<b>98</b>		
	1.a. Event Type (check one only):    Initial Investment     Divestiture     No Longer Reportable     Name Change    2. Direct Holder's Name and Location  3.a. Westlake Technoloy	Pike Place Merchant Bank Legal Name Seattle, King City and County	WA United State State / Province Country  3.b.	98		
	1.a. Event Type (check one only):    Initial Investment     Divestiture     No Longer Reportable     Name Change    2. Direct Holder's Name and Location    3.a. Westlake Technoloy     Legal Name of Nonfinancial Company     Seattle, King     City and County (Physical Location)     WA, United States, 98102     State / Province, Country, and Zip / Post    4. Direct Holder's Investment in N     Report the percentage amount     a% Voting Securities	Pike Place Merchant Bank Legal Name Seattle, King City and County  tal Code lonfinancial Company in a, b, or c, as applicable.	WA United State State / Province Country  3.b. If Name Change or Correction, Prior Legal Name	es		

Event Reference 133

## **Branch, Agency and Representative Offices of FBOs**

In this example, New Kingsland Banking Company, London, England (a FBO), opened a U.S. branch in Stamford, Connecticut on June 1st.		nking Orga	presentative Offic inizations (FBOs) ule)		For Federal Reserve Bank Use Only ID_RSSD County, State and Country Code ID_RSSD_HD_OFF City and Country Code	FR Y-10 Page 9 of 9
	FBOs, and U.S represe	entative offices of f	foreign bank subsidiaries of F	FBOs.	sentative offices, and managed non-U.S. bra	nches of
	Report all offices, include	ding inactive office	s that continue to retain their	r license		correction
	1.a. Event Type (check  ☑ Opening ☐ Change in Office		☐ License Issued☐ Became Inactive	1.b. D	ate of Event: 06/01/yyyy  (MM / DD / YYYY)  Relocation  License Surrendered	
	Commenced A Managed Non- Other, please d	ctivities through -U.S. Branch	Ceased Activities through Managed Non-U.S. Bra			
	Characteristics Se	ection				
	Office Type (includ	ling managed non-	-U.S. branches)			
	□ Branch	☐ Agency	☐ Representative O	Office		
	Stamford Branch     Popular Name	1				
	4.a. Current Address			4.b. Pr	revious Address (if changes have occurred)	
	122 Fairfield Stre			_		
	CT. United Sates				Relocation or Correction, Prior Street Address (Physical L	ocation)
	City and County			If F	Relocation or Correction, Prior City and County	
	State, Country, and Zip	/ Postal Code	_	If F	Relocation or Correction, Prior State, Country, and Zlp / Po	ostal Code
	<ol> <li>New Kingsland E Head Office Legal Name</li> </ol>		ny			
	London, England City, Province, Country,	d				
	ony, Province, Country,	and Esp / Potati Code				
						12/2012

Event Reference 134

### Foreign Branches of U.S. Banking Organizations

In this example, Old Banking				For Federal Reserve Bank Use Only	FR Y-10
Company, a U.S. commercial				For Federal Recerve Bank Use Only ID_RSSD	Page 8 of 9
bank, opened a branch in				County, State and Country Code	
Paris, France on November	Foreign F	Branch of U.S. Banking		ID_RSSD_HD_OFF City and Country Code	
17 <sup>th</sup> .		tions Schedule			
1/ .	Organiza	lions schedule			
	agreement corp overseas territo Puerto Rico.	ule to report information about foreign branches of corations, BHCs, and foreign subsidiaries. The term ries, dependencies, and insular possessions of the cs, including inactive offices that continue to retain to	n "foreign" re ose nations	efers to one or more foreign nations, and include and of the United States and the Commonwealt	es the h of
	1.a. Event Type	(check all that apply):	1.b. Da	ate of Event: 11/17/yyyy	
	⊠	g Closure Relocation		(MM / DD / YYYY)	
	⊠ Openir				
	☐ Other,	please describe:			
	Characteris	tics Section			
	2. Office Type	E			
	_	rvice Branch Shell Branch Other			
	Date of Bo	ard Consent or Prior Notification (if applicable): 09	9/01/vvvv		
		(M	IM / DD / YYYY)	)	
	4. Paris Brai Popular Name				
	5.a. Current Ad	dress	5.b. Pr	revious Address (if changes have occurred)	
	120 Fren	ch Street			
		t Address (Physical Location)	If F	Relocation or Correction, Prior Street Address (Physical Locat	ion)
	Paris city		If F	Relocation or Correction, Prior City	
	France		_		
	Province, Co.	intry, and Zlp / Postal Code	If F	Relocation or Correction, Prior Province, Country, and Zip / Po	ostal Code
		ing Company			
	Head Office L	egal Name i, NY, United States, 10003			
		ountry, and Zip / Postal Code			
					12/2012

Event Reference 142

### **U.S. Depository Institution Domestic Branch - Other**

#### **Example 1 - Change in Service Type, Popular Name, and Location of a Domestic** Branch of a U.S. Depository Institution

In this example, the Addams Place Branch of New World Banking Inc. changed its Service Type from Full Service to Limited Service. At the same time, the branch relocated and changed its popular name. All three	Domestic Branch Schedule  Use this schedule to report information on:  1. Branches and offices of domestic depository institutions (including to a top-tier bank holding company (BHC) or a top-tier savings and loa affiliated with a BHC; and,  2. Branches of Edge and agreement corporations.	
events were effective on March	2. Branches of Edge and agreement corporations.	Check box if correction □
15 (open of business).	☐ Sale of Branches ☐ Closure ☐ Re	1.b. Date of Event: 03/15/yyyy  (MM / DD / YYYY)  equisition of Branches through Merger/Absorption
	│ Name Change    │ Change in Service Type    │ De    │     │ Other, please describe:	eletion of Erroneously Reported Branch/Office
	Characteristics Section	
	Check applicable service type:     □ Full Service	ronic Banking
	☐ Full Service   ☐ Limited Service   ☐ Trust   ☐ Electr	ronic Banking
	3.a. Lincoln Center Branch	3.b. Addams Place Branch
	Popular Name	If Name Change, Prior Popular Name
	4.a. Current Address	4.b. Previous Address (if changes have occurred)
	50 Lincoln Center Plaza Current Street Address (Physical Location)	999 Addams Place If Relocation or Correction, Prior Street Address (Physical Location)
	New York, New York	New York, New York
	City and County	If Relocation or Correction, Prior City and County
	NY, United States, 10023	NY, United States, 10038
	Stale, Country, and Zlp / Postal Code	If Relocation or Correction, Prior State, Country, and Zlp / Postal Code
	5. New World Banking Inc. Head Office Legal Name	
	New York, NY, United States, 10025	
	City, State, Country, and Zip / Postal Code	
	<ol> <li>For event types sales of branches or purchase of branches, provided in the transaction and the number of branches solution involved in the transaction and the number of branches solution.</li> </ol>	ide the name and address of the other domestic depository insti- id 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	
		12/2012

Event Reference 142

### **U.S. Depository Institution Domestic Branch - Other**

#### **Example 2 - Correction to a Branch Opening that was Mistakenly Reported** (Schedule 1)

<u> </u>			
In this example, Ellis Savings			
and Loan erroneously reported		For Federal Reserve Bank Use Only ID_RSSD	FR Y-10 Page 7 of 9
a domestic branch opening on		County, State and Country Code	<u> </u>
' "	Domestic Branch Schedule	ID_R\$\$D_HD_OFF	<b>—</b>
April 01.	Domestic Branch Schedule	City and Country Code	
After realizing the error, the reporter subsequently submitted a correction on April 07 using the Event Type	Use this schedule to report information on:  1. Branches and offices of domestic depository institutions (incl a top-tier bank holding company (BHC) or a top-tier savings affiliated with a BHC; and,  2. Branches of Edge and agreement corporations.	and loan holding company (SLHC) and state member ban	
Correction of a Previously	1.a. Event Type (check all that apply):	1.b. Date of Event: 04/01/yyyy	
Submitted Event. By default,		(MM / DD / YYYY)	
the Correction box will be	Opening (De Novo) Purchase of Branches	Acquisition of Branches through Merger/Absorption	
	☐ Sale of Branches ☐ Closure	Relocation	
checked since you are making a	☐ Name Change ☐ Change in Service Type	☐ Deletion of Erroneously Reported Branch/Office	
correction to a previously	Other, please describe:		
submitted event.	Characteristics Results		
	Characteristics Section		
If I.I.S. Panking Organization	<ol><li>Check applicable service type:</li></ol>		
If U.S. Banking Organization		☐ Electronic Banking	
<b>Domestic Branch–Other</b> (or the			
Blank Domestic Branch	3.a. Liberty Street Branch	3.b.	
Schedule) was used to create	Popular Name	If Name Change, Prior Popular Name	
the original submission, use the			
nstructions below to facilitate	4.a. Current Address	4.b. Previous Address (if changes have occurred)	)
	40417		
reporting:	104 Liberty Street Current Street Address (Physical Location)	If Relocation or Correction, Prior Street Address (Physical	Location)
1. Find the event in	New York, New York	ii Nelotatidii di Collectioni, Pilot Silect Addiess (Physical	Location
Previously Submitted	City and County	if Relocation or Correction, Prior City and County	
•	NY, United States, 10045		
Reports.	Stale, Country, and Zlp / Postal Code	If Relocation or Correction, Prior State, Country, and Zlp /	Postal Code
2. Select the event, and			
3. Click the <i>Correct</i> button.	5. Ellis Savings and Loan		
	Head Office Legal Name		
	New York, NY, United States, 10003		
	City, State, Country, and Zip / Postal Code		
	<ol> <li>For event types sales of branches or purchase of branche tution involved in the transaction and the number of branches.</li> </ol>		epository insti-
	Name of Other Depository Institution that Sold or Purchased Branches	Number of Branches Sold or Purchased	
	City, State, Country, and Zip / Postal Code	<del>_</del>	
	, , , ,		
			12/2012

Event Reference 142

#### **U.S. Depository Institutions Domestic Branch-Other**

## Example 2 - Correction to a Branch Opening that was Mistakenly Reported - continued (Schedule 2)

The correction to a previously submitted event contains the original information that was submitted on April 01 plus two additional checkmarks as illustrated.

Note: The FR Y-10 Online application automatically creates a report containing a copy of each event selected. Each event will be issued a unique event number but will be tied to its original event number.

