

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                        |                                                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                          | <b>Annual Report Identification Information</b>                                                                                                                                                                                          |
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022             |                                                                                                                                                                                                                                          |
| <b>A</b> This return/report is for:                                                                    | <input type="checkbox"/> a multiemployer plan <input checked="" type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) |
|                                                                                                        | <input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____                                                                                                                                           |
| <b>B</b> This return/report is:                                                                        | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report                                                                                                                                        |
|                                                                                                        | <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                         |
| <b>C</b> If the plan is a collectively-bargained plan, check here. ....                                | <input type="checkbox"/>                                                                                                                                                                                                                 |
| <b>D</b> Check box if filing under:                                                                    | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program                                                                                                     |
|                                                                                                        | <input type="checkbox"/> special extension (enter description)                                                                                                                                                                           |
| <b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... | <input type="checkbox"/>                                                                                                                                                                                                                 |

|                                                                                                                                                                                                                                                                                                                                                                                               |                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                                                | <b>Basic Plan Information</b> —enter all requested information |
| <b>1a</b> Name of plan<br>PENTEGRA DEFINED CONTRIBUTION PLAN FOR FINANCIAL INSTITUTIONS                                                                                                                                                                                                                                                                                                       | <b>1b</b> Three-digit plan number (PN) ▶ 333                   |
|                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c</b> Effective date of plan<br>07/01/1970                 |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>BOARD OF DIRECTORS OF PENTEGRA DEFINED CONTRIBUTION PLAN<br><br>701 WESTCHESTER AVENUE, SUITE 320E<br>WHITE PLAINS, NY 10604 | <b>2b</b> Employer Identification Number (EIN)<br>13-6321489   |
|                                                                                                                                                                                                                                                                                                                                                                                               | <b>2c</b> Plan Sponsor's telephone number<br>914-694-1300      |
|                                                                                                                                                                                                                                                                                                                                                                                               | <b>2d</b> Business code (see instructions)<br>525100           |

**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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 09/25/2023 | ERIC WIETSMA                                                 |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2022)  
v. 220413

|                                                                                                                                                                                                                                                                                                                                                                                                                            |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br>JOHN PINTO, PRESIDENT<br>BOARD OF DIRECTORS, PENTEGRA DEFINED CONTRIBUTION<br>701 WESTCHESTER AVENUE, SUITE 320E<br>WHITE PLAINS, NY 10604-3805                                                                                                                                                                       |       | <b>3b</b> Administrator's EIN<br>38-3784887                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |       |
| <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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                     |       | <b>3c</b> Administrator's telephone number<br>914-694-1300                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |       |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                    |       | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |       |
| <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> ).                                                                                                                                                                                                                           |       | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>5</b></td> <td style="width: 90%; text-align: right;">29261</td> </tr> </table>                                                                                                                                                                                                                                                                                                         | <b>5</b>     | 29261 |
| <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                   | 29261 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |       |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                                                                                                                                                    |       | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>6a(1)</b></td> <td style="width: 90%; text-align: right;">18103</td> </tr> </table>                                                                                                                                                                                                                                                                                                     | <b>6a(1)</b> | 18103 |
| <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                               | 18103 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |       |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                          |       | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>6a(2)</b></td> <td style="width: 90%; text-align: right;">16522</td> </tr> </table>                                                                                                                                                                                                                                                                                                     | <b>6a(2)</b> | 16522 |
| <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                               | 16522 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |       |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                                                                                                                                                        |       | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>6b</b></td> <td style="width: 90%; text-align: right;">337</td> </tr> </table>                                                                                                                                                                                                                                                                                                          | <b>6b</b>    | 337   |
| <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                  | 337   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |       |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                          |       | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>6c</b></td> <td style="width: 90%; text-align: right;">9609</td> </tr> </table>                                                                                                                                                                                                                                                                                                         | <b>6c</b>    | 9609  |
| <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                  | 9609  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |       |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                |       | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>6d</b></td> <td style="width: 90%; text-align: right;">26468</td> </tr> </table>                                                                                                                                                                                                                                                                                                        | <b>6d</b>    | 26468 |
| <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                  | 26468 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |       |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                 |       | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>6e</b></td> <td style="width: 90%; text-align: right;">81</td> </tr> </table>                                                                                                                                                                                                                                                                                                           | <b>6e</b>    | 81    |
| <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                  | 81    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |       |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                    |       | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>6f</b></td> <td style="width: 90%; text-align: right;">26549</td> </tr> </table>                                                                                                                                                                                                                                                                                                        | <b>6f</b>    | 26549 |
| <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                  | 26549 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |       |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                                                                                                                                                                                                                             |       | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>6g</b></td> <td style="width: 90%; text-align: right;">24418</td> </tr> </table>                                                                                                                                                                                                                                                                                                        | <b>6g</b>    | 24418 |
| <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                  | 24418 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |       |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                                                                                                                                                                                                                                  |       | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>6h</b></td> <td style="width: 90%; text-align: right;">347</td> </tr> </table>                                                                                                                                                                                                                                                                                                          | <b>6h</b>    | 347   |
| <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                  | 347   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |       |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                       |       | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>7</b></td> <td style="width: 90%;"></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                 | <b>7</b>     |       |
| <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:<br>2E 2G 2H 2J 2K 2R 2S 2T                                                                                                                                                                                                                                    |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |       |
| <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)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                              |       | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <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><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |       | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>0 A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 \_\_\_\_\_

|                                                                                                                                                                                                               |                                                                                                                                                                                                                |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                               |                                                                                                                                                                                                                | <b>2022</b>                                    |
|                                                                                                                                                                                                               |                                                                                                                                                                                                                | <b>This Form is Open to Public Inspection.</b> |

|                                                                                                                                  |                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| For calendar plan year 2022 or fiscal plan year beginning <b>01/01/2022</b> and ending <b>12/31/2022</b>                         |                                                                    |
| <b>A</b> Name of plan<br><b>PENTEGRA DEFINED CONTRIBUTION PLAN FOR FINANCIAL INSTITUTIONS</b>                                    | <b>B</b> Three-digit plan number (PN) ▶ <b>333</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>BOARD OF DIRECTORS OF PENTEGRA DEFINED CONTRIBUTION PLAN</b> | <b>D</b> Employer Identification Number (EIN)<br><b>13-6321489</b> |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>AMERICAN BEACON ADVISORS</b>                                                                                   | <b>220 EAST LAS COLINAS BLVD<br/>SUITE 200<br/>IRVING, TX 76155</b> |

|                                                                                                                   |                                                        |
|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |                                                        |
| <b>AMERICAN FUNDS</b>                                                                                             | <b>5300 ROBIN HOOD ROAD<br/>NORFOLK, VA 23513-2430</b> |

|                                                                                                                   |                                               |
|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |                                               |
| <b>BLACKROCK, INC.</b>                                                                                            | <b>50 HUDSON YARDS<br/>NEW YORK, NY 10001</b> |

|                                                                                                                   |                                                                                              |
|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |                                                                                              |
| <b>DODGE &amp; COX</b>                                                                                            | <b>C/O DST ASSET MANAGER SOLUTIONS, INC<br/>PO BOX 219502<br/>KANSAS CITY, MO 64121-9502</b> |

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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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MFS

30 DAN ROAD  
CANTON, MA 02021

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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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PRINCIPAL GLOBAL INVESTORS

801 GRAND AVE  
DES MOINES, IA 50392

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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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T ROWE PRICE

100 EAST PRATT STREET  
BALTIMORE, MD 21202

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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)

PENTEGRA SERVICES, INC.

13-3745616

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 13                     | CONTRACT ADMIN                                                                                    | 10146706                                                               | 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)

STATE STREET GLOBAL ADVISORS

04-1867445

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 18 19 51               | INVESTMENT MANAGEMENT                                                                             | 594677                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 28996                                                                                                                                                                           | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

RELIANCE TRUST COMPANY

58-1428634

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 21                     | TRUSTEE                                                                                           | 620341                                                                 | 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"/>                                     |

**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)

GLOBAL RETIREMENT PARTNERS

4460 REDWOOD HWY  
SAN RAFAEL, CA 94903

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27                     | INVESTMENT ADVISORY(PLAN                                                                          | 62877                                                                  | 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)

CLIFTON LARSON ALLEN

41-0746749

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10                     | ACCOUNTING                                                                                        | 42000                                                                  | 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)

MCCONNELL VALDES LLC

66-0226027

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29                     | LEGAL                                                                                             | 25834                                                                  | 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"/>                                     |

**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)

GROVE POINT ADVISORS LLC

85-3242918

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>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><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 27                            | INVESTMENT ADVISORY-PLAN                                                                                 | 20165                                                                         | 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)

CANTELLA & CO., INC

PO BOX 525  
RIPLEY, TN 38063

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>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><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 27                            | INVESTMENT ADVISORY-PLAN                                                                                 | 12697                                                                         | 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)

PENSIONMARK FINANCIAL GROUP, LLC

24 E. COTA STREET, SUITE 200  
SANTA BARBARA, CA 93101

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>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><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 27                            | INVESTMENT ADVISORY-PLAN                                                                                 | 9793                                                                          | 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"/>                                            |

**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)

CETERA ADVISORS NETWORKS, LLC

200 N. SEPULVEDA BLVD  
SUITE 1300  
EL SEGUNDO, CA 90245

95-3845382

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27                     | INVESTMENT ADVISORY-PLAN                                                                          | 8063                                                                   | 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)

CHARLES SCHWAB & CO., INC.

