| Form 5500 | Annual Return/Report of Employee Benefit Plan | OMB Nos. 1210-0110 1210-0089 |
|---|---|---|
| Department of the Treasury Internal Revenue Service<br>Department of Labor Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | 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>▶ **Complete all entries in accordance with the instructions to the Form 5500.** | **2022**<br>**This Form is Open to Public Inspection** |

## Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

**A** This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [x] a single-employer plan
- [ ] a DFE (specify) ____

**B** This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

**D** Check box if filing under:
- [x] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
KINECTA FEDERAL CREDIT UNION 401(K) AND PROFIT SHARING PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 01/01/1999

**2a** Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
KINECTA FEDERAL CREDIT UNION

1440 ROSECRANS AVENUE
MANHATTAN BEACH, CA 90266

**2b** Employer Identification Number (EIN) 95-6038909

**2c** Plan Sponsor's telephone number 310-643-5415

**2d** Business code (see instructions) 522130

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/10/2023 | ELYSE NICHOLLS |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

| | | |
|---|---|---|
| **3a** Plan administrator's name and address [X] Same as Plan Sponsor | **3b** Administrator's EIN | |
| | **3c** Administrator's telephone number | |
| **4** 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>**a** Sponsor's name<br>**c** Plan Name | **4b** EIN<br>**4d** PN | |
| **5** Total number of participants at the beginning of the plan year | **5** | 1282 |
| **6** Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** Total number of active participants at the beginning of the plan year | **6a(1)** | 890 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 863 |
| **b** Retired or separated participants receiving benefits | **6b** | 25 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 388 |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c** | **6d** | 1276 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** Total. Add lines **6d** and **6e**. | **6f** | 1276 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 1257 |
| **h** Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 0 |
| **7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2G 2J 2K 2S 2T 3D 3H

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

**9a** Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [ ] Trust
- **(4)** [ ] General assets of the sponsor

**9b** Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [ ] Trust
- **(4)** [ ] General assets of the sponsor

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

**b General Schedules**

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (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_____

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

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

**A** Name of plan
KINECTA FEDERAL CREDIT UNION 401(K) AND PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
KINECTA FEDERAL CREDIT UNION

**D** Employer Identification Number (EIN)
95-6038909

## Part I Service Provider Information (see instructions)

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)** 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)

EMPOWER ANNUITY INSURANCE COMPANY O

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 64 | RECORDKEEPER | 138078 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [X] No [ ] |

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

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

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

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

## Part I Service Provider Information (continued)

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

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| | |

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

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

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

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

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

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

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

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

## Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

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

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

**A** Name of plan
KINECTA FEDERAL CREDIT UNION 401(K) AND PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
KINECTA FEDERAL CREDIT UNION

**D** Employer Identification Number (EIN)
95-6038909

## Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

**a** Name of MTIA, CCT, PSA, or 103-12 IE: NT ACWI EX-US IMI-DC-NL-TIER 3
**b** Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENTS CITS
**c** EIN-PN 45-6138589-223 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 968444

**a** Name of MTIA, CCT, PSA, or 103-12 IE: NT AGGREGATE BOND INDEX NL-TIER 3
**b** Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENTS CITS
**c** EIN-PN 45-6138589-088 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1318925

**a** Name of MTIA, CCT, PSA, or 103-12 IE: MORLEY STABLE VALUE FUND
**b** Name of sponsor of entity listed in (a): UNION BANK & TRUST COMPANY
**c** EIN-PN 93-6274829-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5929526

**a** Name of MTIA, CCT, PSA, or 103-12 IE: MFS LARGE CAP VALUE CIT CL CT
**b** Name of sponsor of entity listed in (a): AST WILMINGTON TRUST
**c** EIN-PN 38-7275332-781 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3015161

**a** Name of MTIA, CCT, PSA, or 103-12 IE: NT EXTENDED EQUITY MKT INDEX NL-TIE
**b** Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENTS CITS
**c** EIN-PN 45-6138589-110 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2389963

**a** Name of MTIA, CCT, PSA, or 103-12 IE: NT S&P 500 INDEX NL-TIER 3
**b** Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENTS CITS
**c** EIN-PN 45-6138589-002 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7710075

**a** Name of MTIA, CCT, PSA, or 103-12 IE: EAGLE MID CAP GROWTH CIT CLASS 1
**b** Name of sponsor of entity listed in (a): CARILLON FUNDS
**c** EIN-PN 83-0524193-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2094825

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

## 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 plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

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**b** Name of plan sponsor

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**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