To Report the deletion of a erroneously branch/office

- Create a domestic Branch Schedule identical to the original submission.
- 2. Check the Correction box, and
- 3. Check the Deletion of Erroneously Reported Branch/Office box.

se this Bran a top affilia Bran a. Ev	p-tier bank holding company (BHC) or a top-tier savings and ated with a BHC; and, inches of Edge and agreement corporations.  vent Type (check all that apply):  Opening (De Novo) Purchase of Branches Closure Savings and Change Change Savings Savi	County, State and Country Code ID_RSSD_HD_OFF City and Country Code ID_RSSD_HD_OFF Ci
se this Bran a top affilia Bran a. Ev	is schedule to report information on: inches and offices of domestic depository institutions (including better bank holding company (BHC) or a top-tier savings and ated with a BHC; and, inches of Edge and agreement corporations.  Inches of Ed	ng territorial depository institutions) controlled directly or indirectly by I loan holding company (SLHC) and state member banks that are not  Check box if correction   1.b. Date of Event:  04/01/yyyy (MM / DD / YYYY)  Acquisition of Branches through Merger/Absorption Relocation Deletion of Erroneously Reported Branch/Office
Bran a top affilia Bran a. Ev	nches and offices of domestic depository institutions (including better bank holding company (BHC) or a top-tier savings and ated with a BHC; and, inches of Edge and agreement corporations.  Inches	I loan holding company (SLHC) and state member banks that are not  Check box if correction   1.b. Date of Event: 04/01/yyyy (MM / DD / YYYY)  Acquisition of Branches through Merger/Absorption Relocation Deletion of Erroneously Reported Branch/Office
Bran a top affilia Bran a. Ev	nches and offices of domestic depository institutions (including better bank holding company (BHC) or a top-tier savings and ated with a BHC; and, inches of Edge and agreement corporations.  Inches	I loan holding company (SLHC) and state member banks that are not  Check box if correction   1.b. Date of Event: 04/01/yyyy (MM / DD / YYYY)  Acquisition of Branches through Merger/Absorption Relocation Deletion of Erroneously Reported Branch/Office
hara	Opening (De Novo) Purchase of Branches Sale of Branches Closure Sale of Branches Change in Service Type Sale of Branches Purchase of Branches Sale of Branches Service Type Sale of Branches Section Sale of Branches Section Sale of Branches Sale	1.b. Date of Event: 04/01/yyyy (MM / DD / YYYY)  Acquisition of Branches through Merger/Absorption Relocation Deletion of Erroneously Reported Branch/Office
hara	Opening (De Novo) Purchase of Branches Sale of Branches Closure Sale of Branches Change in Service Type Sale of Branches Purchase of Branches Sale of Branches Service Type Sale of Branches Section Sale of Branches Section Sale of Branches Sale	(MM / DD / YYYY)  Acquisition of Branches through Merger/Absorption Relocation Deletion of Erroneously Reported Branch/Office
hara	Sale of Branches Closure Sale of Branches Closure Change in Service Type Sale of Service Type Sale of Service Type Sale of Service Section Section Service Ser	Relocation Deletion of Erroneously Reported Branch/Office
Ch	neck applicable service type:	
Ch	neck applicable service type:	
⊠		
	I Full Service 🗀 Limited Service 🗀 Trust 🗀 El	
		lectronic Banking
a. Lik	berty Street Branch	3.b.
	pular Name	if Name Change, Prior Popular Name
a. Cu	urrent Address	4.b. Previous Address (if changes have occurred)
10	04 Liberty Street	
	rrent Street Address (Physical Location)	If Relocation or Correction, Prior Street Address (Physical Location)
	ew York, New York	
-	y and County	if Relocation or Correction, Prior City and County
	Y, United States, 10045 ate, Country, and Zlp / Postal Code	If Relocation or Correction, Prior State, Country, and Zip / Postal Code
Sta	are, country, and 21p / Postal code	in Nelocation of Confession, Prior State, Country, and Exp 7 Fostal Code
EII	lis Savings and Loan	
	ad Office Legal Name	
	ew York, NY, United States, 10003	-
City	y, State, Country, and Zip / Postal Code	
	or event types sales of branches or purchase of branches, p tion involved in the transaction and the number of branches	provide the name and address of the other domestic depository insti- sold or purchased:
Nar	me of Other Depository Institution that Sold or Purchased Branches	Number of Branches Sold or Purchased
Cib	y, State, Country, and Zip / Postal Code	-
City	y, State, Country, and Zip / Postal Code	

Event Reference 143

### **U.S. Depository Institution Domestic Branch Opening**

Bank opened a new full		For Federal Reserve Bank Use Only	10	
•		ID_RSSD Page 7	7 of 9	
service branch effective		County, State and Country Code		
March 11.	Domestic Branch Schedule	ID_RSSD_HD_OFF  City and Country Code		
	Use this schedule to report information on:			
	•	ding territorial depository institutions) controlled directly or indirectly	hv	
		d loan holding company (SLHC) and state member banks that are		
	2. Stationes of Logic and agreement corporations.	Check box if correction		
	1.a. Event Type (check all that apply):	1.b. Date of Event: 03/11/yyyy (MM/DD/YYYY)		
		Acquisition of Branches through Merger/Absorption		
		Relocation		
		Deletion of Erroneously Reported Branch/Office		
	Other, please describe:			
	Characteristics Section		_	
	Check applicable service type:			
	☑ Full Service ☐ Limited Service ☐ Trust ☐ E	Electronic Banking		
	3.a. LaSalle Branch	3.b		
	Popular Name	If Name Change, Prior Popular Name		
	4.a. Current Address	4.b. Previous Address (if changes have occurred)		
	230 South LaSalle Current Street Address (Physical Location)	If Relocation or Correction, Prior Street Address (Physical Location)	—	
	Chicago, Cook	in recommend of contents, and oncernation in hydratic contents		
	City and County	if Relocation or Correction, Prior City and County		
	IL, United States, 60404	_		
	State, Country, and Zlp / Postal Code	if Relocation or Correction, Prior State, Country, and Zlp / Postal Code		
	5. Local First Bank			
	Head Office Legal Name	_		
	San Francisco, CA, United States, 94105	_		
	City, State, Country, and Zip / Postal Code			
	<ol><li>For event types sales of branches or purchase of branches, tution involved in the transaction and the number of branche</li></ol>	provide the name and address of the other domestic depository in es sold or purchased:	ısti-	
	Name of Other Depository Institution that Sold or Purchased Branches	Number of Branches Sold or Purchased	_	
	City, State, Country, and Zip / Postal Code	_		

**Branch Activity** 

Event Reference 144

### U.S. Depository Institution Domestic Branch Name Change and Relocation

In this example Local First Bank			
changed the name and location		FR Y-10	
of the Stadium Branch effective		For Federal Reserve Bank Use Only ID_RSSD Page 7 of 9	
		County, State and Country Code	
March 11.	Domestic Branch Schedule	ID_R\$\$D_HD_OFF	
	Domestic Branch Schedule	City and Country Code	
		s (including territorial depository institutions) controlled directly or indirectly by vings and loan holding company (SLHC) and state member banks that are not Check box if correction	
	1.a. Event Type (check all that apply):	1.b. Date of Event: 03/11/yyyy	
		(MM / DD / YYYY)	
	□ Opening (De Novo)	☑ Relocation	
	Characteristics Section		
	Check applicable service type:		
	☑ Full Service ☐ Limited Service ☐ Trust	☐ Electronic Banking	
	3.a. Atlanta Branch	3.b. Stadium Branch	
	Popular Name	If Name Change, Prior Popular Name	
	4.a. Current Address	4.b. Previous Address (if changes have occurred)	
	202 North Main Street		
	292 North Main Street Current Street Address (Physical Location)	154 Northside Parkway Northwest If Relocation or Correction, Prior Street Address (Physical Location)	
	Atlanta, Fulton	Atlanta, Fulton	
	City and County	If Relocation or Correction, Prior City and County	
	GA, United States, 30327	GA, United States, 30314	
	Stafe, Country, and ZIp / Postal Code	If Relocation or Correction, Prior State, Country, and Zlp / Postal Code	
	5. Local First Bank		
	Head Office Legal Name		
	San Francisco, CA, United States, 94105 City, State, Country, and Zip / Postal Code		
	For event types sales of branches or purchase of bra tution involved in the transaction and the number of b		
	Name of Other Depository Institution that Sold or Purchased Branche	es Number of Branches Sold or Purchased	
	City, State, Country, and Zip / Postal Code		
		12/2012	

Event Reference 145

## **U.S. Depository Institution Domestic Branch Change in Service Type**

In this example Local First Bank changed the Service Type of the Wisconsin Avenue				For Federal Reserve Bank Use Only ID_RSSD	FR Y-10 Page 7 of 9
* *	_			County, State and Country Code ID_RSSD_HD_OFF	
Drive-Up from Full Service to	D	omestic Branch Schedule		City and Country Code	=
Limited Service effective	Us	e this schedule to report information on:			
March 11.	1.	Branches and offices of domestic depository institutions (in a top-tier bank holding company (BHC) or a top-tier saving: affiliated with a BHC; and, Branches of Edge and agreement corporations.		ing company (SLHC) and state member b	
			_		
	1.a	a. Event Type (check all that apply):	1.b. L	ate of Event: 03/11/yyyy (MM / DD / YYYY)	
		Opening (De Novo) Purchase of Branches	☐ Acquisitio	on of Branches through Merger/Absorption	1
		☐ Sale of Branches ☐ Closure ☐ Name Change ☐ Change in Service Type ☐ Other, please describe:	☐ Relocation		
	CI	naracteristics Section			
		Check applicable service type:			
			☐ Electronic B	anking	
	3.a	L Wisconsin Avenue Drive-Up	3.b.		
		Popular Name		Name Change, Prior Popular Name	
	4.8	a. Current Address	4.b. F	revious Address (if changes have occurre	d)
		745 West Wisconsin Avenue			
		Current Street Address (Physical Location)	If	Relocation or Correction, Prior Street Address (Physic	cal Location)
		Milwaukee, Milwaukee City and County		Relocation or Correction, Prior City and County	
		WI, United States, 53202			
		State, Country, and ZIp / Postal Code	If	Relocation or Correction, Prior State, Country, and Zi	/ Postal Code
	5.	Local First Bank			
		Head Office Legal Name			
		San Francisco, CA, United States, 94105 City, State, Country, and Zip / Postal Code			
	6.	For event types sales of branches or purchase of branch tution involved in the transaction and the number of bran			depository insti-
		Name of Other Depository Institution that Sold or Purchased Branches	- N	umber of Branches Sold or Purchased	
		City, State, Country, and Zip / Postal Code			
					12/2012

**Online Examples** 

**Branch Activity** 

Event Reference 146

### **Depository Institutions Domestic Branch Purchase or Sale**

Example 1 – A Depository Institution Sells Multiple Branches to Another Depository Institution Schedule 1 of 2

