

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b> This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).  <p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	OMB Nos. 1210-0110 1210-0089  <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div>  <div style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
<b>A</b>	This return/report is for: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> a multiemployer plan         </div> <div> <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)         </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input checked="" type="checkbox"/> a single-employer plan         </div> <div> <input type="checkbox"/> a DFE (specify) ____         </div> </div>
<b>B</b>	This return/report is: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> the first return/report         </div> <div> <input type="checkbox"/> the final return/report         </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> an amended return/report         </div> <div> <input type="checkbox"/> a short plan year return/report (less than 12 months)         </div> </div>
<b>C</b>	If the plan is a collectively-bargained plan, check here. . . . . ▶ <input type="checkbox"/>
<b>D</b>	Check box if filing under: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input checked="" type="checkbox"/> Form 5558         </div> <div> <input type="checkbox"/> automatic extension         </div> <div> <input type="checkbox"/> the DFVC program         </div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> special extension (enter description)         </div>

Part II	Basic Plan Information—enter all requested information		
<b>1a</b>	Name of plan <u>WTB FINANCIAL CORPORATION PENSION PLAN</u>	<b>1b</b>	Three-digit plan number (PN) ▶ <u>001</u>
		<b>1c</b>	Effective date of plan <u>07/01/1953</u>
<b>2a</b>	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>WTB FINANCIAL CORPORATION</u>  <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div> <u>PO BOX 2127</u>  <u>SPOKANE, WA 99210-2127</u> </div> <div> <u>717 W. SPRAGUE AVENUE</u>  <u>SPOKANE, WA 99201</u> </div> </div>	<b>2b</b>	Employer Identification Number (EIN) <u>91-1150490</u>
		<b>2c</b>	Plan Sponsor's telephone number <u>509-353-3863</u>
		<b>2d</b>	Business code (see instructions) <u>522110</u>

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	09/03/2021	KATHERINE SHIPMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/03/2021	KATHERINE SHIPMAN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2020)  
v. 200204

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b> 510
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).  <b>a(1)</b> Total number of active participants at the beginning of the plan year..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6a(1)</b> 122 <b>6a(2)</b> 115 <b>6b</b> 304 <b>6c</b> 68 <b>6d</b> 487 <b>6e</b> 13 <b>6f</b> 500 <b>6g</b> <b>6h</b>
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>
<b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A  <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
<b>9a</b> Plan funding arrangement (check all that apply) <b>(1)</b> <input checked="" type="checkbox"/> Insurance <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts <b>(3)</b> <input checked="" type="checkbox"/> Trust <b>(4)</b> <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) <b>(1)</b> <input type="checkbox"/> Insurance <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts <b>(3)</b> <input checked="" type="checkbox"/> Trust <b>(4)</b> <input type="checkbox"/> General assets of the sponsor
<b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
<b>a Pension Schedules</b> <b>(1)</b> <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)  <b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary  <b>(3)</b> <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	<b>b General Schedules</b> <b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information) <b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) <b>(3)</b> <input checked="" type="checkbox"/> <u>1</u> <b>A</b> (Insurance Information) <b>(4)</b> <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) <b>(5)</b> <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) <b>(6)</b> <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☒ No

If "Yes" is checked, complete lines 11b and 11c.

**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

**11c** Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

<div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan WTB FINANCIAL CORPORATION PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 WTB FINANCIAL CORPORATION	D Employer Identification Number (EIN) 91-1150490	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier  
PACIFIC LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
95-1079000	67466	G-28043.01.0001	292	01/01/2020	12/31/2020

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

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<b>(b)</b> Amount of sales and base commissions paid	Fees and other commissions paid		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	

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**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

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<b>(b)</b> Amount of sales and base commissions paid	Fees and other commissions paid		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	

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**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

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<b>(b)</b> Amount of sales and base commissions paid	Fees and other commissions paid		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

<b>(b)</b> Amount of sales and base commissions paid	Fees and other commissions paid		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	

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**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

<b>(b)</b> Amount of sales and base commissions paid	Fees and other commissions paid		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**4** Current value of plan's interest under this contract in the general account at year end ..... **4** 39790765**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier ..... **6b****c** Premiums due but unpaid at the end of the year ..... **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**

Specify nature of costs ▶

**e** Type of contract: (1) ☐ individual policies (2) ☒ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee  
(3) ☐ guaranteed investment (4) ☒ other ▶ SINGLE PREMIUM GROUP ANNUITY**b** Balance at the end of the previous year ..... **7b** 38009224**c** Additions: (1) Contributions deposited during the year ..... **7c(1)**  
(2) Dividends and credits..... **7c(2)**  
(3) Interest credited during the year..... **7c(3)**  
(4) Transferred from separate account..... **7c(4)**  
(5) Other (specify below) ..... **7c(5)** 4868920

▶ CHANGE IN CONTRACT VALUE

(6) Total additions ..... **7c(6)** 4868920**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d** 42878144**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)** 3087379  
(2) Administration charge made by carrier..... **7e(2)**  
(3) Transferred to separate account..... **7e(3)**  
(4) Other (specify below) ..... **7e(4)**

▶

(5) Total deductions ..... **7e(5)** 3087379**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f** 39790765

**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)     
 **b** ☐ Dental     
 **c** ☐ Vision     
 **d** ☐ Life insurance  
**e** ☐ Temporary disability (accident and sickness)     
 **f** ☐ Long-term disability     
 **g** ☐ Supplemental unemployment     
 **h** ☐ Prescription drug  
**i** ☐ Stop loss (large deductible)     
 **j** ☐ HMO contract     
 **k** ☐ PPO contract     
 **l** ☐ Indemnity contract  
**m** ☐ Other (specify) ▶

**9** Experience-rated contracts:

<b>a</b> Premiums: (1) Amount received .....	<b>9a(1)</b>		
(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>		
(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>	
<b>b</b> Benefit charges (1) Claims paid .....	<b>9b(1)</b>		
(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>		
(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>	
(4) Claims charged .....		<b>9b(4)</b>	
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions .....	<b>9c(1)(A)</b>		
(B) Administrative service or other fees .....	<b>9c(1)(B)</b>		
(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
(D) Other expenses .....	<b>9c(1)(D)</b>		
(E) Taxes .....	<b>9c(1)(E)</b>		
(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>		
(G) Other retention charges .....	<b>9c(1)(G)</b>		
(H) Total retention .....		<b>9c(1)(H)</b>	
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>	
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>	
(2) Claim reserves .....		<b>9d(2)</b>	
(3) Other reserves .....		<b>9d(3)</b>	
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>	

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ..... ☐ Yes ☒ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

<div>SCHEDULE SB (Form 5500)  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2020 or fiscal plan year beginning	01/01/2020	and ending	12/31/2020
▶ Round off amounts to nearest dollar.			
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.			