**a** Plan name

**b** Name of plan sponsor

**c** EIN-PN

| SCHEDULE H (Form 5500) | Financial Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury Internal Revenue Service<br>Department of Labor Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | 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>▶ **File as an attachment to Form 5500.** | **2022**<br>**This Form is Open to Public Inspection** |

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

**A** Name of plan
KINECTA FEDERAL CREDIT UNION 401(K) AND PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
KINECTA FEDERAL CREDIT UNION

**D** Employer Identification Number (EIN)
95-6038909

## Part I Asset and Liability Statement

**1** 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. **Round off amounts to the nearest dollar.** 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 |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | 14784 | 18960 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 0 | 0 |
| **(2)** Participant contributions | 1b(2) | 0 | 0 |
| **(3)** Other | 1b(3) | 0 | 0 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 0 | 0 |
| **(2)** U.S. Government securities | 1c(2) | 0 | 0 |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | 0 | 0 |
| **(B)** All other | 1c(3)(B) | 0 | 0 |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | 0 | 0 |
| **(B)** Common | 1c(4)(B) | 0 | 0 |
| **(5)** Partnership/joint venture interests | 1c(5) | 0 | 0 |
| **(6)** Real estate (other than employer real property) | 1c(6) | 0 | 0 |
| **(7)** Loans (other than to participants) | 1c(7) | 0 | 0 |
| **(8)** Participant loans | 1c(8) | 2756492 | 2683787 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 20995426 | 23426919 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | 0 | 0 |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | 0 | 0 |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 108480321 | 80597202 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | 0 | 0 |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | 0 | 0 |
| **(2)** Employer real property | 1d(2) | 0 | 0 |
| **e** Buildings and other property used in plan operation | 1e | 0 | 0 |
| **f** Total assets (add all amounts in lines 1a through 1e) | 1f | 132247023 | 106726868 |
| **Liabilities** | | | |
| **g** Benefit claims payable | 1g | 0 | 0 |
| **h** Operating payables | 1h | | |
| **i** Acquisition indebtedness | 1i | 0 | 0 |
| **j** Other liabilities | 1j | 0 | 0 |
| **k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| **Net Assets** | | | |
| **l** Net assets (subtract line 1k from line 1f) | 1l | 132247023 | 106726868 |

## 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 |
|---|---|---|---|
| **a Contributions:** | | | |
| **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | 2862890 | |
| **(B)** Participants | 2a(1)(B) | 6645932 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 552191 | |
| **(2)** Noncash contributions | 2a(2) | 0 | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 10061013 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 0 | |
| **(B)** U.S. Government securities | 2b(1)(B) | 0 | |
| **(C)** Corporate debt instruments | 2b(1)(C) | 0 | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | 0 | |
| **(E)** Participant loans | 2b(1)(E) | 126839 | |
| **(F)** Other | 2b(1)(F) | 0 | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 126839 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | 0 | |
| **(B)** Common stock | 2b(2)(B) | 0 | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 3540811 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 3540811 |
| **(3)** Rents | 2b(3) | | 0 |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 0 | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | 0 | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | 0 | |
| **(B)** Other | 2b(5)(B) | 0 | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | -2857999 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | 0 |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | 0 |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | 0 |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | -23332193 |
| c Other income | 2c | | 0 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | -12461529 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 12833907 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | 0 | |
| (3) Other | 2e(3) | 0 | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 12833907 |
| f Corrective distributions (see instructions) | 2f | | 6164 |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | 80477 |
| h Interest expense | 2h | | 0 |
| i Administrative expenses: (1) Professional fees | 2i(1) | 0 | |
| (2) Contract administrator fees | 2i(2) | 138078 | |
| (3) Investment advisory and management fees | 2i(3) | 0 | |
| (4) Other | 2i(4) | 0 | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 138078 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 13058626 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | -25520155 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

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

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

**(1)** [X] 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)** [X] 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: TURNER, WARREN HWANG & CONRAD A **(2)** EIN: 95-4083485

**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:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **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.) | 4a | | X | |

| | | Yes | No | Amount |
|---|---|---|---|---|
| **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.) | 4b | | X | |
| **c** 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.) | 4c | | X | |
| **d** 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.) | 4d | | X | |
| **e** Was this plan covered by a fidelity bond? | 4e | X | | 5000000 |
| **f** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| **g** 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? | 4g | | X | |
| **h** 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? | 4h | | X | |
| **i** Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| **j** 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.) | 4j | | X | |
| **k** Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| **l** Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| **m** If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | |
| **n** 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. | 4n | | | |