In this example Local First	FR Y-10
Bank sells two (2) branches to	For Federal Receive Bank Use Only ID_RSSD FR 1-10 Page 7 of 9
Montgomery National Bank	County, State and Country Code  ID_RSSD_HD_OFF
effective February 1.	Domestic Branch Schedule Object Country Code
c	Use this schedule to report information on:
One Domestic Branch Schedule must be submitted for each branch that was sold.	<ol> <li>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,</li> <li>Branches of Edge and agreement corporations.</li> </ol>
Tor each branch that was sola.	Check box if correction ☐
The Seller is a depository institution within the Reporters organization.	1.a. Event Type (check all that apply):  1.b. Date of Event: 02/01/yyyy (MM / DD / YYYY)  Opening (De Novo) Purchase of Branches Acquisition of Branches through Merger/Absorption Sale of Branches Closure Relocation Name Change Change In Service Type Deletion of Erroneously Reported Branch/Office
The Seller is entered in Item 5	Other, please describe:
and the Purchaser (the other	Characteristics Section
depository institution), is	
entered in Item 6.	2. Check applicable service type:
	☐ Full Service ☐ Limited Service ☐ Trust ☐ Electronic Banking
For a partial purchase and	3.a. Los Angeles Branch 3.b.
assumption transaction, report	S.B. Copular Name    Formular Name   Formular Name   State   S
the number of branches that	
were purchased or sold.	4.a. Current Address (if changes have occurred)
·	4500 South Figueroa Street
A partial purchase and	Current Street Address (Physical Location) If Relocation or Correction, Prior Street Address (Physical Location)
assumption is defined as the	Los Angeles, Los Angeles  City and County If Relocation or Correction, Prior City and County
sale or purchase of one or	CA, United States, 90017
more branches, but not all	State, Country, and Zlp / Postal Code If Relocation or Correction, Prior State, Country, and Zlp / Postal Code
•	
branches, from one depository	5. Local First Bank Head Office Legal Name
to another.	San Francisco, CA, United States, 94105
	City, State, Country, and Zip / Postal Code
For a full purchase and	
assumption transaction (all	<ol><li>For event types sales of branches or purchase of branches, provide the name and address of the other domestic depository insti- tution involved in the transaction and the number of branches sold or purchased:</li></ol>
branches are sold), this	and involved in the databasis and the number of stationers sold of particulated.
number is not required.	Montgomery National Bank 2
	Name of Other Depository Institution that Sold or Purchased Branches Number of Branches Sold or Purchased  San Francisco, CA, 94111
	City, State, Country, and 21p / Postal Code
	12/2012

Event Reference 146

### **Depository Institutions Domestic Branch Purchase or Sale**

Example 1 – A Depository Institution Sells Multiple Branches to Another Depository - continued Schedule 2 of 2

All branches that were sold must be reported.		For Federal Reserve Bank Use Only ID_RSSD County, State and Country Code
	Domestic Branch Schedule	ID_RSSD_HD_OFF City and Country Code
	Use this schedule to report information on:  1. Branches and offices of domestic denository institutions (incl.)	uding territorial depository institutions) controlled directly or indirectly by
		and loan holding company (SLHC) and state member banks that are not
	2. Drainties of Edge and agreement corporations.	Check box if correction
	1.a. Event Type (check all that apply):	1.b. Date of Event: 02/01/yyyy (MM/DD/YYYY)
		□ Acquisition of Branches through Merger/Absorption     □ Relocation     □ Deletion of Erroneously Reported Branch/Office
	Other, please describe:	
	Characteristics Section	
	Check applicable service type:	
		Electronic Banking
	3.a. Chinatown Branch Popular Name	3.b. If Name Change, Prior Popular Name
	Pupulai Naille	ii Name Charge, Phoi Popular Name
	4.a. Current Address	4.b. Previous Address (if changes have occurred)
	500 South Broadway Current Street Address (Physical Location)	If Relocation or Correction, Prior Street Address (Physical Location)
	Los Angeles, Los Angeles	
	City and County CA, United States, 90012	if Relocation or Correction, Prior City and County
	Stafe, Country, and Zip / Postal Code	If Relocation or Correction, Prior State, Country, and Zip / Postal Code
	5. Local First Bank	_
	Head Office Legal Name San Francisco, CA, United States, 94105	
	City, State, Country, and Zip / Postal Code	_
	tution involved in the transaction and the number of branch	<ul> <li>provide the name and address of the other domestic depository insti- es sold or purchased:</li> </ul>
	Montgomery National Bank	
	Name of Other Depository Institution that Sold or Purchased Branches	Number of Branches Sold or Purchased
	San Francisco, CA, 94111 City, State, Country, and Zip / Postal Code	<del>_</del>
		12/2012

**Branch Activity** 

Event Reference 146

### **Depository Institutions Domestic Branch Purchase or Sale**

Example 2 – A Depository Institution Purchases Multiple Branches from Another Depository Institution (Schedule 1 of 2)

In this example Northern	,	_		-
			For Federal Reserve Bank Use Only	FR Y-10 Page 7 of 9
Savings Association purchases			ID_RSSD County, State and Country Code	
two (2) branches from	Domestic Branch Schedule		ID_RSSD_HD_OFF City and Country Code	
Columbus Savings and Loan		Ľ	City and County Code	
effective March 11.	Use this schedule to report information on:  1. Branches and offices of domestic depository institutions (include a top-tier bank holding company (BHC) or a top-tier savings an			
One Domestic Branch Schedule	affiliated with a BHC; and, 2. Branches of Edge and agreement corporations.			
must be submitted for each	2. Drancies of Luge and agreement corporations.		Check box if co	rrection
branch that was purchased.				
The Purchaser is a depository	1.a. Event Type (check all that apply):	1.b. Date	e of Event: 03/11/yyyy	
institution within the Reporters			(MM / DD / YYYY)	
organization.			of Branches through Merger/Absorption	
		Relocation  Deletion of B	Erroneously Reported Branch/Office	
The Purchaser is entered in Item	Other, please describe:		Endicodary Reported Didnorromoe	
5 and the Seller (the other				
depository institution), is	Characteristics Section			
entered in Item 6.	Check applicable service type:			
		Electronic Ban	bi	
For a partial purchase and	Market D Limited Service D Trust D 1	Electronic Barri	king	
assumption transaction, report	3.a. Main Street Branch	3.b.		
the number of branches that	Popular Name		me Change, Prior Popular Name	
were purchased or sold.	4.a. Current Address	4.b. Prev	vious Address (if changes have occurred)	
A contint accorded	123 Main Street			
A partial purchase and	Current Street Address (Physical Location)	If Rei	location or Correction, Prior Street Address (Physical Loca	tion)
assumption is defined as the	Benecia, Solano		Insultant on Competing Order Other and County	
sale or purchase of one or more	City and County CA, United States, 94510	II Rei	location or Correction, Prior City and County	
branches, but not all branches,	State, Country, and ZIp / Postal Code	If Rei	location or Correction, Prior State, Country, and Zip / Post	al Code
from one depository to another.				
	5. Northern Savings Association			
For a full purchase and	Head Office Legal Name Sacramento, CA, United States, 95820			
assumption transaction (all	City, State, Country, and Zip / Postal Code	_		
branches are sold), this number				
is not required.	<ol><li>For event types sales of branches or purchase of branches, tution involved in the transaction and the number of branches</li></ol>			sitory insti-
	Columbus Savings and Loan	2		
	Name of Other Depository Institution that Sold or Purchased Branches	Numi	ber of Branches Sold or Purchased	
	Benecia, CA, 95820 City, State, Country, and Zip / Postal Code	_		
	City, State, Country, and 2p reside Code			
				12/2012

Event Reference 146

### **Depository Institutions Domestic Branch Purchase or Sale**

Example 2 – A Depository Purchases Multiple Branches from Another Depository - continued Institution (Schedule 2 of 2)

All branches that were		For Federal Researce Book Use Only	FR Y-10
purchased must be reported.		For Federal Reserve Bank Use Only ID_RSSD	Page 7 of 9
		County, State and Country Code ID_RSSD_HD_OFF	
	Domestic Branch Schedule	City and Country Code	
	Use this schedule to report information on:		
	<ol> <li>Branches and offices of domestic depository institutions (includin a top-tier bank holding company (BHC) or a top-tier savings and affiliated with a BHC; and,</li> <li>Branches of Edge and agreement corporations.</li> </ol>		that are not
	1.a. Event Type (check all that apply):	1.b. Date of Event: 03/11/yyyy (MM/DD/YYYY)	
	☐ Sale of Branches ☐ Closure ☐	Acquisition of Branches through Merger/Absorption Relocation Deletion of Erroneously Reported Branch/Office	
	Characteristics Section		
	Check applicable service type:		
		lectronic Banking	
	3.a. Railroad Avenue Branch	3.b.	
	Popular Name	If Name Change, Prior Popular Name	
	4.a. Current Address	4.b. Previous Address (if changes have occurred)	
	555 Railroad Avenue		
	Current Street Address (Physical Location) Benecia, Solano	If Relocation or Correction, Prior Street Address (Physical Loc	ation)
	City and County	If Relocation or Correction, Prior City and County	
	CA, United States, 94510 State, Country, and Zip / Postal Code	If Relocation or Correction, Prior State, Country, and Zip / Pos	tal Code
	5.00. 5.00.		
	5. Northern Savings Association	-	
	Head Office Legal Name Sacramento, CA, United States, 95820		
	City, State, Country, and Zip / Postal Code	•	
	For event types sales of branches or purchase of branches, pr tution involved in the transaction and the number of branches		sitory insti-
	Columbus Savings and Loan	2	
	Name of Other Depository Institution that Sold or Purchased Branches	Number of Branches Sold or Purchased	
	Benecia, CA, 95820 City, State, Country, and Zip / Postal Code	•	
			12/2012
			TAYAN TA

Branch Activity Event Reference 147

### **Depository Institutions Domestic Branch Closing**

an this example Local Legacy ank closed its Northside arkway Office effective March 1.	Domestic Branch Schedule	For Federal Reserve Bank Use Only ID_RSSD County, State and Country Code ID_RSSD_HD_OFF City and Country Code
	Use this schedule to report information on:	
		luding territorial depository institutions) controlled directly or indirectly by and loan holding company (SLHC) and state member banks that are not
		Check box if correction
	1.a. Event Type (check all that apply):	1.b. Date of Event: 03/11/yyyy (MM/DD/YYYY)
	□ Opening (De Novo)  □ Purchase of Branches     □ Sale of Branches  □ Closure     □ Name Change  □ Change in Service Type     □ Other, please 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. Northside Parkway Office	3.b.
	Popular Name	If Name Change, Prior Popular Name
	4.a. Current Address	4.b. Previous Address (if changes have occurred)
	4500 Northside Parkway Northwest  Current Street Address (Physical Location)	If Relocation or Correction, Prior Street Address (Physical Location)
	Atlanta, Fulton	ii Nebballori di Garieviari, Filor Sireet Palaresa (Frigorial Ebballori)
	City and County GA, United States, 30327	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. Local Legacy Bank	
	Head Office Legal Name	<del></del>
	San Francisco, CA, United States, 94105 City, State, Country, and Zip / Postal Code	_
	For event types sales of branches or purchase of branche tution involved in the transaction and the number of branches	es, provide the name and address of the other domestic depository insti- hes 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	<del>_</del>