94-1737782

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 33                     | BROKERAGE ACCOUNT                                                                                 | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>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<br>(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<br>(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<br>(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><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2022</div><br><br><b>This Form is Open to Public Inspection.</b> |
| For calendar plan year 2022 or fiscal plan year beginning <b>01/01/2022</b> and ending <b>12/31/2022</b>                                                                                                      |                                                                                                                                                                                                                              |                                                                                                                                                                 |
| <b>A</b> Name of plan<br><b>PENTEGRA DEFINED CONTRIBUTION PLAN FOR FINANCIAL INSTITUTIONS</b>                                                                                                                 |                                                                                                                                                                                                                              | <b>B</b> Three-digit plan number (PN) <b>►</b> <b>333</b>                                                                                                       |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><b>BOARD OF DIRECTORS OF PENTEGRA DEFINED CONTRIBUTION PLAN</b>                                                                       |                                                                                                                                                                                                                              | <b>D</b> Employer Identification Number (EIN)<br><b>13-6321489</b>                                                                                              |

|        |                                                                                                                                                                                  |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                           |                               |                                                                                                                      |
|-------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>S&amp;P 500 R INDEX NL SF CL A</b>      |                               |                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a): <b>STATE STREET GLOBAL ADVISORS</b>     |                               |                                                                                                                      |
| <b>c</b> EIN-PN <b>04-0025081-097</b>                                                     | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>323346278</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>STABLE VALUE FD METLIFE GAC SERIES</b>  |                               |                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a): <b>RELIANCE TRUST COMPANY</b>           |                               |                                                                                                                      |
| <b>c</b> EIN-PN <b>46-6625485-001</b>                                                     | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>325422070</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>S&amp;P MIDCAP R INDEX NL SF CL A</b>   |                               |                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a): <b>STATE STREET GLOBAL ADVISORS</b>     |                               |                                                                                                                      |
| <b>c</b> EIN-PN <b>04-0025081-089</b>                                                     | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>164570127</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>US LONG TREASURY INDEX NL SF CL A</b>   |                               |                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a): <b>STATE STREET GLOBAL ADVISORS</b>     |                               |                                                                                                                      |
| <b>c</b> EIN-PN <b>90-0337987-183</b>                                                     | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>18992187</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>INTL INDEX NL SF CL A</b>               |                               |                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a): <b>STATE STREET GLOBAL ADVISORS</b>     |                               |                                                                                                                      |
| <b>c</b> EIN-PN <b>90-0337987-157</b>                                                     | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>83239067</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>CONSERVATIVE STRATEGIC BAL SL SF CL</b> |                               |                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a): <b>STATE STREET GLOBAL ADVISORS</b>     |                               |                                                                                                                      |
| <b>c</b> EIN-PN <b>04-0025081-110</b>                                                     | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>48133387</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>MODERATE STRATEGIC BAL SL SF CL I</b>   |                               |                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a): <b>STATE STREET GLOBAL ADVISORS</b>     |                               |                                                                                                                      |
| <b>c</b> EIN-PN <b>04-0025081-111</b>                                                     | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>81461740</b>  |

|                                                                                           |                               |                                                                                                                      |
|-------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>AGRESSIVE STRATEGIC BAL SL SF CL I</b>  |                               |                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a): <b>STATE STREET GLOBAL ADVISORS</b>     |                               |                                                                                                                      |
| <b>c</b> EIN-PN <b>04-0025081-112</b>                                                     | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>76270510</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>RUSSELL SMALL CAP R INDX NL SF CL A</b> |                               |                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a): <b>STATE STREET GLOBAL ADVISORS</b>     |                               |                                                                                                                      |
| <b>c</b> EIN-PN <b>04-0025081-096</b>                                                     | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>64862837</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>NASDAQ 100 INDEX R NL SF CL A104045</b> |                               |                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a): <b>STATE STREET GLOBAL ADVISORS</b>     |                               |                                                                                                                      |
| <b>c</b> EIN-PN <b>90-0337987-032</b>                                                     | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>100299198</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>REIT INDEX NL SF CL A</b>               |                               |                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a): <b>STATE STREET GLOBAL ADVISORS</b>     |                               |                                                                                                                      |
| <b>c</b> EIN-PN <b>04-0025081-352</b>                                                     | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>24799767</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>US BOND INDX NL SF CL A</b>             |                               |                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a): <b>STATE STREET GLOBAL ADVISORS</b>     |                               |                                                                                                                      |
| <b>c</b> EIN-PN <b>90-0337987-177</b>                                                     | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>28579021</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>RUSSELL LRG CAP GRW INDX NL SF CL A</b> |                               |                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a): <b>STATE STREET GLOBAL ADVISORS</b>     |                               |                                                                                                                      |
| <b>c</b> EIN-PN <b>90-0337987-001</b>                                                     | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>104596300</b> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>TARGET RETIREMENT 2025 NL SF CL A</b>   |                               |                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a): <b>STATE STREET GLOBAL ADVISORS</b>     |                               |                                                                                                                      |
| <b>c</b> EIN-PN <b>90-0337987-193</b>                                                     | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>62859969</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>TARGET RETIREMENT 2035 NL SF CL A</b>   |                               |                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a): <b>STATE STREET GLOBAL ADVISORS</b>     |                               |                                                                                                                      |
| <b>c</b> EIN-PN <b>90-0337987-197</b>                                                     | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>90804194</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>RUSSELL LRG CAP VAL INDX NL SF CL A</b> |                               |                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a): <b>STATE STREET GLOBAL ADVISORS</b>     |                               |                                                                                                                      |
| <b>c</b> EIN-PN <b>90-0337987-225</b>                                                     | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>54722058</b>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>TARGET RETIREMENT 2065 NL SF CL A</b>   |                               |                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a): <b>STATE STREET GLOBAL ADVISORS</b>     |                               |                                                                                                                      |
| <b>c</b> EIN-PN <b>32-6528132-043</b>                                                     | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>2152342</b>   |

|                                                                                    |                        |                                                                                                              |
|------------------------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: US INFLATION PRO BD INDX NL SF CL A |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS     |                        |                                                                                                              |
| <b>c</b> EIN-PN 04-0025081-076                                                     | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19152723 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2045 NL SF CL A   |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS     |                        |                                                                                                              |
| <b>c</b> EIN-PN 90-0337987-201                                                     | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19232867 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2055 NL SF CL A   |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS     |                        |                                                                                                              |
| <b>c</b> EIN-PN 90-0337987-321                                                     | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35599834 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT INC NL SF CL A    |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS     |                        |                                                                                                              |
| <b>c</b> EIN-PN 90-0337987-185                                                     | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13009262 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2050 NL SF CL A   |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS     |                        |                                                                                                              |
| <b>c</b> EIN-PN 90-0337987-203                                                     | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 50119742 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2040 NL SF CL A   |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS     |                        |                                                                                                              |
| <b>c</b> EIN-PN 90-0337987-199                                                     | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27840072 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2030 NL SF CL A   |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS     |                        |                                                                                                              |
| <b>c</b> EIN-PN 90-0337987-195                                                     | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 53807883 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2020 NL SF CL A   |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS     |                        |                                                                                                              |
| <b>c</b> EIN-PN 90-0337987-191                                                     | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32879942 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2060 NL SF CL A   |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS     |                        |                                                                                                              |
| <b>c</b> EIN-PN 90-0337987-418                                                     | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15152155 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                     |                        |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a):                                  |                        |                                                                                                              |
| <b>c</b> EIN-PN                                                                    | <b>d</b> Entity code   | <b>e</b> 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  
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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                |                                                                                           |                                                                    |            |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|--|--|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b>   | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |                                                                    |            |  |  |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                                |                                                                                           |                                                                    |            |  |  |
| <b>A</b> Name of plan<br><u>PENTEGRA DEFINED CONTRIBUTION PLAN FOR FINANCIAL INSTITUTIONS</u>                                                                                                                                                                            | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>B</b> Three-digit plan number (PN) ►</td> <td style="width: 20%; text-align: center;"><u>333</u></td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table> |                                                                                           | <b>B</b> Three-digit plan number (PN) ►                            | <u>333</u> |  |  |
| <b>B</b> Three-digit plan number (PN) ►                                                                                                                                                                                                                                  | <u>333</u>                                                                                                                                                                                                                                                                     |                                                                                           |                                                                    |            |  |  |
|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                |                                                                                           |                                                                    |            |  |  |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>BOARD OF DIRECTORS OF PENTEGRA DEFINED CONTRIBUTION PLAN</u>                                                                                                                                         | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>D</b> Employer Identification Number (EIN)<br/><u>13-6321489</u></td> <td style="width: 20%;"></td> </tr> </table>                                                          |                                                                                           | <b>D</b> Employer Identification Number (EIN)<br><u>13-6321489</u> |            |  |  |
| <b>D</b> Employer Identification Number (EIN)<br><u>13-6321489</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>             | 5838882466791        |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                      |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1b(1)</b>          | 43244405683215       |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               | <b>1b(2)</b>          | 902546655448         |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               | <b>1b(3)</b>          | 22241071925023       |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                      |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               | <b>1c(1)</b>          | 4953717849957558     |
| <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>          | 3169186429170635     |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               | <b>1c(9)</b>          | 23691574751921905532 |
| <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>         | 14199131499594162    |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(14)</b>         |                      |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               | <b>1c(15)</b>         | 73315045531894       |

| <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>    | 6559                  | 2404            |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 2607750875            | 2116892662      |

**Liabilities**

|                                                                           |           |         |         |
|---------------------------------------------------------------------------|-----------|---------|---------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> | 0       | 0       |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 0       | 0       |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> | 0       | 0       |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> | 4073581 | 5817438 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 4073581 | 5817438 |

**Net Assets**

|                                                           |           |            |            |
|-----------------------------------------------------------|-----------|------------|------------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 2603677294 | 2111075224 |
|-----------------------------------------------------------|-----------|------------|------------|