A Name of plan WTB FINANCIAL CORPORATION PENSION PLAN		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF WTB FINANCIAL CORPORATION		D Employer Identification Number (EIN) 91-1150490	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date: Month 01 Day 01 Year 2020			
2 Assets:			
a Market value .....		2a	107761465
b Actuarial value .....		2b	107761465
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	319	34666924	34666924
b For terminated vested participants.....	72	3010098	3010098
c For active participants .....	122	25266156	26404803
d Total.....	513	62943178	64081825
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions .....		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....		4b	
5 Effective interest rate .....	5	5.37 %	
6 Target normal cost.....	6	1571417	

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<div>SIGN HERE</div>		09/01/2021
Signature of actuary		Date
JULIE M. FERGUSON		20-06674
Type or print name of actuary		Most recent enrollment number
MERCER		206-214-3500
Firm name		Telephone number (including area code)
1301 FIFTH AVENUE SUITE 1900 SEATTLE, WA 98101-2682		
Address of the firm		



**Part II Beginning of Year Carryover and Prefunding Balances**

	(a) Carryover balance	(b) Prefunding balance
<b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	15927946	0
<b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b> Amount remaining (line 7 minus line 8) .....	15927946	
<b>10</b> Interest on line 9 using prior year's actual return of <u>19.90</u> % .....	3169661	
<b>11</b> Prior year's excess contributions to be added to prefunding balance:		
<b>a</b> Present value of excess contributions (line 38a from prior year) .....		
<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.52</u> % .....		
<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		
<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		
<b>d</b> Portion of (c) to be added to prefunding balance .....		
<b>12</b> Other reductions in balances due to elections or deemed elections .....		0
<b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	19097607	0

**Part III Funding Percentages**

<b>14</b> Funding target attainment percentage .....	<b>14</b>	138.36 %
<b>15</b> Adjusted funding target attainment percentage .....	<b>15</b>	168.16 %
<b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	148.97 %
<b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

**Part IV Contributions and Liquidity Shortfalls****18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/02/2020	17251	0			
<b>Totals ▶</b>			<b>18(b)</b>	17251	<b>18(c)</b>

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	16878
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	

**20** Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost****21** Discount rate:**a** Segment rates:1st segment:  
3.64 %2nd segment:  
5.21 %3rd segment:  
5.94 %☐ N/A, full yield curve used**b** Applicable month (enter code) .....**21b**

1

**22** Weighted average retirement age .....**22**

63

**23** Mortality table(s) (see instructions) ☐ Prescribed - combined☒ Prescribed - separate☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... ☒ Yes ☐ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. .... ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment. ....**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years .....**28****29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) .....**29****30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....**30**

0

**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6) .....**31a**

1571417

**b** Excess assets, if applicable, but not greater than line 31a .....**31b**

1571417

**32** Amortization installments:

Outstanding Balance

Installment

**a** Net shortfall amortization installment .....**b** Waiver amortization installment .....**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount .....**33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) .....**34**

Carryover balance

Prefunding balance

Total balance

**35** Balances elected for use to offset funding requirement .....**36** Additional cash requirement (line 34 minus line 35) .....**36****37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....**37****38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) .....**38a****b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....**38b****39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....**39**

0

**40** Unpaid minimum required contributions for all years .....**40****Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ..... ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ..... ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

<b>SCHEDULE C (Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110
		<b>2020</b>
		<b>This Form is Open to Public Inspection.</b>

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
<b>A</b> Name of plan WTB FINANCIAL CORPORATION PENSION PLAN	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 WTB FINANCIAL CORPORATION	<b>D</b> Employer Identification Number (EIN) 91-1150490	

<b>Part I</b>	<b>Service Provider Information (see instructions)</b>
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

<b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
<b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
<b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
<b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

MERCER INVESTMENT LLC

99 HIGH STREET  
BOSTON, MA 02110

30-0282430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 52	FIDUCIARY	178829	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

MOSS ADAMS, LLP

601 W. RIVERSIDE, SUITE 1800  
SPOKANE, WA 99201

91-0189318

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	10900	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

**(a)** Enter name and EIN or address (see instructions)

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**(a)** Enter name and EIN or address (see instructions)

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**(a)** Enter name and EIN or address (see instructions)

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**Part I Service Provider Information (continued)**

**3.** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

**Part II Service Providers Who Fail or Refuse to Provide Information**

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide



**Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>► File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2020</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

<b>A</b> Name of plan <u>WTB FINANCIAL CORPORATION PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) <u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>WTB FINANCIAL CORPORATION</u>	<b>D</b> Employer Identification Number (EIN) <u>91-1150490</u>

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: MERCER GLOBAL LOW VOLATILITY EQUITY

**b** Name of sponsor of entity listed in (a): MERCER TRUST COMPANY

<b>c</b> EIN-PN <u>35-7004395-018</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4172567</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: MERCER NON-US CORE EQUITY

**b** Name of sponsor of entity listed in (a): MERCER TRUST COMPANY

<b>c</b> EIN-PN <u>03-0566617-009</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6592518</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: MERCER US LARGE CAP CORE PASSIVE

**b** Name of sponsor of entity listed in (a): MERCER TRUST COMPANY

<b>c</b> EIN-PN <u>03-0566613-005</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6265959</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: MERCER ACTIVE LONG CORPORATE FIXED

**b** Name of sponsor of entity listed in (a): MERCER TRUST COMPANY

<b>c</b> EIN-PN <u>45-6178743-004</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>27784247</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: MERCER LONG DURATION PASSIVE FIXED

**b** Name of sponsor of entity listed in (a): MERCER TRUST COMPANY

<b>c</b> EIN-PN <u>51-0560117-010</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>26061655</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: MERCER LONG STRIPS FIXED INCOME

**b** Name of sponsor of entity listed in (a): MERCER TRUST COMPANY

<b>c</b> EIN-PN <u>80-6243236-019</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3690085</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: MERCER ULTRA LONG DURATION

**b** Name of sponsor of entity listed in (a): MERCER TRUST COMPANY

<b>c</b> EIN-PN <u>83-2461327-047</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1807530</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)

**Part II Information on Participating Plans (to be completed by DFEs)**

(Complete as many entries as needed to report all participating plans)

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>► File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2020</b>  <b>This Form is Open to Public Inspection</b>
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>		
<b>A</b> Name of plan <u>WTB FINANCIAL CORPORATION PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>WTB FINANCIAL CORPORATION</u>	<b>D</b> Employer Identification Number (EIN) <u>91-1150490</u>	

Part I Asset and Liability Statement			
<b>1</b> Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash.....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions.....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	479988	342786
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	69272253	76374561
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	38009224	39790765
<b>(15)</b> Other.....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	107761465	116508112

**Liabilities**

<b>g</b> Benefit claims payable .....	<b>1g</b>		
<b>h</b> Operating payables .....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>		

**Net Assets**

<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	107761465	116508112
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**Part II Income and Expense Statement**

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

**Income**

		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>	17251	
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		17251
<b>b Earnings on investments:</b>			
(1) Interest:			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other .....	<b>2b(1)(F)</b>	88670	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		88670
(2) Dividends: <b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) Rents .....	<b>2b(3)</b>		
(4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>	43116587	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	38044674	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		5071913
(5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>	9801496	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		9801496

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities .....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	2b(10)		
c Other income .....	2c		
d Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d		14979330

**Expenses****e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	5949792	
(2) To insurance carriers for the provision of benefits .....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)		5949792
f Corrective distributions (see instructions) .....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees .....	2i(1)		
(2) Contract administrator fees .....	2i(2)		
(3) Investment advisory and management fees .....	2i(3)	282891	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4) .....	2i(5)		282891
j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j		6232683

**Net Income and Reconciliation**

k Net income (loss). Subtract line 2j from line 2d .....	2k		8746647
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan .....	2l(2)		

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: MOSS ADAMS, LLP

(2) EIN: 91-0189318

**d** The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

**a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) .....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) .....			
<b>4b</b>		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....			
<b>4c</b>		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....			
<b>4d</b>		X	
<b>e</b> Was this plan covered by a fidelity bond? .....	X		5000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....		X	
<b>4f</b>		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....			
<b>4g</b>		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....			
<b>4h</b>		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....	X		
<b>4i</b>	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) .....	X		
<b>4j</b>	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....		X	
<b>4k</b>		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan? .....		X	
<b>4l</b>		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....		X	
<b>4m</b>		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....		X	
<b>4n</b>		X	

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ..... ☐ Yes ☒ No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... ☒ Yes ☐ No ☐ Not determined  
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4313786.