#### De Novo Formations and New FR Y-10 Reporters

Event Reference 1001

#### Initial Reporting of a Top-Tier SLHC (New FR Y-10 Reporter)

Schedule 1 of 2 – Used to report the new SLHC

Cavings and Loan Cahadula	For Federal Reserve Bank Use Only
	ID_RSSD_E1 (direct holder) Page 3 of 9
	ib_Roob_E2 (reponable company)
associations.	Check box if correction
1.a. Event Type (check all that apply):	1.b. Date of Event: 10/01/yyyy (MM/DD/YYYY)
	in Ownership
	in Characteristics Debts Previously Contracted
	in Activity or Legal Authority Became Reportable
Other, please describe:	
Characteristics Section	
	2.b.
Legal Name of Savings and Loan Company	If Name Change or Correction, Prior Legal Name of Savings and Loan Company
3.a. 100 Redtree Street	3.b
Current Street Address (Physical Location)	If Relocation or Correction, Prior Street Address (Physical Location)
	If Relocation or Correction, Prior City and County
IL	and any are aren't
State / Province, Country, and Zip / Postal Code DE	If Relocation or Correction, Prior Stale / Province, Country, and Zlp / Postal Code
State or Country (If foreign) of Incorporation	If Relocation or Correction, Prior State or Country (If foreign) of incorporation
	5. Fiscal Year End (SLHCs Only): 10/31 (MM/DD)
	iject to 13(a) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act
	f SEC Act of 1934, but not Section 404 of SOX Act
☐ Terminated or suspended r	reporting requirements under 13(a) or 15(d) of the SEC Act of 1934
	ax ID Number: 99 - 8765432
_	
, <u> </u>	Federal Savings Association
	☐ State Savings Association  SLHC ☐ Federal Savings Bank
☐ Mutual SLHC	State Savings Bank HOLA 10(I) Election
HOLA 10(I) Mutual SLHC	☐ Cooperative Bank HOLA 10(I) Election
2 2	General Partnership Limited Partnership Sole Proprietorship Mutual
	Sole Proprietorship Mutual Limited Liability Partnership Limited Liability Co./Corp.
Other, please describe	·
<ol> <li>Is the savings and loan company consolidated in the rep</li> </ol>	
(only reportable for foreign investments)	
Ownership Section (report at direct holder level unless other	erwise noted)
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. Percentage of Nonvoting Equity:%	15. Control by Reporter:
13.c. Other Interest:  Yes No	<ol><li>Former Direct Holder's Name and Location (if applicable):</li></ol>
13.d. If the reportable company is a type of partnership or limite	
liability company as indicated in Item 10 above, please in cate the appropriate ownership interest of the direct holde	
☐ General Partner/Managing Member	City, State / Province, Country
Limited Partner/Non-Managing Member	
Activity and Legal Authority Section (for list of FRS legal auth	hority codes, see the Appendix of these instructions.)
Activity Type Authority Code Activity	ty Code Description of Activity
	ty Code Description of Activity  1112 Offices of Other Holding Companies
	,,,
	Acquisition of a Going Concern

#### De Novo Formations and New FR Y-10 Reporters

Event Reference 1001

#### Initial Reporting of a Top-Tier SLHC (New FR Y-10 Reporter) - continued

Schedule 2 of 2 – Used to report the new Savings Association and its relationship to the SLHC

Use this and loar	ngs and Loan Sche schedule to report information in holding company (SLHC), and directly or indirectly held interes- tions.	about a reporter th about any reporte	er's (including a	For Federal Reserve Bank Us ID_RSSD_E1 (direct holder) ID_RSSD_E2 (reportable comp if applicable, former difi	any)	FR Y-10 Page 3 of 9  ox if correction
	Event Type (check all that app	oly):	1.b.	Date of Event: 10/01/	уууу	
	□ Acquisition of a Going Cor     □ De Novo Formation     □ External Transfer     □ Internal Transfer     □ Other, please describe:		Change in Owners iquidation Change in Charac Change in Activity	hip [ teristics	O/YYYY)  No Longer Rep Became Inactiv Debts Previous Became Repor	ve sly Contracted
Chara	cteristics Section					
2.a.			2.b.			
3.a.	Legal Name of Savings and Loan Com 100 Redtree Street	ipany	3.b.	If Name Change or Correction, F	rior Legal Name of Savi	ngs and Loan Company
	Current Street Address (Physical Local Chicago, Cook	tion)		If Relocation or Correction, Price	or Street Address (Phys	ical Location)
	City and County			If Relocation or Correction, Price	or City and County	
	State / Province, Country, and Zip / Po	stal Code		If Relocation or Correction, Prior	State / Province, Countr	y, and Zlp / Postal Code
	State or Country (If foreign) of Incorpor	ration		If Relocation or Correction, Price		oreign) of incorporation
4.	Date Opened: 10/01/yyyy (MM/DD/YYYY)		5.	Fiscal Year End (SLHCs	Only):	
6.		Not Applicable	Subject to 13(	a) or 15(d) of SEC Act of	, ,	404 of SOX Act
	:	Subject to 13(a) or	15(d) of SEC Act	of 1934, but not Section	404 of SOX Act	
				equirements under 13(a)		C Act of 1934
7.		4 1 2 7 9 ing six digits only	8. Tax ID Num	ber: 77 - 122!	5 5 3 2	
9.	Savings and Loan Type:	Stock SLHC	_	Federal Savings Associ		
		HOLA 10(I) Stock S Trust (non-testame Mutual SLHC HOLA 10(I) Mutual	ntary) SLHC	Federal Savings Bank	LA 10(I) Election	
		Other, please desc		Cooperative Bank HOL	A TO(I) Election	
10.	Business Organization Type:	□ Corporation     □ Business Trus     □ Cooperative     □ Limited Liabilit     □ Other, please	Limited Li ty Limited Partner	rietorship ability Partnership	Limited Partnersh Mutual Limited Liability C	
11.	Is the savings and loan compa (only reportable for foreign inv	any consolidated in		ancial statements?	Yes No	
Owne	rship Section (report at dire	ect holder level unle	ess otherwise not	ed)		
12.	Direct Holder's Name and Loc		avings Holding		o, IL, United Stat	tes
		Legal Name			Province, Country	п.,
	Percentage of a Class of Votin			Control by Direct Hold		□ No
	Percentage of Nonvoting Equi		15.	Control by Reporter:	⊠ Yes	□ No
13.c.	Other Interest: Yes		16.	Former Direct Holder's	rvame and Locati	on (if applicable):
13.0.	If the reportable company is a liability company as indicated i cate the appropriate ownership	in Item 10 above, p	lease indi-	Legal Name of Former Direct	Holder	
	☐ General Partner/Managing ☐ Limited Partner/Non-Managing			City, State / Province, Countr	у	
Activit	y and Legal Authority Sect	tion (for list of FRS I FRS Legal	legal authority code: NAICS	s, see the Appendix of these	instructions.)	
	Activity Type	Authority Code	Activity Code	De	scription of Activity	
47	Primary Activity	411	52212	Savings Institutions		
17.a.						
	Secondary Activity					

#### De Novo Formations and New FR Y-10 Reporters

Event Reference 1002

### **Opening of a De Novo Lower-Tier SLHC**

When reporting a de novo							
formation of a Savings and Loan	Qavii	ngs and Loan Sche	dula		For Federal Reserve S	Sank Use Only	FR Y-10
Holding Company (SLHC), two		schedule to report information		at is a savings	ID_R\$\$D_E1 (direct ho	older)	Page 3 of 9
schedules are generally	and loar	n holding company (SLHC), and	about any reporte	er's (including a	ID_RSSD_E2 (reportat If applicable, former dif		
required. One schedule reflects	BHC's)	directly or indirectly held interes tions.	in all SLHCs and	savings		Check	k box if correction
the characteristics of and the	1.a.		v):	1.b	. Date of Event: 1	1/13/yyyy	
investment in the newly formed		_	_		(N	IM / DD / YYYY)	_
lower-tier SLHC. A second		☐ Acquisition of a Going Con ☐ De Novo Formation		hange in Owner iquidation	rship	☐ No Longer I	
schedule may be required to		External Transfer		hange in Chara	cteristics	=	iously Contracted
report the opening, acquisition,		Internal Transfer	□ c	Change in Activity	y or Legal Authority	☐ Became Re	eportable
or transfer of a savings		Other, please describe:					
association to the new lower-		cteristics Section					
tier SLHC.	2.a.	AFB Savings Corp.  Legal Name of Savings and Loan Comp	nany	2.b		ection Prior Lenal Name of	Savings and Loan Company
	3.a.	2603 Mount Henry Road		3.b	-	coot, Flior Legal Name of	Savings and Estati Company
If the new lower-tier SLHC is		Current Street Address (Physical Locati	ion)		If Relocation or Correcti	on, Prior Street Address (F	Physical Location)
held by more than one direct		Davidson, Geness City and County			If Relocation or Correcti	on, Prior City and County	
holder, an additional Savings		MI, United States, 48999					
and Loan Schedule would be		State / Province, Country, and Zip / Pos MI	tal Code		If Relocation or Correction	n, Prior State / Province, Co	ountry, and Zlp / Postal Code
required for each direct holder.		State or Country (if foreign) of incorpora	ation		If Relocation or Correcti	on, Prior State or Country	(If foreign) of incorporation
required for each direct holder.	4.	Date Opened: 11/13/yyyy (MM/DD/YYYY)		5.	Fiscal Year End (S	LHCs Only): 12/31 (MM/DD	
La Alcia accessor la AED Carriera	6.		lot Applicable	Subject to 13	(a) or 15(d) of SEC		
In this example AFB Savings					t of 1934, but not Se		
Corp. is a newly formed lower-					requirements under		SEC Act of 1934
tier SLHC under AFB Savings	7.		1 6 5 4 3 ng six digits only	8. Tax ID Nur	mber: 21 - 12	34567	
Corp. MHC (the top-tier SLHC	9.		Stock SLHC		Federal Savings A	ssociation	
and Reporter).			IOLA 10(I) Stock S		State Savings Ass		
			rust (non-testamer Mutual SLHC		☐ Federal Savings Bar ☐ State Savings Bar	запк nk HOLA 10(I) Electi	ion
The characteristics and		□ +	OLA 10(I) Mutual	SLHC [	Cooperative Bank		
ownership information of the	40		Other, please descr	_			
newly formed lower-tier SLHC	10.			☐ General t ☐ Sole Pro		☐ Limited Partne	ersnip
must be provided.			☐ Cooperative		iability Partnership	☐ Limited Liabilit	ty Co./Corp.
			Limited Liabilit		ership		
Additional Savings and Loan	11.	Is the savings and loan compa	Other, please on consolidated in		nancial statements?	☐ Yes ☐ No	
Schedules should be submitted		(only reportable for foreign inve		the reporter 5 iii	ianolai statements.	□ 1es □ 140	,
for all reportable companies	Owne	rship Section (report at dire	ct holder level unle	ess otherwise no	ited)		
held by the de novo lower-tier	12.	Direct Holder's Name and Loca		gs Corp. MHC		vidson, MI, United	
SLHC.	12 -	Percentage of a Class of Votice	Legal Name	v 44		, State/Province, Country Holder: X Y	
	13.a.	Percentage of a Class of Votin			-	_	
	13.b. 13.c.			15. 16.			
	13.c. 13.d.				Former Direct Ho	ider 5 Harrie and LO	cation (if applicable):
	13.4.	liability company as indicated in cate the appropriate ownership	n Item 10 above, pl	lease indi-	Legal Name of Forme	r Direct Holder	
		☐ General Partner/Managing ☐ Limited Partner/Non-Mana			City, State / Province,	Country	
	Activit	y and Legal Authority Sect			es, see the Appendix of	these instructions.)	
		Activity Type	FRS Legal Authority Code	NAICS Activity Code		Description of Activity	,
	17.a	Primary Activity	411	551112	Offices of Other	Holding Companie	es
		Secondary Activity					
		(SLHCs only) Termination of Activity					
							12/2012