**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> | 45819253   |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 74461500   |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 12023524   |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    | 0          |           |
| (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>    |            | 132304277 |
| <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> | 790520     |           |
| <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> | 1403959    |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 2194479   |
| (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> | 5382797    |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 5382797   |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <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> |            | 0         |
| (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> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                 |        | (a) Amount | (b) Total  |
|-------------------------------------------------------------------------------------------------|--------|------------|------------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            | -369386273 |
| (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) |            | -40616553  |
| c Other income .....                                                                            | 2c     |            | 8703431    |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | -261417842 |
| <b>Expenses</b>                                                                                 |        |            |            |
| e Benefit payment and payments to provide benefits:                                             |        |            |            |
| (1) Directly to participants or beneficiaries, including direct rollovers .....                 | 2e(1)  | 185450132  |            |
| (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)  |            | 185450132  |
| f Corrective distributions (see instructions) .....                                             | 2f     |            | 264950     |
| g Certain deemed distributions of participant loans (see instructions) .....                    | 2g     |            |            |
| h Interest expense .....                                                                        | 2h     |            |            |
| i Administrative expenses: (1) Professional fees .....                                          | 2i(1)  | 67834      |            |
| (2) Contract administrator fees .....                                                           | 2i(2)  | 10146706   |            |
| (3) Investment advisory and management fees .....                                               | 2i(3)  | 9514740    |            |
| (4) Other .....                                                                                 | 2i(4)  | 1411217    |            |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                            | 2i(5)  |            | 21140497   |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....            | 2j     |            | 206855579  |
| <b>Net Income and Reconciliation</b>                                                            |        |            |            |
| k Net income (loss). Subtract line 2j from line 2d .....                                        | 2k     |            | -468273421 |
| l Transfers of assets:                                                                          |        |            |            |
| (1) To this plan .....                                                                          | 2l(1)  |            | 9578534    |
| (2) From this plan .....                                                                        | 2l(2)  |            | 33907183   |

**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: CLIFTONLARSONALLEN LLP

(2) EIN: 41-0746749

**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   |    | 500000 |
| <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.)                                                                                     |     |    |        |
| <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?                                                                                                                                              |     |    |        |
| <b>4k</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |     |    |        |
| <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.)                                                                                                                                                                                     |     |    |        |
| <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.                                                                                                                        |     |    |        |
| <b>4n</b>                                                                                                                                                                                                                                                                                                  |     |    |        |

**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) |
|-----------------------------------------------------------------------------|--------------|-------------|
| SPENCER SAVINGS BANK SLA SAVINGS RETIREMENT PLAN                            | 22-1296609   | 002         |
| FIRST BANCORP EMPLOYEES' 401(K) SAVINGS PLAN                                | 56-1421916   | 001         |
| THE RETIREMENT PLAN FOR MICHIGAN CREDIT UNION EMPLOYEES-401(K) SAVINGS PLAN | 38-0826778   | 334         |
| OHIO BANKERS LEAGUE 401(K) PLAN                                             | 31-0916384   | 005         |

**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 \_\_\_\_\_.

|                                                                                                                                                                                                                                                                                                            | 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>                                                                                                                                                                                                                                                                                                  |     |    |        |
| <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>                                                                                                                                                                                                                                                                                                  |     |    |        |
| <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>                                                                                                                                                                                                                                                                                                  |     |    |        |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         |     |    |        |
| <b>4e</b>                                                                                                                                                                                                                                                                                                  |     |    |        |
| <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?                                                                                                                                                                          |     |    |        |
| <b>4f</b>                                                                                                                                                                                                                                                                                                  |     |    |        |
| <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>                                                                                                                                                                                                                                                                                                  |     |    |        |
| <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>                                                                                                                                                                                                                                                                                                  |     |    |        |
| <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.)                                                                                                                                                   |     |    |        |
| <b>4i</b>                                                                                                                                                                                                                                                                                                  |     |    |        |
| <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.)                                                                                     |     |    |        |
| <b>4j</b>                                                                                                                                                                                                                                                                                                  |     |    |        |
| <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?                                                                                                                                              |     |    |        |
| <b>4k</b>                                                                                                                                                                                                                                                                                                  |     |    |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |     |    |        |
| <b>4l</b>                                                                                                                                                                                                                                                                                                  |     |    |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |     |    |        |
| <b>4m</b>                                                                                                                                                                                                                                                                                                  |     |    |        |
| <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.                                                                                                                        |     |    |        |
| <b>4n</b>                                                                                                                                                                                                                                                                                                  |     |    |        |

**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) |
|-----------------------------------|--------------|-------------|
| CREDIT UNION OF TEXAS 401(K) PLAN | 75-0225045   | 001         |
| M C BANK 401(K) RETIREMENT PLAN   | 72-0465556   | 003         |
|                                   |              |             |
|                                   |              |             |

**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 \_\_\_\_\_.

|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>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>2022</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>PENTEGRA DEFINED CONTRIBUTION PLAN FOR FINANCIAL INSTITUTIONS                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) 333                                                              |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>BOARD OF DIRECTORS OF PENTEGRA DEFINED CONTRIBUTION PLAN                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>13-6321489                                            |
| 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 0                                                                                             |
| 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):<br><br>EIN(s): 13-6321489                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 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                                                                                               |
| 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 type="checkbox"/> No <input type="checkbox"/> N/A<br>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 _____<br>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 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 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) 2022 v. 220413                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

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

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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): \_\_\_\_\_

|           |                                                                                                                                                                                                                                                                                                                        |            |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| <b>14</b> | 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:                                                                                                             |            |
| <b>a</b>  | The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | <b>14a</b> |
| <b>b</b>  | The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                | <b>14b</b> |
| <b>c</b>  | The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                                           | <b>14c</b> |
| <b>15</b> | 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:                                                                                                                                           |            |
| <b>a</b>  | The corresponding number for the plan year immediately preceding the current plan year.....                                                                                                                                                                                                                            | <b>15a</b> |
| <b>b</b>  | The corresponding number for the second preceding plan year.....                                                                                                                                                                                                                                                       | <b>15b</b> |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                                                                                   |            |
| <b>a</b>  | Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                                                                                        | <b>16a</b> |
| <b>b</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.....                                                                                                                                                           | <b>16b</b> |
| <b>17</b> | 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 ..... <input type="checkbox"/>                                                                   |            |

**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 \_\_\_\_\_

Employer ID No: 13-6321489  
Plan Number: 333

Financial Statements with Supplemental Schedule and Independent  
Auditors' Report

**PENTEGRA DEFINED CONTRIBUTION PLAN FOR  
FINANCIAL INSTITUTIONS**

As of December 31, 2022 and 2021, and  
for the year ended December 31, 2022

# PENTEGRA DEFINED CONTRIBUTION PLAN FOR FINANCIAL INSTITUTIONS

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All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.



## INDEPENDENT AUDITORS' REPORT

Board of Directors and Plan Participants  
Pentegra Defined Contribution Plan for Financial Institutions  
White Plains, New York

### **Report on the Audit of the Financial Statements**

#### ***Opinion***

We have audited the accompanying financial statements of Pentegra Defined Contribution Plan for Financial Institutions (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2022 and 2021, and the changes in its net assets available for benefits for the year ended December 31, 2022, in accordance with accounting principles generally accepted in the United States of America.

#### ***Basis for Opinion***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### ***Responsibilities of Management for the Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

***Auditors' Responsibilities for the Audit of the Financial Statements***

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

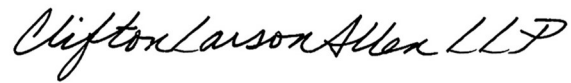
***Supplemental Schedule Required by ERISA***

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at year end) as of December 31, 2022 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

Board of Directors and Plan Participants  
Pentegra Defined Contribution Plan for Financial Institutions

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

A handwritten signature in black ink that reads "CliftonLarsonAllen LLP". The signature is written in a cursive, flowing style.

**CliftonLarsonAllen LLP**

Baltimore, Maryland  
September 19, 2023

# PENTEGRA DEFINED CONTRIBUTION PLAN FOR FINANCIAL INSTITUTIONS

## Statements of Net Assets Available for Benefits

As of December 31, 2022 and 2021

(In thousands)

|                                                    | <b>2022</b>  | <b>2021</b>  |
|----------------------------------------------------|--------------|--------------|
| ASSETS                                             |              |              |
| Cash                                               | \$ 2,467     | \$ 584       |
| Investments - at fair value                        | 2,076,989    | 2,568,017    |
| Receivables                                        |              |              |
| Notes receivable from participants                 | 29,171       | 31,692       |
| Accounts receivable - administrative               | 1,925        | 2,165        |
| Employer Contributions                             | 5,683        | 4,324        |
| Participant Contributions                          | 655          | 903          |
| Prepaid expense                                    | 2            | 7            |
| Receivables for securities sold, not yet settled   | -            | 59           |
| Total receivables                                  | 37,436       | 39,150       |
| Total assets                                       | 2,116,892    | 2,607,751    |
| LIABILITIES                                        |              |              |
| Other liabilities                                  | 1,127        | 4,074        |
| Payables for securities purchased, not yet settled | 4,690        | -            |
| Total liabilities                                  | 5,817        | 4,074        |
| Net asset available for benefits                   | \$ 2,111,075 | \$ 2,603,677 |

The accompanying notes are an integral part of these financial statements.