<div>SCHEDULE R (Form 5500)  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan WTB FINANCIAL CORPORATION PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 WTB FINANCIAL CORPORATION		D Employer Identification Number (EIN) 91-1150490
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  EIN(s): _____  Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....		3 5
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....		6a
b Enter the amount contributed by the employer to the plan for this plan year .....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input checked="" type="checkbox"/> No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2020 v. 200204		

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

- 14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

**a** The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

**14a**

**b** The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**14b**

**c** The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**14c**

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

**a** The corresponding number for the plan year immediately preceding the current plan year.....

**15a**

**b** The corresponding number for the second preceding plan year .....

**15b**

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

**a** Enter the number of employers who withdrew during the preceding plan year .....

**16a**

**b** If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

**16b**

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. .... ☐

## **Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans**

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

**a** Enter the percentage of plan assets held as:

Stock: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation \_\_\_\_\_

REPORT OF INDEPENDENT AUDITORS  
AND FINANCIAL STATEMENTS  
WITH SUPPLEMENTAL SCHEDULES

**WTB FINANCIAL CORPORATION  
PENSION PLAN AND TRUST**

December 31, 2020 and 2019

## Table of Contents

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	PAGE
<b>Report of Independent Auditors</b>	1–2
<b>Financial Statements</b>	
Statements of net assets available for benefits	3
Statements of changes in net assets available for benefits	4
Notes to financial statements	5–15
<b>Supplemental Schedules Required by the Department of Labor</b>	
Schedule H, line 4(i) – schedule of assets (held at end of year)	16
Schedule H, line 4(j) – schedule of reportable transactions	17–18

## **Report of Independent Auditors**

WTB Retirement Benefits Committee  
WTB Financial Corporation Pension Plan and Trust

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of WTB Financial Corporation Pension Plan and Trust (Plan), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statements of changes in net assets available for benefits for the years then ended and the related notes to the financial statements.

### ***Management's Responsibility for the Financial Statements***

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### ***Auditor's Responsibility***

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### ***Basis for Disclaimer of Opinion***

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Washington Trust Bank, the trustee and custodian of the Plan, and Pacific Life Insurance Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee and custodians hold the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the trustee and custodians as of December 31, 2020 and 2019, and for the years then ended that the information provided to the Plan administrator by the trustee and custodians is complete and accurate.

***Disclaimer of Opinion***

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

***Other Matter***

The Schedule H, line 4(i) – schedule of assets (held at end of year) and Schedule H, line 4(j) – schedule of reportable transactions as of and for the year ended December 31, 2020, are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

**Report on Form and Content in Compliance with DOL Rules and Regulations**

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee and custodians, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting for Reporting and Disclosure under ERISA.

*Moss Adams LLP*

Spokane, Washington  
October 5, 2021

**WTB Financial Corporation Pension Plan and Trust**  
**Statements of Net Assets Available for Benefits**

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	December 31,	
	2020	2019
ASSETS		
Investments, at fair value		
Money market	\$ 342,786	\$ 479,988
Collective trusts	76,374,561	69,272,253
Investments, at fair value	76,717,347	69,752,241
Group annuity contract, at contract value	39,790,765	38,009,224
Total investments	116,508,112	107,761,465
Net assets available for benefits	<u>\$ 116,508,112</u>	<u>\$ 107,761,465</u>



# **WTB Financial Corporation Pension Plan and Trust** **Statements of Changes in Net Assets Available for Benefits**

---

	Years Ended December 31,	
	2020	2019
ADDITIONS TO NET ASSETS ATTRIBUTED TO		
Investment income		
Net appreciation in fair value of investments	\$ 14,873,409	\$ 18,409,890
Interest income	1,070	3,672
Other income	87,600	7,068
Total investment income	14,962,079	18,420,630
Employer contributions	17,251	-
Total additions	14,979,330	18,420,630
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefits paid to participants	5,949,792	5,587,313
Administrative expenses	282,891	205,091
Total deductions	6,232,683	5,792,404
Net increase	8,746,647	12,628,226
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	107,761,465	95,133,239
End of year	<u>\$ 116,508,112</u>	<u>\$ 107,761,465</u>

# WTB Financial Corporation Pension Plan and Trust

## Notes to Financial Statements

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### Note 1 – Description of the Plan

The following description of the WTB Financial Corporation Pension Plan and Trust (Plan) provides only general information. Participants should refer to the Plan employee handbook or the Plan document for more complete description of the Plan's provisions.

**General** – The Plan is a noncontributory defined benefit pension plan covering eligible employees of WTB Financial Corporation and its subsidiary, Washington Trust Bank (Company). Effective January 1, 2004, the Plan was closed to new entrants. Prior to that date, all employees who had attained the age of 21 and had completed one year of service were eligible to participate in the Plan provided they were not covered by a collective bargaining agreement. The Plan was amended and restated effective January 1, 2015. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Company is the Plan's sponsor and serves as Plan administrator.

**Pension benefits and vesting** – Participants with five or more years of service are entitled to monthly pension benefits beginning at the normal retirement age of 65, determined by past service and future service compensation formulas. The Plan permits early retirement at age 55-64. Participants may elect to receive their pension benefits in the form of a single life annuity, a joint and survivor annuity, or a life annuity with 120 months guaranteed. In some instances, terminating or retiring participants who have not accumulated a vested benefit in excess of a certain amount have the option to receive their benefits as a lump-sum distribution. Lump-sum elections are subject to the following provisions:

- Participants whose annuity dates begin on or after July 1, 2014, and before January 1, 2016: the present value of the participant's entire benefit under the Plan is a single lump sum, provided that such lump sum does not exceed \$500,000.
- Participants whose annuity dates begin on or after January 1, 2016: the present value of the participant's (or the beneficiary's) entire benefit under the Plan is a single lump sum, provided that such lump sum does not exceed \$750,000.
- Effective for annuity starting dates occurring on or after September 1, 2017: the present value of the participant's (or the beneficiary's) entire benefit under the Plan is a single lump sum.

Participants become fully vested in the Plan upon attaining normal retirement age or a participant's early retirement date, death, total disability, or upon the completion of five years of vesting service. Normal retirement age is defined as the older of age 65 or the age of the participant on the date five years after the first day of the Plan year in which the participant Plan entry date occurred. A participant's early retirement date is the first day of the month the participant ceases to be an employee and has attained age 55 and completed five years of vesting service.

**Death and disability benefits** – If an active employee with at least five years of service dies at age 55 or older, a lifetime pension equal to 50% of the employee's accrued benefit will be paid to the surviving spouse. Surviving spouses of participants who die before age 55 with at least five years of service will be entitled to receive a lifetime pension equal to 50% of a reduced joint and survivor annuity with benefit payments to begin in the month following the date the employee would have turned age 55.

Participants with five or more years of service who become disabled will continue to accrue benefits for as long as they remain disabled until their normal retirement age or until they begin collecting benefits. Retirement benefits will be determined by total accrued benefits at the retirement date, including credits during the period of disability, based on the salary rate at the time of disability and the integration levels.

# WTB Financial Corporation Pension Plan and Trust

## Notes to Financial Statements

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**Administration of the Plan** – The Plan is administered by the Company in the form of a committee consisting primarily of Washington Trust Bank officers. Washington Trust Bank acts as trustee whose responsibility includes management of Plan assets.