#### De Novo Formations and New FR Y-10 Reporters

Event Reference 1003

#### Opening of a De Novo U.S. Savings Association

(601): ( )						
(S&L) is formed under	ings and Loan Sched	ماررا		For Federal Recerve Bank	k Use Only	FR Y-10
ig saviligs allu luali	is schedule to report information at		inas	ID_RSSD_E1 (direct holder	r)	Page 3 of 9
	an holding company (SLHC), and a			ID_RSSD_E2 (reportable of If applicable, former dift	ompany)	_
	) directly or indirectly held interest i	n all SLHCs and savings			Chask hav	if correction
	ations.					ii correction L
ngs and Loan Schedule	. Event Type (check all that apply	):	1.D. I	Date of Event: 04/2	/ DD / YYYY)	
d to report the	Acquisition of a Going Conce		Ownershi	р	No Longer Repo	
n of the new S&L and	☑ De Novo Formation ☐ External Transfer	☐ Liquidation ☐ Change in (	^harastar	istics	☐ Became Inactive ☐ Debts Previously	
onship with the SLHC	Internal Transfer			Legal Authority	Became Reports	
ct Holder).	Other, please describe:		,	,		
,	acteristics Section					
2.0	Traders Savings and Loan		2.b.			
is held by more than	Legal Name of Savings and Loan Compa	iny		Name Change or Correction	on, Prior Legal Name of Saving	в and Loan Compan
t holder, an additional 3.8	231 Main Street Current Street Address (Physical Location	n\	3.b.	Reincation or Correction	Prior Street Address (Physic	al Location)
nd Loan Schedule	Waukesha, Waukesha	",		recording of Correction,	riioi odeetridaleaa (riiyalo	ai Eucanori)
required for each	City and County		If	Relocation or Correction,	Prior City and County	
lder. Similarly, if the	WI, United States, 53186 State / Province, Country, and Zip / Posta	I Code	15	Releasition or Cornetton D	Prior State / Province, Country,	and 7th / Doctal Cod
holds reportable	WI	ii Code	"	rvelocation of Confection, P	nioi state / Province, Country,	and zip / Poscal Cool
ies they would be	State or Country (If foreign) of incorporati	on			Prior State or Country (If fore	elgn) of incorporation
on additional	Date Opened: 04/25/yyyy (MM/DD/YYYY)		5. F	iscal Year End (SLH	ICs Only):	
e e		t Applicable 🛛 Subject	t to 13(a)	or 15(d) of SEC Act	of 1934 and Section 4	04 of SOX Act
ing Schedules.	Su	bject to 13(a) or 15(d) of Si	EC Act of	1934, but not Section	on 404 of SOX Act	
		rminated or suspended rep				Act of 1934
7.		6 6 7 7 8. Tax I six digits only	D Numbe	er: 98 - 123	3 5 6 7 8	
9.	_	ock SLHC		Federal Savings Ass	ociation	
		DLA 10(I) Stock SLHC		State Savings Assoc		
		ust (non-testamentary) SLH		Federal Savings Bar		
	=	itual SLHC			HOLA 10(I) Election	
	=	DLA 10(I) Mutual SLHC her, please describe:	□ (	Cooperative Bank H	OLA 10(I) Election	
10.	_		neral Par	rtnership [	_ Limited Partnership	,
		Business Trust So	le Proprie		Mutual	
					Limited Liability Co	./Corp.
		<ul> <li>Limited Liability Limited F</li> <li>Other, please describe:</li> </ul>	Partnersh	ip		
11.	Is the savings and loan company		er's finan	cial statements?	☐ Yes ☐ No	
	(only reportable for foreign inves					
Own	ership Section (report at direct	t holder level unless otherw	ise noted	)		
12.	Direct Holder's Name and Locat		poration		kesha, WI, United St	tates
42	. Percentage of a Class of Voting	Legal Name	14		tate/Province, Country older: 🏿 Yes	□ No
13.6			14.	Control by Direct Ho		□ No
	Percentage of Nonvoting Equity:		15.	Control by Reporter		
13.0			16.	rormer Direct Holde	er's Name and Location	n (if applicable):
13.0	<ul> <li>If the reportable company is a tylliability company as indicated in cate the appropriate ownership in</li> </ul>	Item 10 above, please indi-		Legal Name of Former Di	lrect Holder	
	☐ General Partner/Managing M	Member		City, State / Province, Co	untry	
	☐ Limited Partner/Non-Managi	ing Member				
Activ	ity and Legal Authority Section			see the Appendix of the	ese instructions.)	
	Activity Type	FRS Legal NAICS Authority Code Activity Co			Description of Activity	
17.8	. Primary Activity	411 52212	2	Savings Institution	s	
	Secondary Activity					
	(SLHCs only)					
17,	. Termination of Activity					

#### Acquisitions

Event Reference 1004

### **Acquisition of a Savings and Loan Holding Company**

In this example Interwoven							
Insurance Corp, a top-tier savings and loan holding company (SLHC), acquires 90%	Use this and loa	ngs and Loan S schedule to report inform n holding company (SLHC directly or indirectly held in	ation about a reporter i), and about any repo	rter's (including a	For Federal Receive B: ID_RSSD_E1 (direct holi ID_RSSD_E2 (reportable if applicable, former difi	der)e company)	FR Y-10 Page 3 of 9
of the voting shares of Midwest Insurance Services (Midwest).	associa						box if correction
Midwest is an existing SLHC and	1.a.	Event Type (check all that  Acquisition of a Goin	_	1.b Change in Owne		M/DD/YYYY)  No Longer F	- Reportable
will become a lower-tier SLHC under Interwoven.		☐ De Novo Formation ☐ External Transfer ☐ Internal Transfer ☐ Other, please describ		Liquidation Change in Chara	·	☐ Became Ina	ctive ously Contracted
Midwest's subsidiaries, including	Chara	cteristics Section					
all savings associations and	2.a.	Midwest Insurance Se		2.8	o		
nonbank subsidiaries, would be reported separately on Savings	3.a.	Legal Name of Savings and Loa 2176 East Rutherford	Road	3.b	o		Savings and Loan Company
and Loan and/or Nonbanking		Current Street Address (Physica Des Moines, Polk	al Location)		If Relocation or Correction	n, Prior Street Address (F	hysical Location)
schedules as applicable.		City and County IA, United States, 503	09		If Relocation or Correction	n, Prior City and County	
		State / Province, Country, and 2 DE			If Relocation or Correction,	, Prior State / Province, Co	untry, and Zlp / Postal Code
	4.	State or Country (if foreign) of in Date Opened: 06/02/20		5.	If Relocation or Correction Fiscal Year End (SL		(if foreign) of incorporation
		(MM / DD / Y	YYYY)			(MM/DD)	
	6.	SEC Reporting Status:	Not Applicable     Subject to 13(a) €		3(a) or 15(d) of SEC A ct of 1934, but not Sect		on 404 of SOX Act
					requirements under 1		SEC Act of 1934
	7.	CUSIP Number: See instructions for when applicable	Leading six digits only	8. Tax ID Nu	mber: 32 - 20	98462	
	9.	Savings and Loan Type:			Federal Savings As		
			☐ HOLA 10(I) Stock ☐ Trust (non-testan		☐ State Savings Asso ☐ Federal Savings Ba		
			☐ Mutual SLHC			k HOLA 10(I) Election	
			☐ HOLA 10(I) Mutu ☐ Other, please de:		Cooperative Bank	HOLA 10(I) Election	
	10.	Business Organization T			Partnership	Limited Partne	rship
			☐ Business Tr ☐ Cooperative	_	oprietorship Liability Partnership	☐ Mutual ☐ Limited Liability	y Co./Corp.
			Limited Liab	oility Limited Partne	ership		
	11.	Is the savings and loan of (only reportable for foreign	company consolidated		nancial statements?	☐ Yes ☐ No	
	Owne	rship Section (report	at direct holder level u	nless otherwise no	oted)		
	12.	Direct Holder's Name an	d Location: Interwov Legal Name			venport, IA, United State/Province, Country	I States
	13.a.	Percentage of a Class of	Voting Shares: 90.00	<u>%</u> 14	. Control by Direct I		
	13.b.	Percentage of Nonvoting		15			
	13.c.		⊠ No	16	. Former Direct Hol	der's Name and Lo	ation (if applicable):
	13.0.	If the reportable company liability company as indic cate the appropriate own	ated in Item 10 above	, please indi-	Legal Name of Former	Direct Holder	_
		☐ General Partner/Mar ☐ Limited Partner/Non-			City, State / Province, C	Country	
	Activit	y and Legal Authority		S legal authority cod	les, see the Appendix of t	hese instructions.)	
		Activity Type	FRS Legal Authority Code	NAICS Activity Code		Description of Activity	
	17.a.	Primary Activity	412	524126	Direct Property a	nd Casualty Insur	ance Carriers
		Secondary Activity (8LHCs only)	412	551112	Offices of Other I	Holding Companie	es
	17.c.	Termination of Activity			-		12/2012