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

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

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

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

| SCHEDULE R (Form 5500) | Retirement Plan Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury Internal Revenue Service<br>Department of Labor Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | 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).<br>▶ **File as an attachment to Form 5500.** | **2022**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

**A** Name of plan
KINECTA FEDERAL CREDIT UNION 401(K) AND PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
KINECTA FEDERAL CREDIT UNION

**D** Employer Identification Number (EIN)
95-6038909

## 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):

EIN(s): 84-1455663 _____

**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)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

**6 a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... **6a**

**b** Enter the amount contributed by the employer to the plan for this plan year ..... **6b**

**c** Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... **6c**

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **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? ..... ☐ **Yes** ☐ **No** ☐ **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. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **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? ..... ☐ **Yes** ☐ **No**

**11 a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **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.) ..... ☐ **Yes** ☐ **No**

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

## 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): _____

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

| | | |
|---|---|---|
| **a** The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment) | **14a** | |
| **b** The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) | **14b** | |
| **c** The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) | **14c** | |

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

| | | |
|---|---|---|
| **a** The corresponding number for the plan year immediately preceding the current plan year | **15a** | |
| **b** The corresponding number for the second preceding plan year | **15b** | |

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

| | | |
|---|---|---|
| **a** Enter the number of employers who withdrew during the preceding plan year | **16a** | |
| **b** If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers | **16b** | |

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

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

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

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

**a** Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

**b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation_____

# KINECTA FEDERAL CREDIT UNION 401(K) AND PROFIT SHARING PLAN

## FINANCIAL STATEMENTS

## DECEMBER 31, 2022 AND 2021

## TABLE OF CONTENTS


| | Page |
|---|---|
| Independent Auditor's Report | 1 |
| Statements of Net Assets Available for Plan Benefits | 4 |
| Statement of Changes in Net Assets Available for Plan Benefits | 5 |
| Notes to Financial Statements | 6 |
| Schedule H, Line 4i – Schedule of Assets (Held at End of Year) | 13 |

# INDEPENDENT AUDITOR'S REPORT

Plan Administrator
Kinecta Federal Credit Union 401(k) and Profit Sharing Plan

## Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the accompanying financial statements of the Kinecta Federal Credit Union 401(k) and Profit Sharing Plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for plan benefits as of December 31, 2022 and 2021, the statement of changes in net assets available for plan benefits for the year ended December 31, 2022, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of Kinecta Federal Credit Union 401(k) and Profit Sharing Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Kinecta Federal Credit Union 401(k) and Profit Sharing Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from Empower Annuity Insurance Company of America, formerly Great-West Life & Annuity Insurance Company, and Empower Trust Company, LLC, formerly Great-West Trust Company, the custodians of the Kinecta Federal Credit Union 401(k) and Profit Sharing Plan as of December 31, 2022 and 2021 and for the year ended December 31, 2022, stating that the certified investment information as described in Note 8 to the financial statements is complete and accurate.

## Opinion

In our opinion, based on our audits and the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the financial statements referred to above related to assets held by and certified to by Empower Annuity Insurance Company of America, formerly Great-West Life & Annuity Insurance Company, and Empower Trust Company, LLC, formerly Great-West Trust Company, agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

## Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Kinecta Federal Credit Union 401(k) and Profit Sharing 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 ERISA Section 103(a)(3)(C) audit opinion.

**Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America and for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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 Kinecta Federal Credit Union 401(k) and Profit Sharing Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the Kinecta Federal Credit Union 401(k) and Profit Sharing Plan; and determining whether the Kinecta Federal Credit Union 401(k) and Profit Sharing Plan's transactions that are presented and disclosed in the financial statements are in conformity with Kinecta Federal Credit Union 401(k) and Profit Sharing 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.

**Auditor's Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free of material misstatement, whether due to fraud or error, and to issue an auditor's 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 auditing standards generally accepted in the United States of America 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 auditing standards generally accepted in the United States of America, 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 Kinecta Federal Credit Union 401(k) and Profit Sharing 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 Kinecta Federal Credit Union 401(k) and Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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**

The supplemental schedule of assets is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL 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 included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit 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 auditing standards generally accepted in the United States of America. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including the form and content, is presented in conformity with the DOL Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by Empower Annuity Insurance Company of America, formerly Great-West Life & Annuity Insurance Company, and Empower Trust Company, LLC, formerly Great-West Trust Company, agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Turner, Warren, Hwang & Conrad