### Note 2 – Summary of Significant Accounting Policies

**Basis of accounting** – The financial statements of the Plan are prepared on the accrual basis of accounting.

**Use of estimates** – The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities, and the actuarial present value of accumulated Plan benefits at the date of the financial statements. Actual results may differ from those estimates.

**Investment valuation** – The Plan's investments are valued at fair value and contract value. Pacific Life Insurance Company, a Plan custodian, certifies the contract value of the group annuity contract. The Plan's trustee and a Plan custodian, Washington Trust Bank, certifies the fair value of all other investments. If available, quoted market prices are used to value investments.

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 discussion of fair value measurements.

Contract value is the relevant measurement for the group annuity contract. The Plan's group annuity contract was entered into on December 7, 2017. Such contract is permitted to be carried at contract value.

**Income recognition** – Purchases and sales of securities are recorded on a trade-date basis. Investment income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. The net appreciation (depreciation) in fair value of investments consists of both the realized gains or losses and unrealized appreciation (depreciation) of those investments.

**Administrative expenses** – Administrative expenses (consisting of actuarial, audit, and trust administration fees) associated with operation of the Plan were \$282,891 and \$205,091 in 2020 and 2019, respectively.

**Benefit payment** – Benefits are recorded when paid.

## WTB Financial Corporation Pension Plan and Trust

### Notes to Financial Statements

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**Subsequent events** – Subsequent events are events or transactions that occur after the statement of net assets available for benefits date but before the financial statements are available to be issued. The Plan recognizes in the financial statements the effects of all subsequent events that provide additional evidence about conditions that existed at the date of the statement of net assets available for benefits, including the estimates inherent in the process of preparing the financial statements. The Plan's financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the date of the statement of net assets available for benefits but arose after the statement of net assets available for benefits date and before the financial statements are available to be issued.

The Plan has evaluated subsequent events through October 5, 2021, which is the date the financial statements were available to be issued.

#### **Note 3 – Actuarial Present Value of Accumulated Plan Benefits**

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated Plan benefits include benefits expected to be paid to:

- Retired or terminated employees or their beneficiaries;
- Beneficiaries of employees who have died; and
- Present employees or their beneficiaries.

Benefits payable under all circumstances – retirement, death, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

## WTB Financial Corporation Pension Plan and Trust

### Notes to Financial Statements

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The actuarial present value of accumulated Plan benefits is determined by the Plan's actuary, Mercer HR Consulting, and that amount results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations are as follows:

Actuarial method	Unit credit
Investment return	3.80% per year
Mortality	Pri-2012 Mortality Table, based on an IRS-mandated mortality for lump sum payments under the MP-2019 projection scale
Retirement age	Normal age 65 or early retirement is attained after age 55 and five years of vesting
Discount rate	3.80%

The following actuarial assumption changes were made since the prior valuation: (a) the interest rate was updated from 4.50% to 3.80%, (b) base mortality tables were updated from the RP-2006 tables to Pri-2012 tables, and the projection scale was updated to the MP-2019 scale, and (c) interest rates and mortality for lump sum payouts were updated.

The assumptions utilized in the actuarial valuation are based on the presumption the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits. The computation of the actuarial present value of accumulated Plan benefits were made as of January 1, 2020. Had the valuations been performed as of December 31, 2020, there would be no material differences.

The following is a summary of actuarial present value of accumulated Plan benefits as of December 31:

	<u>2019</u>
Vested benefits	
Participants currently receiving payments	\$ 39,654,244
Other participants	<u>38,218,066</u>
Total vested benefits	77,872,310
Nonvested benefits	<u>1,373,875</u>
	<u><u>\$ 79,246,185</u></u>

## WTB Financial Corporation Pension Plan and Trust

### Notes to Financial Statements

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The changes in the actuarial present value of accumulated Plan benefits are summarized as follows for the year ended December 31:

	<u>2019</u>
Beginning of year	\$ 74,502,449
Increase for interest due to decrease in discount period	3,216,420
Benefits accumulated	1,445,397
Benefits paid	(5,587,313)
Change in actuarial assumptions	<u>5,669,232</u>
End of year	<u><u>\$ 79,246,185</u></u>

#### **Note 4 – Funding Policy**

The Plan sponsor and its subsidiary make contributions to the Plan based on a range of amounts determined by an independent actuary. The funding policy is to contribute annually an amount not less than the minimum required to be funded under ERISA or contribute more than the maximum amount that is currently deductible for federal income tax purposes. Contributions by participants are not permitted. Forfeitures of benefits by terminated employees are applied to reduce current or future employer contributions. The Company contributions for the years ended December 31, 2020 and 2019, met the minimum funding requirements of ERISA.

#### **Note 5 – Information Certified by the Trustee and Custodian**

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Washington Trust Bank, the trustee of the Plan and a Plan custodian, has certified to the completeness and accuracy of:

- Investments at fair value reflected on the accompanying statements of net assets available for benefits as of December 31, 2020 and 2019.
- Net appreciation in fair value of investments, dividends, and interest reflected on the accompanying statements of changes in net assets available for benefits for the years ended December 31, 2020 and 2019.
- Investments reflected on the supplemental schedule of assets (held at end of year), except for the group annuity contract.
- Transactions reflected on the schedule of reportable transactions for the year ended December 31, 2020.

# WTB Financial Corporation Pension Plan and Trust

## Notes to Financial Statements

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Pacific Life Insurance Company, a custodian of the Plan, has certified the completeness and accuracy of:

- The group annuity contract reflected on the accompanying statements of net assets available for benefits as of December 31, 2020 and 2019.
- The group annuity contract reflected on the supplemental schedule of assets (held at end of year).
- The net appreciation in the contract value of \$4,868,920 and \$4,463,937 reflected on the accompanying statements of net assets available for benefits as of December 31, 2020 and 2019, respectively.

### Note 6 – Fair Value Measurements

Certain Plan investments are reported at fair value in the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan administrator believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The framework for measuring fair values provides hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

#### Basis of Fair Value Measurement –

The three levels of the fair value hierarchy under Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820 are described as follows:

**Level 1** – Inputs to the valuation methodology are unadjusted quoted prices for identical assets and liabilities in active markets the Plan has the ability to access.

**Level 2** – Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

**Level 3** – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

# WTB Financial Corporation Pension Plan and Trust

## Notes to Financial Statements

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The Plan administrator determines the fair value measurement policies and procedures. Those policies and procedures are reassessed at least annually to determine if the current valuation techniques are still appropriate. At that time, the unobservable inputs used in the fair value measurements are evaluated and adjusted, as necessary, based on current market conditions and other third-party information.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2020 and 2019.

*Money market fund* – Presented at estimated fair value, which is determined by unit value in active markets.

*Collective trusts* – Units held in the collective trust are valued using the NAV practical expedient of the fund as reported by the fund managers. The NAV practical expedient is based on the fair value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of units outstanding.