FR Y-10

Acquisitions

Event Reference 1005

## Acquisition of a U.S. Savings Association

Corp., a savings and loan holding company (SLHC), acquires 92% of the voting equity of First Savings and Loan, a savings association that was already in	Use this and loa	ngs and Loan Sche s schedule to report information in holding company (SLHC), and directly or indirectly held interestions.	about a reporter that d about any reporter	For Federal Reserve Bank Use Only ID_RSSD_E1 (direct holder) ID_RSSD_E2 (reportable company) If applicable, former d/h  Check box if correction			
existence.	1.a.	Event Type (check all that app	oly):	1.b.	Date of Event: 09/0		
		Acquisition of a Going Co.  De Novo Formation  External Transfer  Internal Transfer  Other, please describe:	☐ Li	nange in Ownershi quidation hange in Character hange in Activity on	p	DD/YYYY)  No Longer Rep Became Inactiv Debts Previous Became Report	e ly Contracted
	Chara	cteristics Section					
		First Savings and Loan		2.b.			
	2.	Legal Name of Savings and Loan Con 1434 East Jefferson Street		3.b.	Name Change or Correction	n, Prior Legal Name of Savir	gs and Loan Company
	J.a.	Current Street Address (Physical Loca Detroit, Wayne			Relocation or Correction, F	Prior Street Address (Physi	cal Location)
		City and County			Relocation or Correction, F	Prior City and County	
		MI, United States, 48201 State / Province, Country, and Zip / Pc MI	stal Code		Relocation or Correction, Pri	for State / Province, Country	, and Zlip / Postal Code
	4.	State or Country (if foreign) of incorpor Date Opened: 02/17/1960	ration		Relocation or Correction, Fi Fiscal Year End (SLH)		reign) of incorporation
		(MM / DD / YYYY)				(MM/DD)	
	6.				or 15(d) of SEC Act of 1934, but not Section		404 of SOX Act
					quirements under 13(a		C Act of 1934
	7.	CUSIP Number: 2 See instructions for when applicable Lead	3 5 4 2 5 ing six digits only	8. Tax ID Numbe	er: 78 - 311	0221	
	9.	Savings and Loan Type:			Federal Savings Asso	ociation	
			HOLA 10(I) Stock SI	LHC 🗵	State Savings Associ	ation	
			Trust (non-testamen Mutual SLHC		Federal Savings Banl State Savings Bank F		
			HOLA 10(I) Mutual S		Cooperative Bank HC		
			Other, please descri			<b></b>	
	10.	Business Organization Type:		☐ General Pa		Limited Partnershi Mutual	P
			☐ Cooperative		_	Limited Liability C	o./Corp.
			Limited Liability Other, please d	Limited Partnersh	nip		
	11.	Is the savings and loan compo	any consolidated in		cial statements?	Yes No	
	Owne	rship Section (report at dire		se otherwise noted	n		
	12.	Direct Holder's Name and Loc				it, MI, United State	s
			Legal Name			ate/Province, Country	
	13.a.	Percentage of a Class of Voti	ng Shares: <u>92.00</u> %	14.	Control by Direct Hol		□ No
	13.b.			15.	Control by Reporter:	✓ Yes	□ No
	13.c.		No	16.	Former Direct Holder	r's Name and Location	on (if applicable):
	13.d.	If the reportable company is a liability company as indicated cate the appropriate ownershi	in Item 10 above, ple	ease indi-	Legal Name of Former Dire	ect Holder	
		General Partner/Managin	g Member		City, State / Province, Cou	ntry	
		Limited Partner/Non-Man					
	Activit	y and Legal Authority Sec	tion (for list of FRS le FRS Legal	gal authority codes, : NAICS	see the Appendix of thes	se instructions.)	
		Activity Type	Authority Code	Activity Code	ı	Description of Activity	
	17.a.	Primary Activity	411	52212	Savings Institutions	3	
	17.b.	Secondary Activity (SLHCs only)					
	17.c.	Termination of Activity					
II							12/2012

#### Changes to Reportable or Newly Reportable Companies

Event Reference 1006

#### Changes to a Reportable or Newly Reportable SLHC

In this example IBC Holdings, a									
savings and loan holding	Savi.	age and I can Sch	edule			For Federal Reserve Ban	k Use Only		FR Y-10
company (SLHC) and the direct		ngs and Loan Sch		r that is a savi		ID_R\$\$D_E1 (direct holds	r)		Page 3 of 9
holder, is increasing its		holding company (SLHC), ar			_	ID_RSSD_E2 (reportable of If applicable, former dift	company)		
		directly or indirectly held intere			·9				
ownership interest in Rivers	associat	ions.					CI	eck box if o	correction
Edge Savings Company (a lower- tier SLHC) from 70% to 95%	1.a.	Event Type (check all that ap	ply):		1.b.	Date of Event: 03/ (MM	O3/yyyy /DD/YYYY)		
voting equity. In addition, Rivers		Acquisition of a Going Co		Change in O	wnersh	nip	☐ No Long		ble
Edge begins conducting a		☐ De Novo Formation ☐ External Transfer		Liquidation Change in C	haracta	arietice	=	Inactive reviously C	ontracted
secondary activity, insurance		Internal Transfer	$\overline{\boxtimes}$	-		r Legal Authority	_	Reportable	
agencies and brokerages. Both		Other, please describe:						_	
•	Chara	cteristics Section							
events are effective on the same	2.a.	Rivers Edge Savings Com	pany		2.b.				
date.		Legal Name of Savings and Loan Co	mpany			If Name Change or Correcti	on, Prior Legal Nam	e of Savings an	d Loan Company
	3.a.	32747 Magnolia Street	-tr>		3.b.	If Delegation or Competing	Delay Olayah Adda	an (Disselant L	
When reporting this business		Current Street Address (Physical Loc Carmel, Hamilton	auon)			If Relocation or Correction,	Prior Street Addre	66 (Priyaicai Li	cauon)
transaction, the Event Types		City and County			ī	If Relocation or Correction,	Prior City and Co	ınty	
Change in Ownership and		IN, United States, 46035	andre Ondo			# D-1	Na. 26-1- / President		The I Breaket Gode
Change in Activity or Legal		State / Province, Country, and Zip / P	ostal Code			If Relocation or Correction, F	anor state / Provinc	e, Country, and	ZID / POSCAI CODE
Authority should be checked in		State or Country (If foreign) of Incorp	oration		ī	If Relocation or Correction,	Prior State or Cou	intry (If foreign)	of incorporation
,	4.	Date Opened:			5. I	Fiscal Year End (SLF		unn:	
schedule Item 1.a.	6.	(MM / DD / YYYYY SEC Reporting Status:	) Not Applicable	☐ Subject	to 13(a)	) or 15(d) of SEC Act		VDD) Section 404	of SOX Act
	٥.			-		f 1934, but not Section			0.00///100
Multiple events can be reported			Terminated or su	spended repo	rting re	quirements under 13	(a) or 15(d) of	the SEC Ac	t of 1934
on the same schedule if the	7.	CUSIP Number:		8. Tax ID	Numb	er: 🔲 – 🔲 🗆			
changes occur on the same	9.		ding six digits only			F-d18			
effective date.	θ.		Stock SLHC HOLA 10(I) Stoc	k SLHC	_	Federal Savings Ass State Savings Associate			
enegative date.			Trust (non-testar			Federal Savings Bar			
Multiple events occurring on		=	Mutual SLHC			State Savings Bank			
,			HOLA 10(I) Mutu			Cooperative Bank H	OLA 10(I) Elec	tion	
different dates must be	10.	Business Organization Type:	Other, please de		I D-	artnership	_ Limited Pa	d	
reported on separate schedules.	10.	business Organization Type.	☐ Business Ti				☐ Mutual	runersnip	
			☐ Cooperative		-			bility Co./Co	огр.
			Limited Liab	-	artnersl	hip			
			U Other, pleas						
	11.	Is the savings and loan comp (only reportable for foreign in		I in the reporte	r's finar	ncial statements?	☐ Yes ☐	No	
	Owne	ship Section (report at di		ınless otherwis	se note	d)			
	12.	Direct Holder's Name and Lo					napolis, IN, I	Jnited Stat	es
			Legal Name			City, S	tate/Province, Cou	ntry	
	13.a.	Percentage of a Class of Vot	ing Shares: 95.00	<u>%</u>	14.	Control by Direct H	older:	Yes	No
	13.b.	Percentage of Nonvoting Equ	uity:%		15.	Control by Reporte	r. 🗵	Yes	No
	13.c.	Other Interest:  Yes	No		16.	Former Direct Hold	er's Name and	Location (it	applicable):
	13.d.	If the reportable company is a	a type of partners	hip or limited					
		liability company as indicated cate the appropriate ownersh				Legal Name of Former D	frect Holder		
		General Partner/Managir		unect noider.		City, State / Province, Co	untry		
		Limited Partner/Non-Mar				,-	,		
	Activity	and Legal Authority Sec		S legal authority	ondes	see the Appendix of the	ese instructions	١	
	7104711		FRS Legal Authority Code	NAICS Activity Co		see the Appendix of the	Description of Ac		
		Activity Type	Authority Code	Addivity Cot	unci		Description of AC	urdy	
		Primary Activity		50404			P1		
		Secondary Activity (SLHCs only)	411	52421		Insurance Agencie	s and Broke	ages	
	17.c.	Termination of Activity							12/2012
									12/2012

#### Changes to Reportable or Newly Reportable Companies

Event Reference 1007

#### Changes to a Reportable or Newly Reportable U.S. Savings Association

**Example 1: SLHC Increases its Voting Interest in a Subsidiary Savings Association** 

	, , ,
In this example United Savings	
Corp., a savings and loan holding	Savings and Loan Schadule For Federal Reserve Bank Use Only FR Y-10
company (SLHC), increases its	Page 3 of 9
' ' ' ''	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
voting equity to 100% in First	BHC's) directly or indirectly held interest in all SLHCs and sayings
Savings and Loan, a savings	associations. Check box if correction
association.	1.a. Event Type (check all that apply):  1.b. Date of Event: 12/03/yyyy
	(MM/DD/YYYY)
Multiple events occurring on	☐ Acquisition of a Going Concern ☐ Change in Ownership ☐ No Longer Reportable
different dates must be	□ De Novo Formation     □ Liquidation     □ Became Inactive       □ External Transfer     □ Change in Characteristics     □ Debts Previously Contracted
	☐ Internal Transfer ☐ Change in Activity or Legal Authority ☐ Became Reportable
reported on separate schedules.	Other, please describe:
	Characteristics Section
	2.a. First Savings and Loan 2.b.
	Legal Name of Savings and Loan Company  If Name Change or Correction, Prior Legal Name of Savings and Loan Company
	3.a. 1434 East Jefferson Street 3.b.
	Current Street Address (Physical Location) If Relocation or Correction, Prior Street Address (Physical Location)
	Detroit, Wayne  City and County If Relocation or Correction, Prior City and County
	MI, United States, 48201
	State / Province, Country, and Zip / Postal Code  If Relocation or Correction, Prior State / Province, Country, and Zip / Postal Code  MI
	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. SEC Reporting Status: Not Applicable Subject to 13(a) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act
	Subject to 13(a) or 15(d) of SEC Act of 1934, but not Section 404 of SOX Act
	☐ Terminated or suspended reporting requirements under 13(a) or 15(d) of the SEC Act of 1934
	7. CUSIP Number:
	Savings and Loan Type:    Stock SLHC
	☐ HOLA 10(I) Stock SLHC ☐ State Savings Association
	☐ Trust (non-testamentary) SLHC ☐ Federal Savings Bank
	☐ Mutual SLHC ☐ State Savings Bank HOLA 10(I) Election
	☐ HOLA 10(I) Mutual SLHC ☐ Cooperative Bank HOLA 10(I) Election ☐ Other, please describe:
	☐ Other, please describe:  10. Business Organization Type: ☐ Corporation ☐ General Partnership ☐ Limited Partnership
	Business Trust Sole Proprietorship Mutual
	Cooperative Limited Liability Partnership Limited Liability Co./Corp.
	☐ Limited Liability Limited Partnership
	Other, please describe:
	<ol> <li>Is the savings and loan company consolidated in the reporter's financial statements? Yes No         (only reportable for foreign investments)     </li> </ol>
	Ownership Section (report at direct holder level unless otherwise noted)
	12. Direct Holder's Name and Location: United Savings Corp. Detroit, MI, United States
	Legal Name City, State/Province, Country
	13.a. Percentage of a Class of Voting Shares: 100.00 % 14. Control by Direct Holder:  ☐ Yes ☐ No
	13.b. 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
	liability company as indicated in Item 10 above, please indi- cate the appropriate ownership interest of the direct holder:
	General Partner/Managing Member City, State / Province, Country Limited Partner/Non-Managing Member
	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
	(SLHCs only)
	17.c. Termination of Activity
	TACAN TA