Burbank, California
September 29, 2023

## KINECTA FEDERAL CREDIT UNION 401(K) AND PROFIT SHARING PLAN

## STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

## DECEMBER 31, 2022 AND 2021

| | 2022 | 2021 |
|---|---|---|
| **ASSETS** | | |
| Cash | $ 18,960 | $ 14,784 |
| Investments: | | |
| At fair value: | | |
| Registered investment companies | 80,597,202 | 108,480,321 |
| Common/collective trust funds | 17,497,393 | 16,999,372 |
| | 98,094,595 | 125,479,693 |
| At contract value: | | |
| Common/collective trust funds | 6,410,435 | 3,941,825 |
| Total investments | 104,505,030 | 129,421,518 |
| Receivables: | | |
| Notes receivable from participants | 2,683,787 | 2,756,492 |
| Total receivables | 2,683,787 | 2,756,492 |
| Total assets | 107,207,777 | 132,192,794 |
| **NET ASSETS AVAILABLE FOR PLAN BENEFITS** | $ 107,207,777 | $ 132,192,794 |

See accompanying notes to financial statements.

## KINECTA FEDERAL CREDIT UNION 401(K) AND PROFIT SHARING PLAN

## STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS

## YEAR ENDED DECEMBER 31, 2022

| | |
|---|---|
| **ADDITIONS (REDUCTIONS) TO NET ASSETS** | |
| Investment income (loss): | |
| Net depreciation in fair value of investments | $ (25,655,054) |
| Interest and dividends | 3,540,811 |
| Total investment loss | (22,114,243) |
| Interest income on notes receivable | 126,839 |
| Contributions: | |
| Participant | 6,645,932 |
| Employer | 2,862,890 |
| Other | 552,191 |
| Total contributions | 10,061,013 |
| Total reductions to net assets | (11,926,391) |
| **DEDUCTIONS FROM NET ASSETS** | |
| Benefits paid to participants | 12,840,071 |
| Deemed distribution | 80,477 |
| Administrative expenses | 138,078 |
| Total deductions from net assets | 13,058,626 |
| **NET DECREASE** | (24,985,017) |
| **NET ASSETS AVAILABLE FOR PLAN BENEFITS, BEGINNING OF YEAR** | 132,192,794 |
| **NET ASSETS AVAILABLE FOR PLAN BENEFITS, END OF YEAR** | $ 107,207,777 |

See accompanying notes to financial statements.

## NOTE 1 – DESCRIPTION OF THE PLAN

The following brief description of the Kinecta Federal Credit Union 401(k) and Profit Sharing Plan (the Plan) provides only general information. Participants and others should refer to the plan document for a more complete description of the Plan's provisions.

**General:** The Plan is a defined contribution plan covering all employees of Kinecta Federal Credit Union, Kinecta Financial & Insurance Services, LLC, Apollo Agencies, Inc., and Kinecta Alternative Financial Services (collectively, the Plan Sponsor). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

**Eligibility and Contributions:** All employees are eligible to participate and make elective deferrals on the first day of the month subsequent to their date of hire. Unless a participant elects otherwise, the Plan automatically enrolls new employees with a 5% pre-tax contribution, which will be increased by 1% every year up to a maximum of 10%. The 5% automatic deferral election will, in general, become effective the first pay period of the month after attaining eligibility and the 1% increase will become effective on February 1st of the subsequent plan years. Each year, participants have no limits as to the amount they may contribute for eligible pre-tax annual compensation and after-tax compensation as Roth deferrals, not to exceed the limits of the Internal Revenue Code (IRC). Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants may direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers 23 separate mutual funds and five common, commingled or collective trust funds as investment options for participants.

The Plan Sponsor may, at its discretion, make matching contributions of a percentage of the participants' elective deferrals. Additional profit sharing amounts may be contributed at the option of the Plan Sponsor's Board of Directors. Any matching contributions or profit sharing contributions are invested in the participants' investment options. Contributions are subject to certain limitations. For the years ended December 31, 2022 and 2021, the Plan Sponsor made matching contributions equal to 50% of participants' pre-tax compensation and Roth deferrals up to the first 10% of compensation. For the years ended December 31, 2022 and 2021, the Plan Sponsor made no discretionary profit sharing contributions to the Plan.

**Participant Accounts:** Each participant's account is credited with the participant's contribution and allocations of (a) the Plan Sponsor's contribution and (b) the Plan's earnings or losses and applicable administrative expenses. Forfeited balances of terminated participants' nonvested accounts are used to reduce the Plan Sponsor's contributions or expenses. The benefits to which a participant is entitled are the benefits that can be provided from the participant's vested account.

