City of Los Angeles
Responsible Banking Investment Monitoring Program
For Commercial Banks

Commercial banks providing City banking business or seeking City banking business must complete and file this form no later than July 1st of each year to the City Treasurer to comply with Section 20.95.1 to Chapter 5.1 of the Los Angeles Administrative Code.

BANK CONTACT INFORMATION:
J.P. Morgan

Name of Commercial Bank
300_S. Grand Ave, 3rd Floor Los Angeles CA 90071
Street Address City State Zip Code
Heather Usiski, Executive Director/Authorized Signer
Contract Person Name and Title
213-621-8132 heather.d.usiski@jpmorgan.com
Telephone No. Email Address

1. Please provide the number of loans and the value of loans by census tracts for the following types of loans in an excel format as provided.

   a. Small Business Loans
   b. Home Mortgages
   c. Home Equity Loans
   d. Community Development Loans
   e. Community Development Investments
      (see the attached spreadsheet)

2. Does your institution participate in the Los Angeles Mortgage Modification Program (LAMMP)? Yes X_ If yes, please provide the number of mortgages and the value of the mortgages by census tract that have received assistance in an Excel format as provided.

   No__ If no, please briefly explain:________________________________________

3. Does your institution participate in any of the following CalHFA's Keep Your Home California Programs?

   Yes__ No X_ Unemployment Mortgage Assistance Program (UMA)
   Yes__ No X_ Mortgage Reinstatement Assistance Program (MRAP)
   Yes__ No X_ Principal Reduction Program (PRP)
   Yes__ No X_ Transition Assistance Program (TAP)
If yes, please provide the number of mortgages and the value of the mortgages by census tract that have received assistance for each program in an excel format as provided.

No____ X If no, please briefly explain:______________________________________________

4. Does your institution participate in any of the following Making Home Affordable Programs?

Yes____ X No____ Home Affordable Modification Program (HAMP)
Yes____ X No____ Principal Reduction Alternative SM (PRA)
Yes____ X No____ Second Lien Modification Program (2MP)
Yes____ X No____ FHA Home Affordable Modification Program (FHA-HAMP)
Yes____ X No____ USDA’s Special Loan Servicing
Yes____ X No____ Veteran’s Affairs Home Affordable Modification (VA-HAMP)
Yes____ X No____ Home Affordable Foreclosure Alternatives Program (HAFA)
Yes____ X No____ Second Lien Modification Program for Federal Housing Administration Loans (FHA-2LP)
Yes____ X No____ Home Affordable Refinance Program (HARP)
Yes____ X No____ FHA Refinance for Borrowers with Negative Equity (FHA Short Refinance)
Yes____ X No____ Home Affordable Unemployment Program (UP)
Yes____ X No____ Other – Internal Home Modification Program

If yes, please provide the number of mortgages and the value of the mortgages by census tract that have received assistance for each program in an excel format as provided.

No____ If no, please briefly explain:______________________________________________

5. In a separate attachment, please provide a list and briefly describe your firm’s community investments and/or partnerships with the City and/or local non-profit organizations relating to job growth, affordable housing, home ownership, and foreclosure prevention within the City of Los Angeles.

6. What is the size of your institution as defined by the Community Reinvestment Act (CRA)? Large____ X____ Intermediate____ Small____

7. Please provide your overall CRA Rating and your State of California CRA Rating from your most recent CRA exam? In addition, please provide the CRA rating for each performance tests.
Overall CRA Rating:

Issue Rating Date: 12/31/2010

Overall CRA Rating:
- Outstanding
- High Satisfactory
- Low Satisfactory
- Needs to Improve
- Substantial Noncompliance

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State of California CRA Rating:

Issue Rating Date: 12/31/2010

State CRA Rating:
- Outstanding
- High Satisfactory
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CERTIFICATION UNDER PENALTY OR PERJURY

I certify under penalty of perjury that I have read and understand the questions contained in this form and the responses contained in the form and on all the attachments. I further certify that I have provided full and complete answers to each question, and that all information provided in response to this form is true and accurate to the best of my knowledge and belief.

Heather Usiski, Authorized Signer

Print Name, Title: Heather Usiski
Signature: [Signature]
Date: 9/30/15