#### Changes to Reportable or Newly Reportable Companies

Event Reference 1007

# Changes to a Reportable or Newly Reportable U.S. Savings Association - continued Example 2: Savings Association Legal Name Change

a cavings association		
a savings association, Savi	ngs and Loan Schedule	For Federal Receive Bank Use Only Page 3 of 9
rrom a state to a Use this	s schedule to report information about a reporter that is a savings	ID_RSSD_E1 (direct holder) ID_RSSD_E2 (reportable company)
	n holding company (SLHC), and about any reporter's (including a	If applicable, former dih
ders Savings and Loan	directly or indirectly held interest in all SLHCs and savings tions.	Check box if correction
ts legal name to  1.a.	Event Type (check all that apply): 1.	b. Date of Event: 07/02/yyyy (MM / DD / YYYY)
on.	☐ Acquisition of a Going Concern ☐ Change in Owne	_
JII.	☐ De Novo Formation ☐ Liquidation	☐ Became Inactive
	☐ External Transfer ☐ Change in Change ☐ Internal Transfer ☐ Change in Activi	_
events occurring on the	☐ Internal Transfer ☐ Change in Activi ☐ Other, please describe:	ty or Legal Authority Became Reportable
ective date should be		
on the same schedule.	cteristics Section	Traders Sevines and Lane
2.a.	Traders First Federal Savings Association 2.  Legal Name of Savings and Loan Company	<ul> <li>Traders Savings and Loan</li> <li>If Name Change or Correction, Prior Legal Name of Savings and Loan Company</li> </ul>
3.a.		
	Current Street Address (Physical Location)	If Relocation or Correction, Prior Street Address (Physical Location)
	Waukesha, Waukesha	
	City and County WI, United States, 53186	If Relocation or Correction, Prior City and County
	State / Province, Country, and Zip / Postal Code WI	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)  SEC Reporting Status:  Not Applicable Subject to 1	(MM/DD)
6.		(3(a) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act act of 1934, but not Section 404 of SOX Act
		g requirements under 13(a) or 15(d) of the SEC Act of 1934
7.	CUSIP Number: 8. Tax ID Nu	ımber: 🗆 – 🗆 🗆 🗆 🗆 🗆
	See instructions for when applicable Leading six digits only	
9.	Savings and Loan Type: Stock SLHC	☐ Federal Savings Association
		☐ State Savings Association ☐ Federal Savings Bank
		State Savings Bank HOLA 10(I) Election
		Cooperative Bank HOLA 10(I) Election
	Other, please describe:	
10.		I Partnership Limited Partnership
		oprietorship Mutual Liability Partnership Limited Liability Co./Corp.
	Limited Liability Limited Partn	
	Other, please describe:	
11.	Is the savings and loan company consolidated in the reporter's f (only reportable for foreign investments)	financial statements?
Owne	rship Section (report at direct holder level unless otherwise n	oted)
12.	Direct Holder's Name and Location:	
	Legal Name	City, State/Province, Country
13.a.	Percentage of a Class of Voting Shares:% 14	
13.b.	_ <u> </u>	5. Control by Reporter:
13.c.	Other Interest: Yes No 16	<ol> <li>Former Direct Holder's Name and Location (if applicable):</li> </ol>
13.d.		Legal Name of Former Direct Holder
	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
Activit	y and Legal Authority Section (for list of FRS legal authority co	des, see the Appendix of these instructions.)
7.5	FRS Legal NAICS Activity Type Authority Code Activity Code	Description of Activity
47.5	Primary Activity	
	Secondary Activity	_
	(SLHCs only) Termination of Activity	

Transfers of Reportable Companies (Reporter's Interest Continues)

Event Reference 1008

### Internal Transfer of a SLHC or Savings Association by a Direct Holder

This business transaction					
assumes that the Direct Holder	Savii	age and I can Schedule		For Federal Reserve Bank Use Or	FR Y-10
completely transfers its interest		ngs and Loan Schedule schedule to report information about a repo	rter that is a savings	ID_RSSD_E1 (direct holder)	Page 3 of 9
in the reportable savings		holding company (SLHC), and about any re	-	ID_RSSD_E2 (reportable company) If applicable, former dih	
association to a company within	BHC's)	directly or indirectly held interest in all SLHC tions.	s and savings		Check box if correction
the Reporter's organization. It also assumes that the new	1.a.	Event Type (check all that apply):	1.b.	Date of Event: 01/15/yy	
Direct Holder did not have a		☐ Acquisition of a Going Concern	☐ Change in Owners		No Longer Reportable
prior interest in the reportable		☐ De Novo Formation	Liquidation	_	Became Inactive
		☐ External Transfer  ☑ Internal Transfer	☐ Change in Charact ☐ Change in Activity		Debts Previously Contracted Became Reportable
company.		Other, please describe:	Change in Activity	or Legal Authority	became Reportable
In this example the Reporter,	Chara	cteristics Section			
Tri-County Savings Corp. (a top-	2.a.	Mid City Savings and Loan	2.b.		
tier savings and loan holding	3.a.	Legal Name of Savings and Loan Company 403 Pine Avenue	3.b.	If Name Change or Correction, Prior	Legal Name of Savings and Loan Company
company (SLHC)) transfers all of	o.u.	Current Street Address (Physical Location)	0.0.	If Relocation or Correction, Prior S	reet Address (Physical Location)
its interest in Mid City Savings		Twin Lakes, Kenosha		WE-1	
,		City and County WI, United States, 55318		If Relocation or Correction, Prior C	ty and County
and Loan to its lower tier SLHC, Mid City Savings Company.		State / Province, Country, and Zip / Postal Code WI		If Relocation or Correction, Prior Stat	e / Province, Country, and Zlp / Postal Code
wild city Savings Company.		State or Country (if foreign) of incorporation		If Relocation or Correction, Prior S	tate or Country (If foreign) of incorporation
	4.	Date Opened:	5.	Fiscal Year End (SLHCs O	
	6.	(MM / DD / YYYY) SEC Reporting Status: Not Applicable	□ Subject to 13(a	a) or 15(d) of SEC Act of 19	(MM/DD) 34 and Section 404 of SOX Act
				of 1934, but not Section 404	
					15(d) of the SEC Act of 1934
	7.	CUSIP Number: Leading six digits only		ber: 🔲 – 🔲 🔲 🖸	
	9.	Savings and Loan Type: Stock SLHC	_	Federal Savings Association	on
		☐ HOLA 10(I) S		•	
		☐ Trust (non-tes	tamentary) SLHC		10/I) Election
		☐ HOLA 10(I) M		•	
		Other, please	describe:		
	10.	Business Organization Type: Corporat	_	· _	nited Partnership
		☐ Busines: ☐ Coopera		. =	rtual nited Liability Co./Corp.
			iability Limited Partner		
			ease describe:		
	11.	Is the savings and loan company consolida (only reportable for foreign investments)	ted in the reporter's fina	incial statements? Ye	s No
	Owne	rship Section (report at direct holder leve	el unless otherwise note	ed)	
	12.	Direct Holder's Name and Location: Mid C			s, WI, United States
	40 -	Legal N		City, State/Pro	
	13.a.	Percentage of a Class of Voting Shares:	% 14.	Control by Direct Holder:	Yes No
	13.b.	Percentage of Nonvoting Equity:%  Other Interest:  Yes  No	15.	Control by Reporter:	Yes No
	13.c. 13.d.		16.	Tri-County Savings Co	ame and Location (if applicable):
	13.u.	liability company as indicated in Item 10 abo		Legal Name of Former Direct Ho	
		cate the appropriate ownership interest of the	ne direct holder:	Antioch, IL, United Stat	es
		☐ General Partner/Managing Member ☐ Limited Partner/Non-Managing Membe	r	City, State / Province, Country	
	Activit	y and Legal Authority Section (for list of		see the Appendix of these inc	tructions )
	Acuvit	FRS Legal	NAICS	•	ption of Activity
	47		~ Autility Code	Descri	puon si rivattity
		Primary Activity			
	17.b.	(SLHCs only)			
	17.c.	Termination of Activity			12/2012

Transfers of Reportable Companies (Reporter's Interest Continues)