**Vesting:** Participants are immediately vested in their contributions plus actual earnings thereon. Effective January 1, 2014, the Plan was amended to allow all participants who were employed as of January 1, 2014 to become 100% vested in the Plan Sponsor's discretionary matching and profit sharing contributions plus actual earnings thereon. Vesting in the Plan Sponsor's discretionary matching and profit sharing contributions for all employees who were terminated prior to January 1, 2014 is based on three years of service. Terminated participants are 100% vested if they have fulfilled three years of service and are 0% vested if they have worked less than three years.

**Notes Receivable from Participants:** Participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The loans are secured by the balance in the participants' accounts and bear interest at rates ranging from 4.25% to 8.00%, which are commensurate with local prevailing rates as determined by the Plan Administrator. Principal and interest are paid ratably through biweekly payroll deductions.

## NOTE 1 – DESCRIPTION OF THE PLAN (CONTINUED)

**Payment of Benefits:** Upon termination of service due to death, disability or retirement from the Plan Sponsor, participants may elect to receive the vested interest on their account in the form of an annuity, single sum cash payment or a combination of the two options. Upon termination of service for other reasons, participants may receive the value of the vested interest in their account as a lump-sum distribution.

**Forfeited Accounts:** As of December 31, 2022 and 2021, forfeited nonvested accounts totaled $5,569 and $1,590, respectively. For the year ended December 31, 2022, employer contributions were reduced by forfeited nonvested accounts in the amount of $8,620 and administrator fees of $554.

## NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Basis of Accounting:** The financial statements of the Plan were prepared using the accrual method of accounting. Investment contracts held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for that portion of the net assets available for plan benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would normally receive if they were to initiate permitted transactions under the terms of the Plan.

**Use of Estimates:** The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (US GAAP) requires the custodians to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates.

**Investment Valuation and Income Recognition:** The Plan's investments are reported at fair value, except for fully benefit-responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis, and dividends are recorded at the ex-dividend date. Net appreciation (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.

**Fair Value Measurements:** The Accounting Standards Codification establishes a framework for measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three-tier fair value hierarchy includes the following categories:

- *Level 1* – Asset fair values are based on quoted prices in active markets for identical assets and liabilities.
- *Level 2* – Assets other than quoted prices included within Level 1 that are observable for valuing the asset or liability, either directly or indirectly (e.g., interest rates and yield curves observable at commonly quoted intervals). Observable inputs include quoted prices for similar assets or liabilities in active or non-active markets, so a comparison must be made to similar investments in order to determine their fair value. Level 2 inputs may also include insignificant adjustments to market observable inputs.
- *Level 3* – Inputs for which fair value cannot be determined by using observable measures, such as market prices or models. Level 3 assets are typically very illiquid, and fair values can only be calculated using estimates or risk-adjusted value ranges.

## NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Further, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodology used at December 31, 2022 and 2021.

- *Registered Investment Companies (Mutual Funds)* – Investments in mutual funds are valued at fair value based on quoted market prices, which represent the net asset value (NAV) of shares held by the Plan at year-end. Mutual funds are classified as Level 1 measurements.
- *Common/Collective Trust Funds* – Valued at the NAV provided by the administrator of the fund. The NAV is used as a practical expedient to estimate fair value. This practical expedient should not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV. Participant transactions (purchases and sales) may occur daily. There are currently no redemption restrictions or unfunded commitments on these investments.

The Plan's financial instruments and other accounts that are subject to fair value measurement and/or disclosure are summarized in Note 3.

**Notes Receivable from Participants:** Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2022 and 2021, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the Plan Administrator considers the participant loan to be in default, the loan balance is reduced and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the plan document.

**Benefit Payments:** Benefits are recorded when paid.

**Administrative Expenses:** The Plan's administrative expenses are generally paid by the Plan unless paid by the Plan Sponsor. Expenses paid by the Plan Sponsor are not included in these financial statements. Certain transactional fees are charged directly to the participants' accounts and are included in administrative expenses.

**Subsequent Events:** The Plan has evaluated subsequent events through September 29, 2023, the date the financial statements were available to be issued.