The following tables set forth additional disclosures for the fair value measurement of investments in certain entities that calculate net asset value per share (or its equivalent) as of December 31:

Investment Type	12/31/20 Fair Value	12/31/19 Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
<b>Collective Trusts</b>					
Mercer US Small/Mid Cap Equity Portfolio	\$ -	\$ 2,193,817	\$ -	Daily	Daily
Mercer Long Duration Passive Fixed Income Portfolio	\$ 26,061,655	\$ -	\$ -	Daily	Daily
Mercer Long STRIPS Fixed Income Portfolio	\$ 3,690,085	\$ 18,334,328	\$ -	Daily	Daily
Mercer Non-US Core Equity Portfolio	\$ 6,592,518	\$ 7,276,501	\$ -	Daily	Daily
Mercer Global Low Volatility Equity Portfolio	\$ 4,172,567	\$ 5,032,531	\$ -	Daily	Daily
Mercer US Large Cap Passive Equity Portfolio	\$ 6,265,959	\$ 5,694,291	\$ -	Daily	Daily
Mercer Emerging Markets Equity Portfolio	\$ -	\$ 3,738,257	\$ -	Daily	Daily
Mercer Opportunistic Fixed Income Portfolio	\$ -	\$ 2,779,450	\$ -	Daily	Daily
Mercer Active Long Corp Inv Portfolio	\$ 27,784,247	\$ 18,472,647	\$ -	Daily	Daily
Mercer Ultra Long Duration Portfolio	\$ 1,807,530	\$ 3,582,509	\$ -	Daily	Daily
State Street Real Asset NL Series-Class A Fund	\$ -	\$ 2,167,922	\$ -	Daily	Daily
	<u>\$ 76,374,561</u>	<u>\$ 69,272,253</u>	<u>\$ -</u>		



# WTB Financial Corporation Pension Plan and Trust

## Notes to Financial Statements

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The following tables disclose by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

	2020			
	Total	Level 1	Level 2	Level 3
Money market fund	\$ 342,786	\$ -	\$ 342,786	\$ -
Assets at fair value	<u>342,786</u>	<u>\$ -</u>	<u>\$ 342,786</u>	<u>\$ -</u>
Investments measured at NAV practical expedient *	<u>76,374,561</u>			
Total investments, at fair value	<u>\$ 76,717,347</u>			

  

	2019			
	Total	Level 1	Level 2	Level 3
Money market fund	\$ 479,988	\$ -	\$ 479,988	\$ -
Assets at fair value	<u>479,988</u>	<u>\$ -</u>	<u>\$ 479,988</u>	<u>\$ -</u>
Investments measured at NAV practical expedient *	<u>69,272,253</u>			
Total investments, at fair value	<u>\$ 69,752,241</u>			

\* Certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are provided to permit reconciliation of the fair value hierarchy to the amounts presented in the Statements of Net Assets Available for Benefits.

Gains and losses (realized and unrealized) included in changes in net assets for the period above are reported in net appreciation in fair value of investments in the statements of changes in net assets available for benefits.

### Note 7 – Group Annuity Contract

On December 7, 2017, the Plan entered into insurance contract with Pacific Life Insurance Company (Pacific Life). The Plan made a single premium payment to Pacific Life to cover the future benefits of annuitants currently receiving benefits, and in turn, Pacific Life issued a group annuity contract (Contract) to the Plan. Pacific Life makes a monthly bulk payment to the Plan, representing the monthly benefit amounts for those covered by the Contract; however, the Plan continues to make the benefit payments to the participants and retains the obligation and liability for these benefits. The Plan may elect to discontinue the Contract, with a one year advance written notification to Pacific Life, upon the occurrence of, if applicable, a receipt of Notice of Noncompliance from the Pension Benefit Guaranty Corporation (PBGC), or an unfavorable determination letter from the Internal Revenue Service, pursuant to a request for Plan termination.

The Plan may also elect to convert the Contract and have Pacific Life commence the payment of all amounts directly to the annuitants. Upon conversion, Pacific Life would assume the obligation and liability

## WTB Financial Corporation Pension Plan and Trust

### Notes to Financial Statements

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for these benefits. The conversion date will be mutually agreed upon by Pacific Life and the Plan and will be no less than 60 days and no more than 90 days following written notification to Pacific Life.

The group annuity contract is recorded at contract value, which is the aggregate discounted present value of the all expected payment amounts, discounted using the discount curve, as defined in the Contract, as of the last day of a calendar month, and taking into account all applicable information provided by the Plan to Pacific Life on an on-going basis regarding Plan participant data, and all other demographic assumptions as reasonably determined by Pacific Life that are relevant to the calculation of the contract value.

#### **Note 8 – Plan Termination**

The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. The Plan was closed to new entrants effective January 1, 2004. Active participant levels continue to decline and in the future the Plan may be required to be terminated.

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- Other vested benefits insured by the PBGC (a U.S. governmental agency) up to the applicable limitations (discussed subsequently).
- All other vested benefits (that is, vested benefits not insured by the PBGC).
- All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefits the PBGC guarantees. For Plan termination occurring during 2021, that ceiling is \$6,034 per month. That ceiling applies to those annuitants who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or Plan termination, whichever comes later. For younger annuitants, or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

# **WTB Financial Corporation Pension Plan and Trust**

## **Notes to Financial Statements**

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Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial level of benefits guaranteed by the PBGC.

### **Note 9 – Plan Tax Status**

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated March 17, 2017, the Plan and related trust are designed in accordance with the applicable requirements of the Internal Revenue Code (IRC). The determination was made with the condition that the Company adopt the proposed amendments, which the Company adopted after receiving the favorable determination letter. The Plan has been further amended since receiving the determination letter; however, the Plan administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2020 and 2019, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

### **Note 10 – Risks and Uncertainties**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated Plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

On January 30, 2020, the World Health Organization (WHO) announced a global health emergency stemming from a new strain of coronavirus that was spreading globally (the COVID-19 outbreak). On March 11, 2020, the WHO classified the COVID-19 outbreak as a pandemic, triggering volatility in financial markets. As a result, the values of the Plan's individual investments have and may continue to fluctuate in response to volatility in market conditions. While the full impact of COVID-19 is unknown and cannot be reasonably estimated as these events are still developing, it could impact the volatility of Plan assets.

## **WTB Financial Corporation Pension Plan and Trust**

### **Notes to Financial Statements**

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#### **Note 11 – Party in Interest Transactions**

Certain Plan investments, such as the Federated Hermes Government Obligation Funds, are managed by Washington Trust Bank's trust department. Washington Trust Bank is the Plan sponsor and custodian; therefore, these investment transactions qualify as exempt party in interest transactions.

**Supplemental Schedules  
Required by the Department of Labor**

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**WTB Financial Corporation Pension Plan and Trust**  
**Plan Sponsor's EIN: 91-1150490, Plan Number: 001**  
**Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)**  
**December 31, 2020**

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Cash equivalents			
*	Federated Hermes Government Obligations Fund	342,786 units, due on demand, rates fluctuate daily	\$ 342,786	\$ 342,786
	Investments at NAV			
	Mercer Long Duration Passive Fixed Income Portfolio	918,634 shares	26,966,905	26,061,655
	Mercer Long STRIPS Fixed Income Portfolio	188,944 shares	2,941,865	3,690,085
	Mercer Non-US Core Equity Portfolio	285,390 shares	4,894,843	6,592,518
	Mercer Global Low Volatility Equity Portfolio	182,847 shares	3,339,338	4,172,567
	Mercer US Large Cap Passive Equity Portfolio	149,083 shares	4,591,563	6,265,959
	Mercer Active Long Corp Inv Portfolio	1,264,645 shares	20,654,491	27,784,247
	Mercer Ultra Long Duration Portfolio	95,535 shares	955,346	1,807,530
			<u>64,344,351</u>	<u>76,374,561</u>
	Group annuity contract			
	Pacific Life Annuity Contract	Group Annuity Contract	40,037,704	39,790,765
			<u>\$ 104,724,841</u>	<u>\$ 116,508,112</u>

\* A party-in-interest as defined by ERISA.