# PENTEGRA DEFINED CONTRIBUTION PLAN FOR FINANCIAL INSTITUTIONS

## Statement of Changes in Net Assets Available for Benefits

For the year ended December 31, 2022

(In thousands)

### ADDITIONS

|                     |                |
|---------------------|----------------|
| Contributions       |                |
| Employers           | \$ 45,819      |
| Participants        | 74,461         |
| Rollovers           | 12,024         |
| Total contributions | <u>132,304</u> |

### Investment loss

|                                                         |                  |
|---------------------------------------------------------|------------------|
| Net change in depreciation in fair value of investments | (410,003)        |
| Loss on self directed brokerage accounts                | (1,683)          |
| Interest bearing cash                                   | 791              |
| Dividends                                               | 5,383            |
| Less asset-based fees                                   | (9,515)          |
| Net investment loss                                     | <u>(415,027)</u> |

|                                                       |                  |
|-------------------------------------------------------|------------------|
| Interest income on notes receivable from participants | 1,404            |
| Administrative income                                 | 10,386           |
| Total income, net investment loss                     | <u>(270,933)</u> |

### DEDUCTIONS

|                                                  |                  |
|--------------------------------------------------|------------------|
| Benefits paid to participants                    | 185,450          |
| Corrective distributions                         | 265              |
| Administrative fees                              | 11,626           |
| Total deductions                                 | <u>197,341</u>   |
| Net decrease in net assets before plan transfers | <u>(468,274)</u> |

### TRANSFERS OF ASSETS

|                               |                  |
|-------------------------------|------------------|
| Transfers into the plan       | 9,579            |
| Transfers out of the plan     | (33,907)         |
| Net transfers out of the Plan | <u>(24,328)</u>  |
| Total decrease in net assets  | <u>(492,602)</u> |

### NET ASSETS AVAILABLE FOR BENEFITS

|                   |                            |
|-------------------|----------------------------|
| Beginning of year | 2,603,677                  |
| End of year       | <u><u>\$ 2,111,075</u></u> |

The accompanying notes are an integral part of this financial statement.

# **PENTEGRA DEFINED CONTRIBUTION PLAN FOR FINANCIAL INSTITUTIONS**

## **Notes to Financial Statements**

**December 31, 2022 and 2021**

**(Amounts in thousands)**

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### **1. DESCRIPTION OF THE PLAN**

The following description of the Pentegra Defined Contribution Plan for Financial Institutions (the "Plan") is provided for general information purposes only. Participants should refer to their respective Summary Plan Descriptions ("SPD") for more complete information.

#### **General**

The Plan is a multiple-employer, tax-exempt trusteed savings plan. The Board of Directors (the "Board") of the Plan controls and manages the operation and administration of the Plan. Reliance Trust Company ("RTC") serves as the trustee of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

#### **Contributions**

Participating employers may, at their option, elect the 401(k) feature of the Plan that permits participants to defer current federal income tax, and the income taxes of most states, on the amounts contributed to and earned on the 401(k) account. Employers may, at their option, elect the Roth feature which permits participants to contribute to the plan on an after-tax basis. If certain conditions are met, earnings on Roth accounts generally will not be subject to taxation. Employers may also, at their option, elect the after-tax savings feature, which permits participants to contribute to the plan on an after-tax basis. While the earnings on this account are taxable upon distribution, the basis in the account is tax-free upon distribution. These contributions are made in cash and are subject to certain Internal Revenue Code ("IRC") limitations. Certain participants who meet the eligibility requirements may contribute additional amounts (e.g., age 50 catch-up).

Contributions on behalf of each participant are invested in accordance with the participant's instructions, entirely in one fund or in any combination of funds in increments of 1%. If a participant fails to make an investment election, contributions by participants or on their behalf are invested in the Plan's Qualified Default Investment Option (State Street Global Advisors Target Retirement Fund Series).

The profit sharing feature offers employers the option of allowing participant-directed investments as described above or investing at the employer's discretion. Additional employer contributions may be made in accordance with the Plan at the employer's discretion, including, but not limited to, matching contributions.

Participants may also rollover balances from other qualified defined benefit or defined contribution plans or individual retirement accounts.

# **PENTEGRA DEFINED CONTRIBUTION PLAN FOR FINANCIAL INSTITUTIONS**

## **Notes to Financial Statements**

**December 31, 2022 and 2021**

**(Amounts in thousands)**

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An employer may elect automatic 401(k) elective deferrals on behalf of a participant in accordance with the Automatic Contribution Arrangement, with or without annual escalation. The automatic contributions would cease if the participant affirmatively elects to make contributions in a different amount or percentage or not to have deferrals made on his or her behalf. Automatic 401(k) elective deferrals will be invested in a qualified default investment alternative until a participant affirmatively indicates how such amounts shall be invested.

### **Participant Accounts**

Individual accounts are maintained for each plan participant. Participant accounts are credited with participant contributions, employer contributions, forfeitures, loan repayments and investment earnings and charged with withdrawals, administrative expenses, loan advances and investment losses. Allocations, if any, are based on participant account balances or compensation. Additions to the participant's account purchase units and are based on the unit values of the respective investment funds. Any distributions from the account result in a decrease in units. The difference between the value of a participant's account at the end of the previous day and the value at the end of the current day, net of all transactions occurring during the current day (contributions, withdrawals, etc.), is the amount of earnings (losses) credited to the participant's account. The total value of a participant's account is determined by multiplying the number of units in each investment fund by the unit value of such fund and aggregating the results. The benefit to which a participant is entitled, is their vested account balance. Employers select the vesting schedule that will apply to employer contributions made to the Plan.

### **Investments**

The Plan did not have any nonparticipant-directed investments as of December 31, 2022 and 2021. In addition, investments totaling \$1,492 and \$1,461 as of December 31, 2022 and 2021, respectively, are held by the Plan for liquidity purposes, and primarily used to pay expenses incurred by the Plan. Generally, participants direct the investment of their contributions into various investment options offered by the Plan. Participants should refer to their SPD. The Plan offers a wide variety of investment options spanning the risk/return spectrum, including equity, fixed income, stable value, target date and asset allocation funds. Plan assets are generally invested in common/collective trust funds ("CCTs") under one menu (Option I), and in CCTs and mutual funds under another menu (Option II). The investments are managed by State Street Global Advisors ("SSgA"), American Beacon Advisors, Inc., BlackRock Advisors, LLC, Capital Research and Management Company, Dodge and Cox, Massachusetts Financial Services Company ("MFS"), Principal Global Investors Trust Company, T. Rowe Price Associates, Inc., RTC and MetLife. In addition to the investment options managed by the listed advisors, employers, at their option, may offer expanded investment flexibility through the Personal Choice Retirement

# **PENTEGRA DEFINED CONTRIBUTION PLAN FOR FINANCIAL INSTITUTIONS**

## **Notes to Financial Statements**

**December 31, 2022 and 2021**

**(Amounts in thousands)**

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Account ("PCRA"). The PCRA is a self-directed brokerage feature that works in tandem with the other investment options, providing access to additional mutual funds and individual securities. It is administered through Charles Schwab and Company, Inc.

### **Vesting**

Participants are vested immediately in their contributions plus earnings thereon. Participants should refer to their respective SPD to determine the vesting schedule for employer contributions.

### **Notes Receivable from Participants**

Employers may also, at their option, make available a loan program to their employees. This program, depending on the option elected by the employer, allows a participant to borrow from their account balance subject to limitations imposed by federal law. The balance in the participant's account secures the loans. The rate of interest for the term of the loan is established as of the loan date and shall bear interest rates comparable to the rates of interest in effect at a major banking institution (the Barron's Prime Rate plus one percent). Loan repayments of principal and interest are credited to participants' accounts. A one-time setup fee and an annual maintenance fee is charged to participant accounts. Loan defaults are classified as withdrawals and treated as taxable distributions. Participants should refer to their respective SPD for more complete information. As of December 31, 2022, participant loans have maturities through 2046 at interest rates ranging from 4.25 percent to 10 percent.

### **Payment of Benefits**

A participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in their account or a portion of their account, subject to limitations imposed by federal law or options elected by the participating employer. Participants should refer to their respective SPD for more information.

Participants are also eligible to make hardship withdrawals from their accounts in the event of certain financial hardships. In order to determine if a hardship exists, the Plan uses the facts and circumstances test as permitted by Internal Revenue Service ("IRS") regulations.

### **Transfers**

Transfers into the Plan represent participant accounts related to new employers coming into the Plan and transfers out of the Plan represent monies related to participant accounts whose employers are leaving the Plan.

# **PENTEGRA DEFINED CONTRIBUTION PLAN FOR FINANCIAL INSTITUTIONS**

## **Notes to Financial Statements**

**December 31, 2022 and 2021**

**(Amounts in thousands)**

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### **Forfeited Accounts**

When participants terminate employment, the non-vested portion of the participant's account as defined by the Plan, represents a forfeiture. The Plan document permits the use of forfeitures to reduce future employer contributions, offset plan administrative expenses or be reallocated among eligible participants for the Plan year. However, if a participant is reemployed and fulfills certain requirements, as defined in the Plan document, the account will be reinstated. At December 31, 2022 and 2021, forfeitures totaled \$1,095 and \$1,066, respectively. During the year ended December 31, 2022, forfeitures of \$865 were used to offset employer contributions or allocated to eligible participants and \$48 were used to offset administrative fees.

## **2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

### **Basis of Accounting**

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

### **Cash**

The Plan's cash is in noninterest-bearing checking accounts that are used to process client activity, outside vendor transactions and administrative expenses. The Plan maintains deposits with high quality institutions in amounts that are in excess of the Federal Deposit Insurance Corporation limits of \$250; however, the Plan has not experienced any losses in such accounts and does not believe it is exposed to any significant credit risk.

### **Use of Estimates**

The preparation of financial statements in conformity with U.S. GAAP requires plan management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

### **Risk and Uncertainties**

The Plan provides various investment options to its participants. Investment securities in general are exposed to various risks, such as interest rate, credit risk and overall market volatility. Due to the level of risk associated with a majority of the investment options, management believes it is reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect participants' account balances, the amounts reported in the statements of net assets available for benefits, and the related notes to the financial statements (Note 3).

# **PENTEGRA DEFINED CONTRIBUTION PLAN FOR FINANCIAL INSTITUTIONS**

## **Notes to Financial Statements**

**December 31, 2022 and 2021**

**(Amounts in thousands)**

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### **Income Recognition**

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividend income is recorded on the ex-dividend date.

Asset based fees charged to the Plan include fees for recordkeeping and administrative services, trustee and custodial services and investment management expenses, and are reflected as component of net investment loss on the Statement of Changes in Net Assets Available for Benefits.

Realized gains or losses on investment transactions are recorded as the difference between proceeds received and cost. Cost is generally determined on the average cost basis for CCTs and the identified cost method for the mutual funds. Net appreciation or depreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

### **Investment Valuation**

The Plan's investments are stated at fair value. Fair value of a financial instrument 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. A more detailed description of the individual types of securities and fair value measurement methods can be found in Note 3.