## NOTE 3 – FAIR VALUE MEASUREMENTS

The Plan's investments at fair value, by level within the fair value hierarchy, are as follows:

| | | Fair Value Measurements Using | | |
|---|---|---|---|---|
| 2022 | Fair Value | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) |
| Registered investment companies | $ 80,597,202 | $ 80,597,202 | $ - | $ - |
| Common/collective trust funds at NAV | 17,497,393 | | | |
| | $ 98,094,595 | | | |
| 2021 | | | | |
| Registered investment companies | $ 108,480,321 | $ 108,480,321 | $ - | $ - |
| Common/collective trust funds at NAV | 16,999,372 | | | |
| | $ 125,479,693 | | | |

In accordance with Subtopic 820-10, the common/collective trust funds, which are measured at NAV per share (or its equivalent) as a practical expedient, have not been classified in the fair value hierarchy. The fair value amounts presented in the table above are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for plan benefits.

Gains and losses (realized and unrealized) included in changes in net assets available for plan benefits for the year ended December 31, 2022 are reported under net appreciation (depreciation) in fair value of investments.

The Plan's policy is to recognize transfers between Levels 1 and 2 and into and out of Level 3 as of the date of the event or change in circumstances that caused the transfer. For the years ended December 31, 2022 and 2021, there were no transfers between Levels 1 and 2 and no transfers into or out of Level 3, as the Plan only has Level 1 investments.

## NOTE 4 – FAIR VALUE OF INVESTMENTS IN ENTITIES THAT USE NAV AS A PRACTICAL EXPEDIENT

The following summarizes investments measured at fair value based on NAV per share:

| | Fair Value Estimated Using NAV per Share | | | | |
|---|---|---|---|---|---|
| | Fair Value as of December 31 | | Unfunded | Redemption | Redemption |
| | 2022 | 2021 | Commitments | Frequency | Notice Period |
| Common/collective trust funds: | | | | | |
| NT ACWI EX-US IMI-DC-NL-TIER 3 | $ 968,444 | $ 1,261,634 | None | Daily | One Day |
| NT AGGREGATE BOND INDEX NL-TIER 3 | 1,318,925 | 1,953,279 | None | Daily | One Day |
| NT EXTENDED EQUITY MKT INDEX NL-TIER 3 | 2,389,963 | 3,624,014 | None | Daily | One Day |
| NT S&P 500 INDEX NL-TIER 3 | 7,710,075 | 10,160,445 | None | Daily | One Day |
| EAGLE MID CAP GROWTH CIT CLASS 1 | 2,094,825 | - | None | Daily | One Day |
| MFS LARGE CAP VALUE CIT CL CT | 3,015,161 | - | None | Daily | One Day |
| | $ 17,497,393 | $ 16,999,372 | | | |

## NOTE 5 – FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACTS

The Plan holds a Morley stable value fund, which is a collective investment trust under the trusteeship of Union Bond & Trust Company. The investment contract meets the fully benefit-responsive investment contract criteria and is therefore reported at contract value. As described in Note 2, because the guaranteed investment contract is fully benefit responsive, contract value is the relevant measurement for that portion of the net assets available for plan benefits attributable to the guaranteed investment contract. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due in accordance with the fully benefit-responsive contracts is dependent upon the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

The stable value fund totaled $6,410,435 and $3,941,825 as of December 31, 2022 and 2021, respectively. The crediting interest rate is based on a formula agreed upon with the issuer but may not be less than 0%.

## NOTE 6 – TAX STATUS

The Plan had previously adopted the Great-West Trust Company, LLC Prototype Non-Standardized Profit Sharing Plan with CODA. The Internal Revenue Service (IRS) informed Great-West by a letter, dated June 30, 2020, that its Prototype Plan was designed in accordance with the applicable sections of the IRC. Although the Plan has been amended since the adoption, the Plan Administrator believes that the Plan was designed and is currently being operated in compliance with the applicable requirements of the IRC and that the Plan is qualified and the related trust is tax exempt.

US GAAP requires the Plan Administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

## NOTE 7 – RISKS AND UNCERTAINTIES

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

The Plan is required to disclose significant concentrations of credit risk regardless of the degree of such risk. As of December 31, 2022 and 2021, the financial instruments that potentially subject the Plan to a concentration of credit risk consist principally of investments and participant loans.

## NOTE 8 – CUSTODIAN CERTIFICATION

The investment balances, notes receivable from participants and related income information included in the financial statements, accompanying notes and supplemental schedule were derived from statements certified by Empower Annuity Insurance Company of America, formerly Great-West Life & Annuity Insurance Company, and Empower Trust Company, LLC, formerly Great-West Trust Company, as complete and accurate in accordance with 29 CFR 2520.103-5 of the DOL Rules and Regulations for Reporting and Disclosure under ERISA.