**WTB Financial Corporation Pension Plan and Trust**  
**Plan Sponsor's EIN: 91-1150490, Plan Number: 001**  
**Schedule H, Line 4(j) – Schedule of Reportable Transactions**  
**December 31, 2020**

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses Incurred with Transactions	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii) – A series of transactions in excess of 5% of Plan assets								
	Sweep purchase and sale of Federated Hermes Government Obligations Fund							
	24 purchases, totaling 5,840,329 shares	\$ 5,840,329	\$ -	\$ -	\$ -	\$ 5,840,329	\$ 5,840,329	\$ -
	38 sales, totaling 5,978,601 shares	-	5,978,601	-	-	5,978,601	5,978,601	-
	Purchase and Sale of Mercer Long Duration Passive Fix Income Portfolio							
	11 purchases, totaling 937,386 shares	27,537,157	-	-	-	27,537,157	27,537,157	-
	1 sale, totaling 18,752 shares	-	550,000			570,252	550,000	(20,252)
	Purchase and Sale of Mercer Active Long Corporate Investment Portfolio							
	1 purchase, totaling 460,668 shares	8,550,000	-	-	-	8,550,000	8,550,000	-
	6 sales, totaling 177,567 shares	-	3,517,509			3,044,935	3,517,509	472,574
	Purchase and Sale of Mercer Long STRIPS Fixed Income							
	1 purchase, totaling 6,833 shares	147,249	-	-	-	147,249	147,249	-
	8 sales, totaling 983,453 shares	-	19,975,000			15,510,549	19,975,000	4,464,451

See report of independent auditors.

**WTB Financial Corporation Pension Plan and Trust**  
**Plan Sponsor's EIN: 91-1150490, Plan Number: 001**  
**Schedule H, Line 4(j) – Schedule of Reportable Transactions**  
**December 31, 2020**

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses Incurred with Transactions	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) – Individual transaction in excess of 5% of Plan assets								
	Purchase of Mercer Long Duration Passive Fixed Income Portfolio							
	1 purchase, totaling 399,028 shares	\$11,500,000	\$ -	\$ -	\$ -	\$11,500,000	\$11,500,000	\$ -
	1 purchase, totaling 213,498 shares	6,390,000	-	-	-	6,390,000	6,390,000	-
	Purchase of Mercer Active Long Corporate Investment Portfolio							
	1 purchase, totaling 460,668 shares	8,550,000	-	-	-	8,550,000	8,550,000	-
	Sale of Mercer Long STRIPS Fixed Income							
	1 sale, totaling 568,744 shares	-	11,500,000	-	-	8,937,565	11,500,000	2,562,435



**Schedule SB, Part V — Summary of Plan Provisions****Summary of major plan provisions**

Eligibility	January 1 coinciding with or next following attainment of age 21. Effective January 1, 2004, the plan is closed to new entrants
Year of service	All years in which the Employee completed 1,000 or more Hours of Service.
Vesting	100% after the completion of 5 Years of Service
Compensation considered	An Employee's wages, salaries, fees for professional services or other amounts received for personal services actually rendered in the course of employment to the extent that the amounts are included in gross income.
Normal retirement age	Age 65.
Early retirement age	Age 55 with 5 Years of Service.
Normal retirement benefit	<p>The monthly benefit payable as a single life annuity is based on the following:</p> <p>Accrued Benefits as of January 1, 1989 are equal to 0.8% of average monthly compensation, plus 0.8% of average monthly compensation in excess of \$1,000 for each Year of Service while a Participant.</p> <p>Beginning January 1, 1989, all participants accrue a benefit each year equal to the sum of 1.4% of Average Monthly Compensation plus 0.6% of Average Monthly Compensation in excess of one-twelfth of Social Security Covered Compensation for each Plan Year of Service, up to a maximum of 35 years. There is a minimum annual benefit equal to \$60 times years of participation. Grandfathered benefits apply to certain former Great Western Employees.</p>
Late retirement benefit	Greater of Normal Retirement Benefit, actuarially increased for late commencement, or Accrued Benefit to the late Retirement Date.
Early retirement benefit	<p>Greater of the Normal Retirement Benefit reduced by 0.5% per month for each month the Early Retirement Date precedes the Normal Retirement Date, or the Actuarial Equivalent of the Accrued Benefit.</p> <p>If the "Rule of 80" has been satisfied, only the integrated portion of the Accrued Benefit is reduced by 0.5% per month for each month the Early Retirement Date precedes the Normal Retirement Date. In addition, a temporary monthly supplement of \$400 is payable until age 62.</p>
Deferred vested benefit	Normal Retirement Benefit, based on Accrued Benefit to the Employee's termination date. Benefit is payable at the Employee's Normal Retirement Age, or is reduced by 0.5% per month if the participant satisfies the eligibility for early retirement.
Disability benefit	100% of the Actuarial Equivalent of the Accrued Benefit. Benefit accruals continue at the same rate prior to disability until age 65.
Death benefit	The surviving spouse of a vested participant receives 50% of the nonforfeitable portion of the Participant's Accrued Benefit payable as a monthly life annuity.

**Schedule SB, Part V — Summary of Plan Provisions**

<b>Optional forms of retirement benefits</b>	Single Life Annuity 50% Joint and Survivor Annuity 75% Joint and Survivor Annuity 100% Joint and Survivor Annuity 10 Year Certain and Life Annuity Lump Sum payment.
Actuarial Equivalence for optional annuity forms	6% interest and the RP2000 no collar combined employee/annuitant mortality table projected to 2020 using Scale AA; weighted 75% female/25% male for participants and 75% male/25% females for beneficiaries.
Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2020, the limit is \$285,000.
Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2020, the limit is \$230,000.

**Benefits included or excluded**

Unless noted below, all benefits provided by the plan, as restated and amended through Amendment #4, are included in this valuation.

- **Most recent plan amendments included:** Effective September 1, 2017.
- **Plan amendments excluded:** None
- **Late retirement increases:**
  - *Active participants:* The plan applies late retirement actuarial increases for all participants who defer retirement beyond their normal retirement date and this valuation includes those increases.
  - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

**Schedule SB, Part V — Summary of Plan Provisions****Plan Provisions Specific to Funding****Additional Benefits Included or Excluded**

- **IRC Section 436 benefit restrictions:**
  - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
  - *Plan amendments:* See above.
  - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
  - *Benefit accruals:* The plan's funding target does not reflect any limitation. The target normal cost does not reflect any limitation on benefit accruals.
- **Scheduled benefit increases:** Scheduled benefit increases effective after the end of the current plan year are excluded from minimum funding requirements.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

**Plan provision changes since prior valuation**

Maximum compensation amounts and maximum benefit amounts under IRS rules were updated from 2019 to 2020.

**WTB Financial Corporation Pension Plan and Trust**  
**Plan Sponsor's EIN: 91-1150490, Plan Number: 001**  
**Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)**  
**December 31, 2020**

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Cash equivalents			
*	Federated Hermes Government Obligations Fund	342,786 units, due on demand, rates fluctuate daily	\$ 342,786	\$ 342,786
	Investments at NAV			
	Mercer Long Duration Passive Fixed Income Portfolio	918,634 shares	26,966,905	26,061,655
	Mercer Long STRIPS Fixed Income Portfolio	188,944 shares	2,941,865	3,690,085
	Mercer Non-US Core Equity Portfolio	285,390 shares	4,894,843	6,592,518
	Mercer Global Low Volatility Equity Portfolio	182,847 shares	3,339,338	4,172,567
	Mercer US Large Cap Passive Equity Portfolio	149,083 shares	4,591,563	6,265,959
	Mercer Active Long Corp Inv Portfolio	1,264,645 shares	20,654,491	27,784,247
	Mercer Ultra Long Duration Portfolio	95,535 shares	955,346	1,807,530
			<u>64,344,351</u>	<u>76,374,561</u>
	Group annuity contract			
	Pacific Life Annuity Contract	Group Annuity Contract	40,037,704	39,790,765
			<u>\$ 104,724,841</u>	<u>\$ 116,508,112</u>

\* A party-in-interest as defined by ERISA.