Event Reference 1009

#### Partial Internal Transfer of a SLHC or Savings Association by a Direct Holder

Schedule 1 of 2 - Used to report the change in ownership

A partial internal transfer is						
eported as a <i>Change in</i>						
Ownership by the transferring	Ng Savings and Loan Schedule For Federal Receive Bank Use Only FRY-10 Page 3 of 9					
Direct Holder and as an Acquisi-		schedule to report information about a rep	orter that is a savings	ID_RSSD_E1 (direct holder ID_RSSD_E2 (reportable or	- Page 3 or 9	
ion of a Going Concern by the	and loan	holding company (SLHC), and about any	If applicable, former dih		=	
receiving Direct Holder.	BHC's) o	directly or indirectly held interest in all SLH ions.	Cs and savings		Check box	if correction
eceiving Direct Holder.	1.a.		1.b.	Date of Event: 07/0	3/уууу	
f the transferred company is a		Association of a Gaine Consess	Channe in Owner		DD / YYYY)	d-bl-
savings and loan company, two		□ Acquisition of a Going Concern     □ De Novo Formation	□ Change in Owners     □ Liquidation	nip	☐ No Longer Repo ☐ Became Inactive	
		External Transfer	☐ Change in Charact	eristics	☐ Debts Previously	
avings and Loan Schedules are		Internal Transfer	☐ Change in Activity	or Legal Authority	☐ Became Reporta	ble
equired:		Other, please describe:				
1. One schedule reports the		cteristics Section				
change in ownership in	2.a.	Bayside Savings Association  Legal Name of Savings and Loan Company	2.b.	K Name Change or Cornello	n, Prior Legal Name of Saving	r and Loan Company
the transferred company	3.a.	55 South Aurora Avenue	3.b.	ii ivanie onange di contecto	n, rinar Legar Harne ur Saving	o and coan company
under the original Direct		Current Street Address (Physical Location)	2.0.	If Relocation or Correction,	Prior Street Address (Physica	al Location)
Holder, and		Naperville, DuPage City and County		If Relocation or Correction,	Prior City and County	
2. One schedule reports the		IL, United States, 60545		ii iverucation of Correction,	rinoi Oity and County	
acquisition of the		State / Province, Country, and Zip / Postal Code		If Relocation or Correction, P	rior State / Province, Country, a	and Zlp / Postal Code
-		State or Country (If foreign) of Incorporation		If Relocation or Correction.	Prior State or Country (If fore	ion) of incorporation
transferred company by	4.	Date Opened:	5.	Fiscal Year End (SLH	Cs Only):	J /
the new Direct Holder	6.	(MM/DD/YYYY)	I- D C	-) 45(4) -4 050 A-4	(MM/DD)	04 -4 COV A-4
	0.	SEC Reporting Status: Not Applicable Subject to 13	B(a) or 15(d) of SEC Act		of 1934 and Section 4 in 404 of SOX Act	D4 OF SOX ACT
n schedule one of this			or suspended reporting re			Act of 1934
kample, Bayside Savings Corp.	7.	CUSIP Number:	8. Tax ID Num	ber: 🔲 🗕 🗎 🗎		
top-tier savings and loan		See instructions for when applicable Leading six digits on				
olding company (SLHC) and the	9.	Savings and Loan Type: Stock SLHC		Federal Savings Associate Savings Associate		
				Federal Savings Ban		
eporter) transfers 40% of its		☐ Mutual SLH				
wnership interest in Bayside		☐ HOLA 10(I) I		Cooperative Bank HO	DLA 10(I) Election	
avings Association to Biscayne	10.	Other, pleas Business Organization Type: Corpor		artnershin [	Limited Partnership	
avings MHC, a lower-tier SLHC	10.	Business Organization Type.			Mutual	
rithin the Reporter's		☐ Cooper	ative Limited Li	ability Partnership	Limited Liability Co.	/Corp.
rganization. The top-tier SLHC,			Liability Limited Partners	ship		
ayside Savings Corp., retains a	11.	☐ Other,   Is the savings and loan company consolid	olease describe:	ancial statements?	Yes No	
0% share.		(only reportable for foreign investments)	a.c.a iii uie reporter a lille	ai state:IIEIIIS: L	_ 1es NO	
-	Owner	rship Section (report at direct holder le		ed)		
ote: The Event Type Internal	12.	Direct Holder's Name and Location: Bays			rville, IL, United Stat	tes
ransfer is not used when	12 -	Legal			ate/Province, Country	□ No
-		Percentage of a Class of Voting Shares:		Control by Direct Ho		□ No
porting a partial internal		Percentage of Nonvoting Equity:%  Other Interest:  Yes  No	15.	Control by Reporter:		
ansfer.			16.	Former Direct Holde	er's Name and Location	ı (ıf applicable):
the transfer results in a	13.d.	If the reportable company is a type of partr liability company as indicated in Item 10 at cate the appropriate ownership interest of	ove, please indi-	Legal Name of Former Di	rect Holder	
nange in the legal authority		General Partner/Managing Member		City, State / Province, Cou	untry	
0 ,		☐ Limited Partner/Non-Managing Memb	er		-	
ode, report the new legal	Activity	y and Legal Authority Section (for list of	of FRS legal authority codes	, see the Appendix of the	se instructions.)	
uthority code in the Activity		FRS Lega Activity Type Authority Co	II NAICS		Description of Activity	
nd Legal Authority section.	47.		nulvity Code		occumption of Authory	
		Primary Activity				
	17.0.	Secondary Activity (BLHCs only) Termination of Activity				
!						

#### Changes to Reportable or Newly Reportable Companies

Event Reference 1009

# Partial Internal Transfer of a SLHC or Savings Association by a Direct Holder - continued Schedule 2 of 2 - Used to report the acquisition

On schedule two of this								
example, Biscayne Savings MHC reports the acquisition of a 40% share in in Bayside Savings	Use thi	ngs and Loan So s schedule to report informa in holding company (SLHC).	tion about a reporte		_	For Federal Reserve Bank Use ID_RSSD_E1 (direct holder) ID_RSSD_E2 (reportable compa If applicable, former difi		FR Y-10 Page 3 of 9
Association.	BHC's)	directly or indirectly held intations.	terest in all SLHCs a	and savings			Check box	if correction
		Event Type (check all that	apply):		1.b. I	Date of Event: 07/03/		
		Acquisition of a Going De Novo Formation External Transfer Internal Transfer Other, please describe		Change in Ov Liquidation Change in Ch Change in Ac	naracter	ip [	No Longer Repo Became Inactive Debts Previous	e y Contracted
	Chara	cteristics Section						
	2.a.				2.b			
	3.a.	Legal Name of Savings and Loan 55 South Aurora Avenu Current Street Address (Physical	ie		3.b.	Name Change or Correction, Pr		
		Naperville, DuPage	Location)		"	Relocation or Correction, Prior	Sireet Address (Priysic	al Location)
		City and County IL, United States, 6054			_	Relocation or Correction, Prio		
		State / Province, Country, and Zip IL				Relocation or Correction, Prior S		
	4.	State or Country (If foreign) of inc Date Opened:	corporation			f Relocation or Correction, Prio Fiscal Year End (SLHCs		elgn) of incorporation
		(MM / DD / YY	_ ′				(MM/DD)	
	6.			or 15(d) of SEC	C Act of	or 15(d) of SEC Act of ' f 1934, but not Section 4	04 of SOX Act	
	7.	CUSIP Number:		spended repon 8. Tax ID	_	quirements under 13(a) o er:		ACT 01 1934
	7.		Leading six digits only	o. lax ib	Numbe			
	9.		HOLA 10(I) Stoo Trust (non-testa Mutual SLHC HOLA 10(I) Mut	mentary) SLHC ual SLHC		Federal Savings Associa State Savings Association Federal Savings Bank State Savings Bank HOLA Cooperative Bank HOLA	on LA 10(I) Election	
	10.	Business Organization Typ	pe: Corporation Business T Cooperativ	n Gene rust Sole e Limit bility Limited Pa	Proprie ted Liab	etorship	Limited Partnership Mutual Limited Liability Co	
	11.	Is the savings and loan co (only reportable for <i>foreigr</i>	mpany consolidate	_	's finan	cial statements?	Yes No	
	Owne	ership Section (report at	t direct holder level	unless otherwise	e noted	i)		
	12.	Direct Holder's Name and	Location: Biscayn Legal Nam		IC		lle, IL, United Sta Province, Country	ites
	13.a.	Percentage of a Class of \	Voting Shares: 40.0	0_%	14.	Control by Direct Holde	r: 🛛 Yes	☐ No
	13.b.				15.	Control by Reporter:	Yes	□ No
	13.c.	Other Interest:  Yes	⊠ No		16.	Former Direct Holder's	Name and Locatio	n (if applicable):
	13.d.	If the reportable company liability company as indica cate the appropriate owne	ted in Item 10 above	e, please indi-		Legal Name of Former Direct	Holder	
		General Partner/Mana Limited Partner/Non-N	aging Member			City, State / Province, Country	1	
	Activi	ty and Legal Authority S		RS legal authority	codes, s	see the Appendix of these i	nstructions.)	
		Activity Type	FRS Legal Authority Code	NAICS Activity Code			scription of Activity	
	17.a.	Primary Activity						
	17.b.	(SLHCs anly)						
	17.C.	Termination of Activity		· -	—			12/2012

Transfers of Reportable Companies (Reporter's Interest Continues)

Event Reference 1010

### External Transfer or Sale of a SLHC or Savings Association by a Direct Holder

Holder completely divests its entire interest in a reportable savings association, but the toptier Reporter's interest in the company continues.	Use this and loar BHC's) associa	Ings and Loan Schedule s schedule to report information about a reporter that is a savings in holding company (SLHC), and about any reporter's (including a directly or indirectly held interest in all SLHCs and savings  Event Type (check all that apply):  1.b. Date of Event:     For Federal Reserve Bank Use Onty   Page 3 of 9						
In this example Stonebridge Clothing Corp., a lower-tier savings and loan holding company (SLHC), completely divests its direct ownership interest in Stonebridge Savings and Loan through an external transfer or sale.  However, Stonebridge Savings and Loan continues to be a reportable company within the Reporter's organization due to another Direct Holder's ownership interest in the savings association.  If the Reporter's interest in the company does not continue, see the Examples listed under Companies are No Longer Reportable.	Chara	Acquisition of a Going Concern						
	2.a. 3.a.	Legal Name of Savings and Loan Company If Name Change or Correction, Prior Legal Name of Savings and Loan Company						
	4. 6.	State / Province, Country, and Zip / Postal Code  IL.  State or Country (if foreign) of incorporation  Date Opened:  (MM / DD / YYYY)  SEC Reporting Status:  Not Applicable  Subject to 13(a) or 15(d) of SEC Act of 1934, but not Section 404 of SOX Act						
	7. 9.	CUSIP Number: See instructions for when applicable  Savings and Loan Type:  Stock SLHC  HOLA 10(I) Stock SLHC  Trust (non-testamentary) SLHC  Mutual SLHC  HOLA 10(I) Mutual SLHC  Cooperative Bank HOLA 10(I) Election						
	10.	Other, please describe:  Business Organization Type: Corporation General Partnership Limited Partnership Business Trust Sole Proprietorship Mutual Cooperative Limited Liability Partnership Limited Liability Co/Corp. Limited Liability Limited Partnership Other, please describe:						
	11.	Is the savings and loan company consolidated in the reporter's financial statements? Yes No (only reportable for <i>foreign</i> investments)						
		ership Section (report at direct holder level unless otherwise noted)						
	12.	Direct Holder's Name and Location: City, State/Province, Country						
	13.a.							
		Percentage of Nonvoting Equity:						
	13.c. 13.d.	Other Interest:  Yes No 16.  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:  General Partner/Managing Member  Limited Partner/Non-Managing Member						
	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.b.	Primary Activity Secondary Activity (SLHCs orby) Termination of Activity						
		12/2012						