## NOTE 8 – CUSTODIAN CERTIFICATION (CONTINUED)

Certified plan assets as of December 31, 2022 and 2021 are as follows:

| | 2022 | 2021 |
|---|---|---|
| Cash | $ 18,960 | $ 14,784 |
| Investments: | | |
| Registered investment companies | 80,597,202 | 108,480,321 |
| Common/collective trust funds at NAV | 17,497,393 | 16,999,372 |
| Common/collective trust funds at fair value | 5,929,526 | 3,996,054 |
| | 104,024,121 | 129,475,747 |
| Notes receivable from participants | 2,683,787 | 2,756,492 |
| | $ 106,726,868 | $ 132,247,023 |

Certified plan income (loss) for the year ended December 31, 2022 is as follows:

| | |
|---|---|
| Investment income (loss): | |
| Net depreciation in fair value of investments | $ (26,190,192) |
| Interest and dividends | 3,540,811 |
| | (22,649,381) |
| Interest on notes receivable from participants | 126,839 |
| | $ (22,522,542) |

## NOTE 9 – RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under the DOL regulations as any fiduciary of the Plan, any party rendering services to the Plan, the employees and certain others. Certain investments of the Plan are held by Empower Annuity Insurance Company of America, formerly Great-West Life & Annuity Insurance Company, and Empower Trust Company, LLC, formerly Great-West Trust Company. Empower Annuity Insurance Company of America, formerly Great-West Life & Annuity Insurance Company, and Empower Trust Company, LLC, formerly Great-West Trust Company, are the current custodians as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions. Empower Annuity Insurance Company of America, formerly Great-West Life & Annuity Insurance Company, and Empower Trust Company, LLC, formerly Great-West Trust Company, also process and maintain the participant loan accounts.

The Plan Sponsor provides certain accounting and administrative services to the Plan for which no fees are charged. These expenses constitute exempt party-in-interest transactions under ERISA.

## NOTE 10 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of the Plan's termination, participants will become 100% vested in the Plan Sponsor's contributions.

## NOTE 11 – RECONCILIATION OF FORM 5500 TO THE FINANCIAL STATEMENTS

The following is a reconciliation of the net assets available for plan benefits per the Form 5500 to the financial statements as of December 31, 2022 and 2021:

| | 2022 | 2021 |
|---|---|---|
| Net assets available for plan benefits per the Form 5500 | $ 106,726,868 | $ 132,247,023 |
| Difference between contract value and fair value of the stable value fund | 480,909 | (54,229) |
| Net assets available for plan benefits per the financial statements | $ 107,207,777 | $ 132,192,794 |

The following is a reconciliation of the net depreciation in fair value of assets and net loss per the Form 5500 to the financial statements for the year ended December 31, 2022:

| | 2022 |
|---|---|
| Net depreciation in fair value of investments per the Form 5500 | $ (26,190,192) |
| Difference between contract value and fair value of the stable value fund | 535,138 |
| Net depreciation in fair value of investments per the financial statements | $ (25,655,054) |
| | |
| Net loss per the Form 5500 | $ (25,520,155) |
| Difference between contract value and fair value of the stable value fund | 535,138 |
| | |
| Net loss per the financial statements | $ (24,985,017) |

## NOTE 12 – MERGERS

The Xceed Financial Federal Credit Union Plan (Xceed) was merged into and made a part of the Plan effective July 2021. The fair value of Xceed's plan assets of $18,523,246 was fully transferred to the Plan as of July 2021. The participant loans totaling $414,223 were transferred in August 2021.

The Apollo Agencies, Inc. 401(k) Plan (Apollo) was also merged into and made a part of the Plan effective July 2021. The fair value of Apollo's assets of $495,982 was fully transferred to the Plan as of July 2021.