[illegible]

**Schedule SB, Part V — Statement of Actuarial Assumptions/Methods****Actuarial Assumptions****Discount Rate Sponsor Elections**

• Segment rates or full yield curve	Segment	
• Look-back months	1	
	<u>Stabilized Rates</u>	<u>Nonstabilized Rates</u>
• First 5 years	3.64%	2.78%
• Next 15 years	5.21%	3.85%
• Over 20 years	5.94%	4.30%
• Rationale	Prescribed by IRS.	

**Mortality sponsor elections**

• Healthy participants	Section 430(h)(3) prescribed separate static annuitant and nonannuitant mortality tables. These tables are based on the RP-2006 mortality tables with static mortality improvement based on IRS methodology and projection scale MP-2018.
• Rationale	Prescribed by the IRS.
• 417(e) lump sums	Liabilities are determined based on the underlying annuity used by the plan to determine the lump sum amount, rather than valuing the lump sum payment. This annuity is valued based on funding interest rates rather than 417(e) rates and current year 417(e) unisex mortality.
• Rationale	Prescribed by the IRS.

**Other Economic Assumptions**

• Salary increases	5.00% per year compounded annually
• Rationale	This assumption has been used by the Plan and has not produced significant gains or losses. Further, based on facts and circumstances discussed with management, significant future changes in the rate of salary growth do not seem likely.
• Flat-dollar benefit increases	N/A
• Social Security wage base	3.50% per year compounded annually
• Rationale	This assumption is based on an evaluation of projected real-wage differentials as published by Social Security.
• Inflation	2.50% per year compounded annually
• Rationale	This assumption is based on current and historical inflation assumptions periodically published by Mercer Investment Consulting in their <i>Capital Markets Outlook</i> .
• Expenses	Current plan year's expected administrative expenses of \$140,000 added to current year normal cost basis
• Rationale	This assumption is based on an expectation of actuarial fees, auditing fees, and PBGC premiums for the current year, as has historically been paid from plan assets.
• Other	N/A

**Schedule SB, Part V — Statement of Actuarial Assumptions/Methods****Demographic Assumptions**

• Withdrawal	5-Year select and ultimate rates based on the 2003 Society of Actuaries Turnover Study as modified by Mercer. See table of sample rates.																																							
• Rationale	Withdrawal rates are based on the standard table noted above, as the plan too small to use its own experience as a guideline. The assumption is reviewed annually to ensure the table provides a reasonable approximation of the turnover rates experienced by the plan.																																							
• Disability incidence	None																																							
• Rationale	Due to minimal incidences of disability experienced by the plan, rates of disability are not explicitly assumed.																																							
• Retirement age	<table> <tr> <th rowspan="2">Attained age</th><th colspan="2">Percentage</th></tr> <tr> <th>Actives not Eligible for Rule of 80</th><th>Actives Eligible for Rule of 80</th></tr> <tr><td>55</td><td>2.00%</td><td>2.00%</td></tr> <tr><td>56</td><td>2.00%</td><td>2.00%</td></tr> <tr><td>57</td><td>2.00%</td><td>2.00%</td></tr> <tr><td>58</td><td>2.00%</td><td>2.00%</td></tr> <tr><td>59</td><td>2.00%</td><td>2.00%</td></tr> <tr><td>60</td><td>10.00%</td><td>10.00%</td></tr> <tr><td>61</td><td>10.00%</td><td>10.00%</td></tr> <tr><td>62</td><td>25.00%</td><td>25.00%</td></tr> <tr><td>63</td><td>15.00%</td><td>25.00%</td></tr> <tr><td>64</td><td>15.00%</td><td>25.00%</td></tr> <tr><td>65</td><td>100.00%</td><td>100.00%</td></tr> </table>		Attained age	Percentage		Actives not Eligible for Rule of 80	Actives Eligible for Rule of 80	55	2.00%	2.00%	56	2.00%	2.00%	57	2.00%	2.00%	58	2.00%	2.00%	59	2.00%	2.00%	60	10.00%	10.00%	61	10.00%	10.00%	62	25.00%	25.00%	63	15.00%	25.00%	64	15.00%	25.00%	65	100.00%	100.00%
Attained age	Percentage																																							
	Actives not Eligible for Rule of 80	Actives Eligible for Rule of 80																																						
55	2.00%	2.00%																																						
56	2.00%	2.00%																																						
57	2.00%	2.00%																																						
58	2.00%	2.00%																																						
59	2.00%	2.00%																																						
60	10.00%	10.00%																																						
61	10.00%	10.00%																																						
62	25.00%	25.00%																																						
63	15.00%	25.00%																																						
64	15.00%	25.00%																																						
65	100.00%	100.00%																																						
• Rationale	Retirement rates were developed from a review of historical plan experience and reflect the expectation that participants eligible for more subsidized early retirement benefits will be more likely to retire early. This assumption is reviewed annually to ensure the rates continue to provide a reasonable approximation of the plan's experience.																																							
• Benefit commencement age for																																								
— Future vested deferred	62																																							
— Current vested deferred	62																																							
• Rationale:	The retirement age for deferred vested participants who do not take a lump sum are based on historical plan experience and the expectation that participants will retire in connection with their earliest Social Security retirement age.																																							
• Spouse assumptions	<u>Male participants</u>	<u>Female participants</u>																																						
— Percentage married	85.0%	50.0%																																						
— Spouse age difference	3 years younger	3 years older																																						

**Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**

- Rationale: Spouse assumptions are based on historical experience observed under the Plan and the actuary's experience with other pension plans.

Form of payment	<u>Lump sum</u>	<u>Single life</u>	<u>50% J&amp;S</u>
— Active retirements	0%	50%	50%
— Future deaths	0%	0%	100%
— Future vested deferred	20%	40%	40%
— Current vested deferred	20%	40%	40%
Rationale	The form of payment assumption is based on a review of plan experience between 2010 and 2014, and the expectation that future election patterns and the circumstances of the employer will not differ significantly from recent history.		
Unpredictable contingent event assumptions	None.		

**Table of sample rates**

Attained age	Percentage					
	Years of Service					
	< 1	1 - 2	2 - 3	3 - 4	4 - 5	5 +
20	26.60%	23.60%	21.60%	19.60%	17.60%	13.70%
25	23.10	20.10	18.10	16.10	14.10	10.20
30	20.00	17.00	15.00	13.00	11.00	7.10
35	18.80	15.80	13.80	11.80	9.80	6.00
40	17.80	14.80	12.80	10.80	8.80	5.50
45	16.80	13.80	11.80	9.80	8.10	5.00
50	15.80	12.80	10.80	9.20	7.60	4.50
55	14.80	11.90	10.30	8.70	7.10	4.00
60	13.90	11.40	9.80	8.20	6.60	3.50



*Schedule SB, Part V — Statement of Actuarial Assumptions/Methods***Actuarial Methods for Funding****Asset Methods**

The asset valuation method is the fair market value.

**Participant Methods**

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break-in-service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The annuities backed by the plan's Pacific Life buy-in contract have been valued in both the assets and liabilities. Please see the Valuation Procedures section for more information on the buy-in contract.

**Minimum Funding Methods**

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual are the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- This plan provides benefits that are not a function of a participant's accrued benefit or years of service. This benefit is allocated to funding target based on the ratio of the participant's service at the beginning of the plan year to their service at each decrement age and is allocated to target normal cost based on the proportionate benefit attributable to the increase in the participant's service and compensation during the plan year.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

***Schedule SB, line 24 — Change in Actuarial Assumptions***

- The expense component of normal cost increased from \$130,000 to \$140,000 to reflect our expectations for the current plan year.