### **Notes Receivable from Participants**

Notes receivable from participants are measured at their unpaid principal balances plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when incurred. No allowance for credit losses has been recorded as of December 31, 2022 and 2021. In accordance with IRS regulations, if a repayment is missed, the loan is treated as a distribution at the end of the quarter following the quarter in which the repayment was missed.

### **Administrative Income**

Administrative income includes asset-based fees, flat base fees, per participant fees and transactional fees that are charged to employers or participants and are used to pay for administrative expenses of the Plan.

### **Administrative Expenses**

Total administrative expenses include administrative fees, professional fees, transactional fees and board of director expenses that are paid by the Plan or charged against the Plan's assets.

# **PENTEGRA DEFINED CONTRIBUTION PLAN FOR FINANCIAL INSTITUTIONS**

## **Notes to Financial Statements**

**December 31, 2022 and 2021**

**(Amounts in thousands)**

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To the extent the amount of total administrative expense is greater or less than total collections, such amount is recorded as a deferred liability and is included in other liabilities in the Statements of Net Assets Available for Benefits. The net deferred liability at December 31, 2022 and 2021 was \$1,282 and \$1,335, respectively, which is adequately covered by a portion of the \$1,492 and \$1,461 as of December 31, 2022 and 2021, respectively, held by the Plan for liquidity purposes as discussed in the investments caption in Note 1 and available cash.

Fiduciary liability insurance premiums aggregating \$258 and board of director fees aggregating \$108 in 2022 were billed directly to and paid by participating employers and are not reflected in the Plan's financial statements.

### **Payment of Benefits**

Benefit payments to participants are recorded upon distribution.

### **3. FAIR VALUE MEASUREMENTS**

ASC 820, Fair Value Measurements and Disclosures, provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value, as follows: Level 1, which refers to securities valued using unadjusted quoted prices from active markets for identical assets; Level 2, which refers to securities not traded on an active market but for which observable market inputs are readily available; and Level 3, which refers to securities valued based on significant unobservable inputs. Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

#### **Asset Valuation Techniques**

Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. There have been no changes in the methodologies used at December 31, 2022 and December 31, 2021.

The following is a description of the valuation methodologies used for assets measured at fair value:

Self-Directed Brokerage Account - Valued at quoted market prices except for the fixed income investments that may be valued using pricing models maximizing the use of observable inputs for similar securities. The Self-Directed Brokerage Account consists common stocks, mutual funds and fixed income investments.

Mutual Funds - Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the

# PENTEGRA DEFINED CONTRIBUTION PLAN FOR FINANCIAL INSTITUTIONS

## Notes to Financial Statements

December 31, 2022 and 2021

(Amounts in thousands)

Securities and Exchange Commission. The funds are required to publish their daily NAV and to transact at that price.

Cash Series U.S. Government Fund - The Cash Series U.S. Government Fund invests in U.S. government securities and in repurchase agreements collateralized by U.S. government securities. NAV is a readily determinable fair value and is the basis for current transactions. Participant transactions (Purchases and Sales) may occur daily.

Common/Collective Trust Funds - Valued at NAV of units of the bank collective trust. NAV is a readily determinable fair value and is the basis for current transactions. Participant transactions (Purchases and Sales) may occur daily.

The following tables set forth by level within the fair value hierarchy a summary of the Plan's investments measured at fair value on a recurring basis at December 31, 2022 and 2021.

|                                  | Quoted Prices<br>in Active<br>Markets<br>for Identical<br>Assets<br>(Level 1) | Significant<br>Other<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Unobservable<br>Inputs<br>(Level 3) | 2022<br>Total       |
|----------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------|---------------------|
| Self-directed brokerage account  | \$ 5,338                                                                      | \$ 193                                                    | \$ -                                               | \$ 5,531            |
| Common/collective trust funds    | -                                                                             | 1,921,906                                                 | -                                                  | 1,921,906           |
| Mutual funds                     | 99,594                                                                        | -                                                         | -                                                  | 99,594              |
| Cash series, U.S government fund | -                                                                             | 49,958                                                    | -                                                  | 49,958              |
| Investments, at fair value       | <u>\$ 104,932</u>                                                             | <u>\$ 1,972,057</u>                                       | <u>\$ -</u>                                        | <u>\$ 2,076,989</u> |

|                                  | Quoted Prices<br>in Active<br>Markets<br>for Identical<br>Assets<br>(Level 1) | Significant<br>Other<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Unobservable<br>Inputs<br>(Level 3) | 2021<br>Total       |
|----------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------|---------------------|
| Self-directed brokerage account  | \$ 7,240                                                                      | \$ 92                                                     | \$ -                                               | \$ 7,332            |
| Common/collective trust funds    | -                                                                             | 2,369,157                                                 | -                                                  | 2,369,157           |
| Mutual funds                     | 141,991                                                                       | -                                                         | -                                                  | 141,991             |
| Cash series, U.S government fund | -                                                                             | 49,537                                                    | -                                                  | 49,537              |
| Investments, at fair value       | <u>\$ 149,231</u>                                                             | <u>\$ 2,418,786</u>                                       | <u>\$ -</u>                                        | <u>\$ 2,568,017</u> |

# **PENTEGRA DEFINED CONTRIBUTION PLAN FOR FINANCIAL INSTITUTIONS**

## **Notes to Financial Statements**

**December 31, 2022 and 2021**

**(Amounts in thousands)**

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### **Transfers Between Levels**

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the Plan's policy is to recognize significant transfers between levels at the beginning of the reporting period.

We evaluate the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2022 and 2021, there were no transfers between levels.

### **Securities Lending**

There are no direct securities lending by the Plan; however certain investment funds permit securities lending. Should there be a default on loaned securities, the funds are generally reimbursed for the amount of the default. In certain market circumstances, there is the possibility that the funds may impose withdrawal restrictions. As of December 31, 2022 and 2021, there were no withdrawal restrictions. In addition, there were no losses allocated to participants as a result of the loss of collateral with respect to securities lending programs as of and for the years ended December 31, 2022 and 2021.

## **4. EXEMPT PARTIES-IN-INTEREST TRANSACTIONS**

The Board is comprised of executive officers of participating employers in the Plan and as such are participants in the Plan. Pentegra Services Inc. ("PSI"), a participating employer in the Plan, entered into a five-year service agreement effective May 1, 2007 whereby PSI provides administrative services to the Plan. This agreement outlines the fees that PSI charges the Plan and as such, the Plan and PSI are related parties. The agreement has remained in effect pursuant to automatic one-year renewals. PSI and the Plan entered into a new five-year service agreement effective as of December 1, 2018. For the year ended December 31, 2022, the Plan incurred \$10,147 in administrative expenses charged by PSI.

## **5. PLAN TERMINATION**

The Board shall have the right to amend or terminate the Plan or trust agreement subject to the provisions set forth in ERISA, at any time in whole or in part, for any reason, and without the consent of any participating employer or participant, and each employer by its adoption of the Plan and trust agreement shall be deemed to have delegated this authority to the Board. No amendment, however, shall impair such rights of payment as the participant would have had, if such amendment had not been made, with respect

# **PENTEGRA DEFINED CONTRIBUTION PLAN FOR FINANCIAL INSTITUTIONS**

## **Notes to Financial Statements**

**December 31, 2022 and 2021**

**(Amounts in thousands)**

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to contributions made by them or on their behalf to the Plan. The Board of each participating employer reserves the right at any time, at its sole discretion, to terminate participation by that participating employer, subject to the provisions of ERISA.

### **6. FEDERAL INCOME TAX STATUS**

The IRS has determined and informed the Plan by letter dated November 14, 2014 that the Plan and related trust are designed in accordance with the applicable regulations of the IRC. It is the view of the Plan administrator and the Plan's counsel that the Plan continues to be designed and operated in compliance with the applicable requirements of the IRC and the Plan and related trust continue to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP requires 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, 2022 and 2021, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. Therefore, no provision for income taxes has been included in the Plan's financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

### **7. LITIGATION**

The Plan is periodically subject to various claims and legal proceedings covering matters that arise in the ordinary course of its administrative activities. The plan is also currently subject to excessive fee litigation. Management believes that the final resolution of these matters will not have a materially adverse effect on the net assets available for benefits or changes in net assets available for benefits of the Plan.

### **8. SUBSEQUENT EVENTS**

The Plan evaluated for disclosure any subsequent events through September 18, 2023, the date the financial statements were available to be issued, and determined there were no material events that warrant disclosure.