**Schedule SB, line 22 — Description of Weighted Average Retirement Age**

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 63.

(A)	(B)	(C)	(D)	(E)
Retirement age	Retirement Percent	Lx	Number of employees expected to retire (B) x (C)	(A) x (D)
55	2.00%	1,000	20	1,100
56	2.00%	980	20	1,098
57	2.00%	960	19	1,095
58	2.00%	941	19	1,092
59	2.00%	922	18	1,088
60	10.00%	904	90	5,424
61	10.00%	814	81	4,963
62	25.00%	732	183	11,349
63	15.00%	549	82	5,189
64	15.00%	467	70	4,481
65	100.00%	397	397	25,789
Total			1,000	62,666
Average				62.67

**WTB Financial Corporation Pension Plan and Trust**  
**Plan Sponsor's EIN: 91-1150490, Plan Number: 001**  
**Schedule H, Line 4(j) – Schedule of Reportable Transactions**  
**December 31, 2020**

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses Incurred with Transactions	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii) – A series of transactions in excess of 5% of Plan assets								
	Sweep purchase and sale of Federated Hermes Government Obligations Fund							
	24 purchases, totaling 5,840,329 shares	\$ 5,840,329	\$ -	\$ -	\$ -	\$ 5,840,329	\$ 5,840,329	\$ -
	38 sales, totaling 5,978,601 shares	-	5,978,601	-	-	5,978,601	5,978,601	-
	Purchase and Sale of Mercer Long Duration Passive Fix Income Portfolio							
	11 purchases, totaling 937,386 shares	27,537,157	-	-	-	27,537,157	27,537,157	-
	1 sale, totaling 18,752 shares	-	550,000	-	-	570,252	550,000	(20,252)
	Purchase and Sale of Mercer Active Long Corporate Investment Portfolio							
	1 purchase, totaling 460,668 shares	8,550,000	-	-	-	8,550,000	8,550,000	-
	6 sales, totaling 177,567 shares	-	3,517,509	-	-	3,044,935	3,517,509	472,574
	Purchase and Sale of Mercer Long STRPS Fixed Income							
	1 purchase, totaling 6,833 shares	147,249	-	-	-	147,249	147,249	-
	8 sales, totaling 983,453 shares	-	19,975,000	-	-	15,510,549	19,975,000	4,464,451

See report of independent auditors.

**WTB Financial Corporation Pension Plan and Trust**  
**Plan Sponsor's EIN: 91-1150490, Plan Number: 001**  
**Schedule H, Line 4(j) – Schedule of Reportable Transactions**  
**December 31, 2020**

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses Incurred with Transactions	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) – Individual transaction in excess of 5% of Plan assets								
	Purchase of Mercer Long Duration Passive Fixed Income Portfolio							
	1 purchase, totaling 399,028 shares	\$ 11,500,000	\$ -	\$ -	\$ -	\$ 11,500,000	\$ 11,500,000	\$ -
	1 purchase, totaling 213,498 shares	6,390,000	-	-	-	6,390,000	6,390,000	-
	Purchase of Mercer Active Long Corporate Investment Portfolio							
	1 purchase, totaling 460,668 shares	8,550,000	-	-	-	8,550,000	8,550,000	-
	Sale of Mercer Long STRIPS Fixed Income							
	1 sale, totaling 568,744 shares	-	11,500,000	-	-	8,937,565	11,500,000	2,562,435

**SCHEDULE SB  
(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan  
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

**2020****This Form is Open to Public  
Inspection**

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan WTB FINANCIAL CORPORATION PENSION PLAN		<b>B</b> Three-digit plan number (PN) ▶ 001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF WTB FINANCIAL CORPORATION		<b>D</b> Employer Identification Number (EIN) 91-1150490
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500

**Part I Basic Information**

<b>1</b> Enter the valuation date: Month 01 Day 01 Year 2020			
<b>2</b> Assets:			
<b>a</b> Market value.....		<b>2a</b>	107,761,465
<b>b</b> Actuarial value.....		<b>2b</b>	107,761,465
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment.....	319	34,666,924	34,666,924
<b>b</b> For terminated vested participants .....	72	3,010,098	3,010,098
<b>c</b> For active participants.....	122	25,266,156	26,404,803
<b>d</b> Total.....	513	62,943,178	64,081,825
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....		<b>4a</b>	
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....		<b>4b</b>	
<b>5</b> Effective interest rate.....	<b>5</b>	5.37%	
<b>6</b> Target normal cost.....	<b>6</b>	1,571,417	

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

**SIGN  
HERE**

Julie M. Ferguson

Signature of actuary

JULIE M. FERGUSON

Type or print name of actuary

MERCER

Firm name

1301 FIFTH AVENUE SUITE 1900

SEATTLE WA 98101-2682

Address of the firm

September 1, 2021

Date

2006674

Most recent enrollment number

206-214-3500

Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.****Schedule SB (Form 5500) 2020  
v. 200204**

**Part II Beginning of Year Carryover and Prefunding Balances**

	(a) Carryover balance	(b) Prefunding balance
<b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	15,927,946	0
<b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b> Amount remaining (line 7 minus line 8) .....	15,927,946	0
<b>10</b> Interest on line 9 using prior year's actual return of <u>19.90%</u> .....	3,169,661	0
<b>11</b> Prior year's excess contributions to be added to prefunding balance:		
<b>a</b> Present value of excess contributions (line 38a from prior year) .....		0
<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.52%</u> .....		0
<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		0
<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b> Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	19,097,607	0

**Part III Funding Percentages**

<b>14</b> Funding target attainment percentage .....	<b>14</b>	138.36%
<b>15</b> Adjusted funding target attainment percentage .....	<b>15</b>	168.16%
<b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	148.97%
<b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

**Part IV Contributions and Liquidity Shortfalls****18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/02/2020	17,251	0			
<b>Totals ▶</b>			<b>18(b)</b>	17,251	<b>18(c)</b>
					0

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	16,878
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	0

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year? ..... ☐ Yes ☒ No

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... ☐ Yes ☐ No

**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

<b>Part V</b>	<b>Assumptions Used to Determine Funding Target and Target Normal Cost</b>
---------------	--

<b>21</b> Discount rate:			
<b>a</b> Segment rates:	1st segment: 3.64 %	2nd segment: 5.21 %	3rd segment: 5.94 % <input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....			<b>21b</b> 1
<b>22</b> Weighted average retirement age .....			<b>22</b> 63
<b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

<b>Part VI</b>	<b>Miscellaneous Items</b>
----------------	----------------------------

<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. .... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	<b>27</b>

<b>Part VII</b>	<b>Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>
-----------------	--

<b>28</b> Unpaid minimum required contributions for all prior years .....	<b>28</b>	0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	<b>29</b>	0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	<b>30</b>	0

<b>Part VIII</b>	<b>Minimum Required Contribution For Current Year</b>
------------------	---

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6) .....	<b>31a</b>	1,571,417	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	1,571,417	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	0	0	
<b>b</b> Waiver amortization installment .....	0	0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	0	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35).....	<b>36</b>	0	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	<b>37</b>	0	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36) .....	<b>38a</b>	0	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0	

<b>Part IX</b>	<b>Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)</b>
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<b>41</b> If an election was made to use PRA 2010 funding relief for this plan:	
<b>a</b> Schedule elected .....	<input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years
<b>b</b> Eligible plan year(s) for which the election in line 41a was made .....	<input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011