## **SUPPLEMENTAL SCHEDULE**

# PENTEGRA DEFINED CONTRIBUTION PLAN FOR FINANCIAL INSTITUTIONS

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)  
December 31, 2022

| (a) | (b)<br>Identity of Issuer, Borrower,<br>Lessor or Similar Party | (c)<br>Description of Investment, Including<br>Maturity Date, Rate of Interest,<br>Collateral par, or Maturity Value | (d)<br>Cost | (e)<br>Current Value |
|-----|-----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------|----------------------|
| *   | Reliance Trust Company                                          | Stable Value Fund, MetLife Series 25053 CL 0                                                                         | **          | \$ 325,422,070       |
|     | State Street Global Advisors                                    | S&P 500 (R) Indx NL SF CL A                                                                                          | **          | 323,346,278          |
|     | State Street Global Advisors                                    | S&P Midcap (R) Indx NL SF CL A                                                                                       | **          | 164,570,127          |
|     | State Street Global Advisors                                    | Russell Large Cap Growth R Indx SL SF                                                                                | **          | 104,596,300          |
|     | State Street Global Advisors                                    | NASDAQ 100 Indx (R) NL SF CL A                                                                                       | **          | 100,299,198          |
|     | State Street Global Advisors                                    | Target Retirement 2035 NL SF CL A                                                                                    | **          | 90,804,194           |
|     | State Street Global Advisors                                    | Intl Indx NL SF CL A                                                                                                 | **          | 83,239,067           |
|     | State Street Global Advisors                                    | Moderate Strategic Balanced SL Fund                                                                                  | **          | 81,461,740           |
|     | State Street Global Advisors                                    | Aggressive Strategic Balanced SL Fund                                                                                | **          | 76,270,510           |
|     | State Street Global Advisors                                    | Russell Small Cap (R) Indx NL SF CL A                                                                                | **          | 64,862,837           |
|     | State Street Global Advisors                                    | Target Retirement 2025 NL SF CL A                                                                                    | **          | 62,859,969           |
|     | State Street Global Advisors                                    | Russell Large Cap Value R Indx SL SF                                                                                 | **          | 54,722,058           |
|     | State Street Global Advisors                                    | Target Retirement 2030 NL SF CL A                                                                                    | **          | 53,807,883           |
|     | State Street Global Advisors                                    | Target Retirement 2050 NL SF CL A                                                                                    | **          | 50,119,742           |
|     | State Street Global Advisors                                    | Conservative Strategic Balanced SL Fund                                                                              | **          | 48,133,387           |
|     | State Street Global Advisors                                    | Target Retirement 2055 NL SF CL A                                                                                    | **          | 35,599,834           |
|     | State Street Global Advisors                                    | Target Retirement 2020 NL SF CL A                                                                                    | **          | 32,879,942           |
|     | State Street Global Advisors                                    | US Bond Indx NL SF CL A                                                                                              | **          | 28,579,021           |
|     | State Street Global Advisors                                    | Target Retirement 2040 NL SF CL A                                                                                    | **          | 27,840,072           |
|     | State Street Global Advisors                                    | REIT Index NL SF CL A                                                                                                | **          | 24,799,767           |
|     | State Street Global Advisors                                    | Target Retirement 2045 NL SF CL A                                                                                    | **          | 19,232,867           |
|     | State Street Global Advisors                                    | US Inflation Pro Bond Indx NL SF CL A                                                                                | **          | 19,152,723           |
|     | State Street Global Advisors                                    | US Long Treasury Indx NL SF CL A                                                                                     | **          | 18,992,187           |
|     | State Street Global Advisors                                    | Target Retirement 2060 NL SF CL A                                                                                    | **          | 15,152,155           |
|     | State Street Global Advisors                                    | Target Retirement Income NL SF CL A                                                                                  | **          | 13,009,262           |
|     | State Street Global Advisors                                    | Target Retirement 2065 NL SF CL A                                                                                    | **          | <u>2,152,342</u>     |
|     | Total investments in common collective trust funds              |                                                                                                                      |             | <u>1,921,905,532</u> |
|     | T. Rowe                                                         | T.Rowe Blue Chip Growth Fund I                                                                                       | **          | 29,555,101           |
|     | American Funds                                                  | American Funds EuroPacific Growth Fund R6                                                                            | **          | 17,982,126           |
|     | American Beacon Funds                                           | American Beacon Large Cap Value Fund Institutional R6                                                                | **          | 15,212,404           |
|     | Principal Global Investors                                      | Principal Midcap Fund R-6                                                                                            | **          | 11,470,108           |
|     | Dodge and Cox                                                   | Dodge and Cox Income Fund                                                                                            | **          | 9,056,144            |
|     | MFS                                                             | MFS Massachusetts Investors Fund R6                                                                                  | **          | 8,306,405            |
|     | BlackRock Advisors, LLC                                         | Blackrock Advantage Small Cap Core K                                                                                 | **          | <u>8,011,874</u>     |
|     | Total investments in mutual funds                               |                                                                                                                      |             | <u>99,594,162</u>    |

See accompanying Independent Auditors' Report.

# **PENTEGRA DEFINED CONTRIBUTION PLAN FOR FINANCIAL INSTITUTIONS**

**Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)**  
**December 31, 2022**

| (a) | (b)<br>Identity of Issuer, Borrower,<br>Lessor or Similar Party | (c)<br>Description of Investment, Including<br>Maturity Date, Rate of Interest,<br>Collateral par, or Maturity Value | (d)<br>Cost | (e)<br>Current Value    |
|-----|-----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------|-------------------------|
|     | Charles Schwab and Company Inc.                                 | Self Directed Brokerage Account                                                                                      | **          | \$ 5,531,894            |
|     | State Street Global Advisors                                    | Cash Series US Government Fund                                                                                       | **          | <u>49,957,558</u>       |
|     | Total Investments                                               |                                                                                                                      |             | <u>\$ 2,076,989,146</u> |
| *   | Notes Receivable from participants                              | Loans - interest rates 4.25% to 10%, maturity dates 2022 through 2046                                                | **          | <u>\$ 29,170,635</u>    |

\* Party-in-interest.

\*\* Cost information not required for participant directed investments.

*See accompanying Independent Auditors' Report.*

**PENTEGRA DEFINED CONTRIBUTION PLAN FOR FINANCIAL INSTITUTIONS****Employer ID No.: 13-6321489****Plan No.: 333****FORM 5500****Multiple-Employer Plan Participating Employer****FOR THE YEAR ENDED DECEMBER 31, 2022**

| Row Labels | Plan Name                               | Plan EIN   | Percentage of<br>Total Contributions |
|------------|-----------------------------------------|------------|--------------------------------------|
| M00        | FEDERAL HOME LOAN BANK OF BOSTON        | 04-6002575 | 3.30%                                |
| M19        | FOXBORO FEDERAL SAVINGS                 | 04-1339492 | 0.11%                                |
| M25        | MILFORD FEDERAL SAVINGS & LOAN ASSOC    | 04-1620675 | 0.42%                                |
| M32        | WINDSOR FEDERAL SAVINGS & LOAN ASSOC    | 06-0592775 | 0.92%                                |
| M41        | WINTER HILL BANK                        | 04-1980523 | 0.29%                                |
| M47        | AROOSTOOK COUNTY FS & LA                | 01-0021085 | 0.17%                                |
| M52        | WEBSTER FIRST FEDERAL CREDIT UNION      | 04-1953450 | 1.08%                                |
| M53        | NORTHFIELD SAVINGS BANK                 | 03-0145560 | 1.41%                                |
| M54        | SHARON CREDIT UNION                     | 04-2391206 | 1.52%                                |
| M56        | NEW HAMPSHIRE MUTUAL BANCORP            | 46-1671704 | 3.25%                                |
| N00        | FEDERAL HOME LOAN BANK OF NEW YORK      | 13-6400946 | 6.17%                                |
| N01        | PENTEGRA RETIREMENT SERVICES            | 13-6321489 | 2.60%                                |
| N03        | FIRST FS & LA OF MIDDLETOWN             | 14-0757620 | 0.11%                                |
| N05        | FRANKLIN BANK                           | 21-0454410 | 0.31%                                |
| N21        | NVE BANK                                | 22-0892830 | 0.27%                                |
| N33        | MARINER'S BANK                          | 22-3715369 | 0.06%                                |
| N34        | MASSENA SAVINGS & LOAN ASSOC            | 15-0379920 | 0.08%                                |
| N36        | MILLVILLE SAVINGS & LOAN ASSOC.         | 21-0515339 | 0.14%                                |
| N39        | 1ST BANK OF SEA ISLE CITY               | 21-0624164 | 0.30%                                |
| N42        | JEFF BANK                               | 14-0779859 | 0.65%                                |
| N45        | SCHUYLER SAVINGS BANK                   | 22-1267395 | 0.11%                                |
| N46        | CARTHAGE FEDERAL SAVINGS AND LOAN ASSOC | 15-0263165 | 0.26%                                |
| N48        | FIRST SOURCE FEDERAL CREDIT UNION       | 15-0535531 | 1.25%                                |
| O08        | UNITED SAVINGS BANK                     | 23-0791885 | 0.19%                                |
| O16        | HUNTINGDON SAVINGS BANK PASA            | 23-1621575 | 0.03%                                |
| O17        | PA ASSOC OF COMMUNITY BANKERS           | 25-1672295 | 0.03%                                |
| O27        | SLOVENIAN S & LA ASSOC. OF CANONSBURG   | 25-0801560 | 0.08%                                |
| O29        | cfsbank                                 | 25-0400413 | 0.58%                                |
| O44        | FLEETWOOD BANK                          | 23-0586213 | 0.20%                                |
| O46        | GREENVILLE SAVINGS BANK                 | 25-0361790 | 0.22%                                |
| O50        | C&G SAVINGS BANK                        | 23-0485486 | 0.33%                                |
| O52        | FIRST UNITED NATIONAL BANK              | 25-0494045 | 0.26%                                |
| O53        | FIRST FEDERAL SVGS & LN ASSN GREENE CTY | 25-0523055 | 0.28%                                |
| O55        | Putnam County Bank                      | 55-0662270 | 0.27%                                |
| O56        | JONESTOWN BANK & TRUST CO.              | 23-0739565 | 0.91%                                |
| O57        | ATLANTIC COMMUNITY BANKERS BANK         | 23-2217734 | 0.80%                                |
| O59        | Sharon Bank                             | 23-1075613 | 0.23%                                |
| P04        | OFFICE OF FINANCE FHLB                  | 13-6400979 | 2.55%                                |
| P21        | SECURITY FEDERAL BANK                   | 57-0113015 | 1.17%                                |
| P22        | HOMEWOOD FEDERAL SAVINGS BANK           | 52-0736512 | 0.03%                                |
| P42        | FIRST SAVINGS & LOAN ASSOC. OF MEBANE   | 56-0319795 | 0.03%                                |

|     |                                          |            |       |
|-----|------------------------------------------|------------|-------|
| P51 | COUNCIL OF FEDERAL HOME LOAN BANKS       | 54-1877922 | 0.09% |
| P70 | WAKE FOREST FEDERAL SAVINGS & LOAN ASSOC | 56-0440967 | 0.17% |
| P73 | THE CLAXTON BANK                         | 58-0196521 | 0.09% |
| P74 | TARBORO SAVINGS BANK, SSB                | 56-0424070 | 0.04% |
| P88 | ABBEVILLE FIRST BANK, SSB                | 57-0130830 | 0.10% |
| P97 | THE PEOPLES BANK                         | 58-0643381 | 0.07% |
| PA2 | FRIEND BANK                              | 63-0191010 | 0.14% |
| PA5 | CITIZENS BANK AND TRUST COMPANY          | 54-0169450 | 0.37% |
| PB6 | STATE DEPARTMENT FEDERAL CREDIT UNION    | 53-0197045 | 2.01% |
| PC2 | Belmont Federal Savings and              | 56-0138905 | 0.08% |
| PC9 | JETSTREAM FEDERAL CREDIT UNION           | 59-0663622 | 0.27% |
| PD3 | COMMERCE NATIONAL BANK & TRUST           | 16-1635422 | 0.21% |
| PD8 | COASTAL BANK & TRUST                     | 26-3754431 | 0.24% |
| PD9 | LIBRARY OF CONGRESS                      | 53-0201233 | 0.15% |
| PE3 | PACIFIC NATIONAL BANK                    | 59-2437764 | 0.69% |
| PE5 | MEMBER ONE FEDERAL CREDIT UNION          | 54-0526784 | 1.61% |
| PE6 | WASHINGTON GAS LIGHT                     | 53-0201511 | 0.15% |
| PE7 | LATINO COMMUNITY CREDIT UNION            | 56-2180770 | 0.83% |
| PE8 | SURREY BANK & TRUST                      | 56-6466868 | 0.36% |
| PF3 | First Carolina Bank                      | 20-0967347 | 1.04% |
| PF4 | Brannen Banks of Florida, Inc.           | 59-2067268 | 0.32% |
| PF7 | Beacon Community Bank                    | 82-3377473 | 0.33% |
| PF9 | Trivergent Trust Company, LLC            | 83-2278869 | 0.15% |
| PG1 | Dogwood State Bank                       | 31-1763452 | 1.22% |
| Q17 | GREENVILLE FEDERAL                       | 34-4249480 | 0.27% |
| Q24 | HOME SAVINGS BANK OF WAPAKONETA          | 34-4264429 | 0.05% |
| Q28 | GREENEVILLE FEDERAL BANK, FSB            | 62-0634326 | 0.23% |
| Q42 | FIRST FEDERAL SAVINGS & LOAN             | 34-0347710 | 0.32% |
| Q43 | VAN WERT FEDERAL SAVINGS BANK            | 34-4382025 | 0.14% |
| Q44 | FIRST FEDERAL S&L ASSOCIATION OF DELTA   | 34-4233110 | 0.13% |
| Q47 | FARMERS & MERCHANTS BANK                 | 31-1038216 | 0.31% |
| Q49 | WHITAKER BANK CORPORATION OF KENTUCKY    | 61-1208135 | 1.64% |
| Q53 | OHIO BANKERS LEAGUE                      | 31-0916384 | 0.06% |
| Q58 | BANK OF MAGNOLIA                         | 34-0083490 | 0.06% |
| Q60 | THE ROCKHOLD, BROWN & COMPANY BANK       | 31-4351147 | 0.06% |
| Q64 | TNCONNECT CREDIT UNION                   | 62-0262707 | 0.11% |
| Q65 | LCNB CORPORATION                         | 13-1564588 | 1.69% |
| Q66 | FAIRFIELD FEDERAL SAVINGS & LOAN         | 31-4176480 | 0.22% |
| Q70 | BANK OF RIPLEY                           | 62-0340125 | 0.38% |
| Q71 | Citizens Bank of Kentucky, Inc.          | 61-0335030 | 0.52% |
| Q72 | The Peoples Savings Bank                 | 34-4327700 | 0.07% |
| Q73 | Peoples Savings And Loan Company         | 34-4327660 | 0.00% |
| R02 | EATON FEDERAL SAVINGS BANK               | 38-0414093 | 0.41% |
| R16 | FIRST FEDERAL SAVINGS BANK               | 35-1116773 | 0.90% |
| R44 | RICHMOND MUTUAL BANCORPORATION           | 35-0309830 | 0.79% |
| R49 | FARMERS & MECHANICS FS&LA                | 35-0303170 | 0.09% |
| R53 | OLD MISSION BANK                         | 38-3489563 | 0.12% |
| R56 | American Community Bank of Indiana       | 35-0144969 | 0.18% |
| R58 | EXCHANGE STATE BANK                      | 38-0526280 | 0.18% |
| R59 | ISABELLA BANK CORPORATION                | 38-3568210 | 1.88% |
| R60 | OWEN COUNTY STATE BANK                   | 35-0564480 | 0.38% |
| R61 | HILLSDALE COUNTY NATIONAL BANK           | 38-0650660 | 2.16% |
| R62 | ELEMENTS FINANCIAL FEDERAL CREDIT UNION  | 35-6022541 | 2.12% |

|     |                                            |            |       |
|-----|--------------------------------------------|------------|-------|
| R64 | Fort Financial Federal Credit Union        | 35-0868966 | 0.08% |
| S04 | GREAT MIDWEST BANK                         | 39-0476365 | 0.78% |
| S21 | BEARDSTOWN SAVINGS, SB                     | 37-0170560 | 0.04% |
| S22 | HOYNE SAVINGS BANK                         | 36-1241755 | 0.34% |
| S24 | GUARDIAN SAVINGS BANK                      | 37-0533190 | 0.01% |
| S25 | LIBERTY BANK FOR SAVINGS                   | 36-1385954 | 0.67% |
| S26 | SECURITY BANK, s.b.                        | 37-0509011 | 0.13% |
| S28 | ILLINOIS SERVICE F S & L A                 | 36-1255545 | 0.01% |
| S33 | CENTRAL FEDERAL SAVINGS & LOAN ASSOC.      | 36-0882755 | 0.21% |
| S36 | WEST POINTE BANK                           | 39-1827049 | 0.32% |
| S37 | COMMUNITY SAVINGS BANK                     | 36-0939290 | 0.29% |
| S38 | MUTUAL FEDERAL BANK                        | 36-1776229 | 0.33% |
| S39 | THE FIRST NATIONAL BANK OF RIVER           | 39-0280840 | 0.66% |
| S42 | Time Federal Savings Bank                  | 39-0462655 | 0.67% |
| S43 | West Town Bank & Trust                     | 36-1950478 | 1.15% |
| T13 | VIKING SAVINGS BANK                        | 41-1368205 | 0.27% |
| T27 | NEW ERA BANK                               | 43-0432620 | 0.32% |
| T31 | EXCHANGE STATE BANK                        | 42-0239000 | 0.21% |
| T33 | KEARNEY TRUST COMPANY                      | 44-0310650 | 0.21% |
| T37 | BANCSTAR, INC.                             | 43-1261607 | 0.11% |
| T38 | SERVICE FIRST FEDERAL CREDIT UNION         | 46-0224713 | 0.21% |
| T39 | HEARTLAND BANK                             | 42-0535090 | 0.39% |
| U12 | AMORY FS & LA                              | 64-0113206 | 0.06% |
| U23 | NORTHEAST TEXAS TEACHERS FCU               | 75-1099272 | 0.03% |
| U24 | FIRST FEDERAL BANK OF LOUISIANA            | 72-0401264 | 0.94% |
| U27 | FIRST NATIONAL BANK OF FORT STOCKTON       | 74-1315027 | 0.05% |
| U28 | TEXAS BANKERS ASSOCIATION                  | 74-0602235 | 1.09% |
| U29 | RAYNNE BUILDING & LOAN ASSOC.              | 72-0296215 | 0.05% |
| U30 | FIFTH DISTRICT SAVINGS BANK                | 72-0184630 | 0.49% |
| U31 | CITY NATIONAL BANK                         | 74-0560702 | 0.05% |
| U39 | STATE NATIONAL BANK OF BIG SPRING          | 75-0139735 | 0.37% |
| U41 | EAST TEXAS BANCSHARES, INC.                | 76-0151437 | 0.54% |
| U42 | COMMUNITY BANK HOLDINGS OF TEXAS, INC.     | 75-1652603 | 1.09% |
| U43 | EVANGELINE BANK & TRUST COMPANY            | 72-0180410 | 0.81% |
| U45 | TENSAS STATE BANK                          | 72-0332815 | 0.18% |
| U46 | MERCHANTS & FARMERS BANK & TRUST           | 72-0258810 | 0.32% |
| U47 | STATE EMPLOYEES CREDIT UNION OF            | 85-6010733 | 0.89% |
| U49 | U.S. EAGLE FEDERAL CREDIT UNION            | 85-0102181 | 1.48% |
| U51 | CITIZENS SAVINGS BANK                      | 72-0369226 | 1.02% |
| U52 | FIRST NATIONAL BANK OF LOUISIANA           | 72-0163429 | 0.36% |
| U55 | THE FIRST NATIONAL BANK OF EAGLE LAKE      | 74-0602058 | 0.10% |
| U56 | POWELL STATE BANK                          | 75-0304380 | 0.02% |
| U58 | FALCON INTERNATIONAL BANK                  | 74-2382841 | 0.62% |
| U60 | COMMUNITY BANCSHARES OF MISSISSIPPI        | 64-0606241 | 0.99% |
| U62 | Synergy Bank                               | 72-1433422 | 0.70% |
| U63 | Farmers State Bank & Trust Company         | 72-0358475 | 0.25% |
| U64 | NEW FIRST NATIONAL BANK                    | 74-0606995 | 0.65% |
| U68 | MUENSTER STATE BANK                        | 75-0453080 | 0.12% |
| U69 | Credit Union of Texas                      | 75-0225045 | 1.52% |
| U70 | Progressive Bank                           | 72-0769210 | 0.82% |
| U72 | M C Bank & Trust Co.                       | 72-0465556 | 0.17% |
| U74 | First Federal Savings and Loan Association | 64-0341960 | 0.19% |
| U75 | First State Bank of Texas                  | 77-0625590 | 0.24% |

|             |                                      |            |         |
|-------------|--------------------------------------|------------|---------|
| U77         | First National Bank of Huntsville    | 74-0702223 | 0.34%   |
| V04         | MUTUAL SAVINGS ASSOC                 | 48-0306560 | 0.40%   |
| V05         | SAN LUIS VALLEY FEDERAL BANK         | 84-0312757 | 0.18%   |
| V09         | ARGENTINE FEDERAL SAVINGS            | 48-0123640 | 0.05%   |
| V15         | FIRST FLO CORPORATION                | 84-0725524 | 0.17%   |
| V17         | LINDOE, INC                          | 84-0530210 | 0.13%   |
| V19         | KANSAS BANKERS SERVICES, INC.        | 48-1233705 | 0.30%   |
| V20         | FIRST LIBERTY CAPITAL CORPORATION    | 84-0818995 | 0.05%   |
| V24         | CEDAR SECURITY BANK                  | 47-0672448 | 0.06%   |
| V25         | CHISHOLM TRAIL FINANCIAL CORPORATION | 48-0932878 | 0.18%   |
| V29         | EQUITY BANK                          | 48-0987182 | 3.13%   |
| V31         | Central of Kansas, Inc.              | 48-0938215 | 1.66%   |
| V34         | PBT Bancshares, Inc.                 | 48-1034571 | 1.00%   |
| V35         | Air Academy Federal Credit Union     | 84-0468072 | 0.93%   |
| W02         | SUMMIT STATE BANK                    | 94-2878925 | 1.25%   |
| W09         | SEA WEST COAST GUARD FEDERAL CREDIT  | 94-1480396 | 0.31%   |
| W10         | FRESNO COUNTY FEDERAL CREDIT UNION   | 94-1214416 | 0.86%   |
| W11         | SCE FEDERAL CREDIT UNION             | 95-1766772 | 1.59%   |
| W14         | MONTEREY CREDIT UNION                | 94-6198351 | 0.72%   |
| X10         | BANK OF THE ROCKIES, N.A.            | 81-0135360 | 0.18%   |
| X13         | SALAL CREDIT UNION                   | 91-0593941 | 2.02%   |
| X15         | FIRST NATIONAL BANK OF GILLETTE      | 83-0201987 | 0.39%   |
| X16         | MOUNTAINCREST CREDIT UNION           | 91-0596314 | 0.13%   |
| X17         | TRAILHEAD CREDIT UNION               | 93-0256725 | 0.15%   |
| X18         | IRELAND BANK                         | 82-0132840 | 0.33%   |
| X19         | BIG HORN FEDERAL SAVINGS BANK        | 83-0105255 | 0.42%   |
| X22         | NorthWest Plus Credit Union          | 91-0684272 | 0.27%   |
| Grand Total |                                      |            | 100.00% |

**PENTEGRA DEFINED CONTRIBUTION PLAN FOR FINANCIAL INSTITUTIONS**

**Employer ID No.: 13-6321489**

**Plan No.: 333**

**FORM 5500, SCHEDULE H, PART IV, LINE 5B**

**SCHEDULE OF PLANS TRANSFERRED FROM THIS PLAN TO ANOTHER PLAN(S)**

**JANUARY 1, 2022-DECEMBER 31, 2022**

| <b>5b(1) Name of plan(s)</b>                                                   | <b>5b(2) EIN</b> | <b>5b(3) PN</b> |
|--------------------------------------------------------------------------------|------------------|-----------------|
| Spencer Savings Bank SLA Savings Retirement Plan                               | 22-1296609       | 002             |
| First Bancorp Employees' 401 (k) Savings Plan                                  | 56-1421916       | 001             |
| The Retirement Plan for Michigan Credit Union Employees – 401 (k) Savings Plan | 38-0826778       | 334             |
| Ohio Bankers League 401 (k) Plan                                               | 31-0916384       | 005             |
| Credit Union of Texas 401 (k) Plan                                             | 75-0225045       | 001             |
| M C Bank 401 (k) Retirement Plan                                               | 72-0465556       | 003             |
| First State Bank of Texas Profit Sharing Plan                                  | 74-0625590       | 001             |

FORM 5500, SCHEDULE H, PART IV, LINE 4i  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
AS OF DECEMBER 31, 2022

| 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<br>** | e) Current<br>Value |
|------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------|---------------------|
|                                                            | Reliance Trust Company                                          | Reliance MetLife Stable Value 25053 CL 0                                                                    | **            | \$ 325,422,070      |
|                                                            | State Street Global Advisors                                    | S&P 500 (R) Indx NL SF CL A                                                                                 | **            | 323,346,278         |
|                                                            | State Street Global Advisors                                    | S&P Midcap (R) Indx NL SF CL A                                                                              | **            | 164,570,127         |
|                                                            | State Street Global Advisors                                    | Russell Large Cap Growth Indx NL SF CL A                                                                    | **            | 104,596,300         |
|                                                            | State Street Global Advisors                                    | NASDAQ 100 Indx (R) NL SF CL A                                                                              | **            | 100,299,198         |
|                                                            | State Street Global Advisors                                    | Target Retirement 2035 NL SF CL A                                                                           | **            | 90,804,194          |
|                                                            | State Street Global Advisors                                    | Intl Indx NL SF CL A                                                                                        | **            | 83,239,067          |
|                                                            | State Street Global Advisors                                    | Moderate Strategic Balanced SL Fund                                                                         | **            | 81,461,740          |
|                                                            | State Street Global Advisors                                    | Aggressive Strategic Balanced SL Fund                                                                       | **            | 76,270,510          |
|                                                            | State Street Global Advisors                                    | Russell Small Cap (R) Indx NL SF CL A                                                                       | **            | 64,862,837          |
|                                                            | State Street Global Advisors                                    | Target Retirement 2025 NL SF CL A                                                                           | **            | 62,859,969          |
|                                                            | State Street Global Advisors                                    | Russell Large Cap Value (R) Indx NL SF CL A                                                                 | **            | 54,722,058          |
|                                                            | State Street Global Advisors                                    | Target Retirement 2030 NL SF CL A                                                                           | **            | 53,807,883          |
|                                                            | State Street Global Advisors                                    | Target Retirement 2050 NL SF CL A                                                                           | **            | 50,119,742          |
|                                                            | State Street Global Advisors                                    | Conservative Strategic Balanced SL Fund                                                                     | **            | 48,133,387          |
|                                                            | State Street Global Advisors                                    | Target Retirement 2055 NL SF CL A                                                                           | **            | 35,599,834          |
|                                                            | State Street Global Advisors                                    | Target Retirement 2020 NL SF CL A                                                                           | **            | 32,879,942          |
|                                                            | State Street Global Advisors                                    | U.S. Bond Indx NL SF CL A                                                                                   | **            | 28,579,021          |
|                                                            | State Street Global Advisors                                    | Target Retirement 2040 NL SF CL A                                                                           | **            | 27,840,072          |
|                                                            | State Street Global Advisors                                    | REIT Indx NL SF CL A                                                                                        | **            | 24,799,767          |
|                                                            | State Street Global Advisors                                    | Target Retirement 2045 NL SF CL A                                                                           | **            | 19,232,867          |
|                                                            | State Street Global Advisors                                    | U.S. Inflation Pro Bond Indx NL SF CL A                                                                     | **            | 19,152,723          |
|                                                            | State Street Global Advisors                                    | U.S. Long Treasury Indx NL SF CL A                                                                          | **            | 18,992,187          |
|                                                            | State Street Global Advisors                                    | Target Retirement 2060 NL SF CL A                                                                           | **            | 15,152,155          |
|                                                            | State Street Global Advisors                                    | Target Retirement Income NL SF CL A                                                                         | **            | 13,009,262          |
|                                                            | State Street Global Advisors                                    | Target Retirement 2065 NL SF CL A                                                                           | **            | 2,152,342           |
| Total Investments in Common Collective Trust at Fair Value |                                                                 |                                                                                                             |               | 1,921,905,532       |
|                                                            | T. Rowe                                                         | T.Rowe Blue Chip Growth Fund I                                                                              | **            | 29,555,101          |
|                                                            | American Funds                                                  | American Funds EuroPacific Growth Fund R6                                                                   | **            | 17,982,126          |
|                                                            | American Beacon Funds                                           | American Beacon Large Cap Value Fund Institutional R6                                                       | **            | 15,212,404          |
|                                                            | Principal Global Investors                                      | Principal MidCap Fund R-6                                                                                   | **            | 11,470,108          |
|                                                            | Dodge and Cox                                                   | Dodge & Cox Income Fund                                                                                     | **            | 9,056,144           |
|                                                            | MFS                                                             | MFS Massachusetts Investors Fund R-6                                                                        | **            | 8,306,405           |
|                                                            | BlackRock Advisors, LLC                                         | Blackrock Advantage Small Cap Core K                                                                        | **            | 8,011,874           |
| Total Investments in Mutual Funds at Fair Value            |                                                                 |                                                                                                             |               | 99,594,162          |
|                                                            | State Street Global Advisors                                    | Cash Series US Government Fund                                                                              | **            | 49,957,558          |
|                                                            | Charles Schwab and Company, Inc.                                | Self Directed Brokerage Account                                                                             | **            | 5,531,894           |
| Total Investments at Fair Value                            |                                                                 |                                                                                                             |               | 2,076,989,146       |
| * Loans to Participants                                    | Loans - Interest Rates 4.25% to 10%, Maturity Date 2022 to 2046 |                                                                                                             |               | 29,170,635          |
| Total                                                      |                                                                 |                                                                                                             |               | \$ 2,106,159,781    |

\* Party - In - Interest

\*\*Cost information not provided non - participant directed investments