◊•◊•◊

## KINECTA FEDERAL CREDIT UNION 401(K) AND PROFIT SHARING PLAN

## SCHEDULE H, LINE 4I – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

## DECEMBER 31, 2022

**EIN 95-6038909 PN 001**

| (a) | (b) Identity of Issue, Borrower, Lessor or Similar Party | (c) Description of Investment, Including Maturity Date, Interest Rate, Collateral, Par or Maturity Value | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | Vanguard | VANGUARD TARGET RETIREMENT INCOME INV | | $ 2,158,874 |
| | Vanguard | VANGUARD TARGET RETIREMENT 2020 INV | | 4,051,186 |
| | Vanguard | VANGUARD TARGET RETIREMENT 2025 INV | | 10,671,044 |
| | Vanguard | VANGUARD TARGET RETIREMENT 2030 INV | | 12,034,769 |
| | Vanguard | VANGUARD TARGET RETIREMENT 2035 INV | | 9,856,728 |
| | Vanguard | VANGUARD TARGET RETIREMENT 2040 INV | | 11,319,951 |
| | Vanguard | VANGUARD TARGET RETIREMENT 2045 INV | | 6,170,503 |
| | Vanguard | VANGUARD TARGET RETIREMENT 2050 INV | | 5,018,848 |
| | Vanguard | VANGUARD TARGET RETIREMENT 2055 INV | | 1,746,718 |
| | Vanguard | VANGUARD TARGET RETIREMENT 2060 INV | | 739,090 |
| | Vanguard | VANGUARD TARGET RETIREMENT 2065 INV | | 195,096 |
| | American Funds | AMERICAN FUNDS EUROPACIFIC GR R6 | | 1,728,218 |
| | MFS | MFS INTERNATIONAL INTRINSIC VALUE R6 | | 1,386,202 |
| | Northern Trust | NT ACWI EX-US IMI-DC-NL-TIER 3 | | 968,444 |
| | Goldman Sachs | GOLDMAN SACHS SMALL CAP VALUE R6 | | 1,564,799 |
| | Loomis | LOOMIS SAYLES SMALL CAP GROWTH N | | 789,840 |
| | Vanguard | VANGUARD SMALL CAP INDEX ADM | | 1,742,712 |
| | Carillon | EAGLE MID CAP GROWTH CIT CLASS 1 | | 2,094,825 |
| | JP Morgan | JPMORGAN MID CAP VALUE R6 | | 2,525,064 |
| | Northern Trust | NT EXTENDED EQUITY MKT INDEX NL-TIER 3 | | 2,389,963 |
| | MFS | MFS LARGE CAP VALUE CIT CL CT | | 3,015,161 |
| | Harbor Capital | HARBOR CAPITAL APPRECIATION RETIREMENT | | 5,772,356 |
| | Northern Trust | NT S&P 500 INDEX NL-TIER 3 | | 7,710,075 |
| | Loomis | LOOMIS SAYLES CORE PLUS BOND N | | 1,125,204 |
| | Northern Trust | NT AGGREGATE BOND INDEX NL-TIER 3 | | 1,318,925 |
| * | Great-West Life & Annuity Co. | MORLEY STABLE VALUE FUND | | 5,929,526 |
| * | Participant loans | Interest at rates ranging from 4.25% to 8.0% | -0- | 2,683,787 |
| * | Cash | | | 18,960 |
| | | | | $ 106,726,868 |

** Represents a party-in-interest to the Plan*

# SCHEDULE OF ASSETS (HELD AT END OF YEAR)



## Kinecta Federal Credit Union 401(k) and Profit Sharing Plan

## 01-JAN-22 to 31-DEC-22

26-JAN-23 15:41:57

| INVESTMENT OPTION | MATURITY DATE | INTEREST RATE | COST OF ASSETS | CURRENT VALUE |
|---|---|---|---|---|
| 1VTINX | | | 2,309,067.43 | 2,158,873.55 |
| 1VTWNX | | | 4,695,957.43 | 4,051,186.07 |
| 1VTTVX | | | 12,236,377.01 | 10,671,043.72 |
| 1VTHRX | | | 13,867,493.89 | 12,034,769.36 |
| 1VTTHX | | | 11,404,610.25 | 9,856,728.23 |
| 1VFORX | | | 13,106,492.47 | 11,319,951.14 |
| 1VTIVX | | | 7,117,576.64 | 6,170,502.95 |
| 1VFIFX | | | 5,771,289.53 | 5,018,847.52 |
| 1VFFVX | | | 1,985,105.48 | 1,746,718.35 |
| 1VTTSX | | | 826,405.62 | 739,090.06 |
| 1VLXVX | | | 213,058.00 | 195,096.36 |
| 1RERGX | | | 1,920,789.28 | 1,728,217.79 |
| 1MINJX | | | 1,663,906.89 | 1,386,201.69 |
| 1NTACX3 | | | 1,140,968.10 | 968,443.63 |
| 1GSSUX | | | 2,014,689.06 | 1,564,799.21 |
| 1LSSNX | | | 1,146,884.29 | 789,840.46 |
| 1VSMAX | | | 1,552,320.80 | 1,742,712.45 |
| 1CEMCG1 | | | 2,156,565.24 | 2,094,824.83 |
| 1JMVYX | | | 2,865,795.37 | 2,525,064.49 |
| 1NTEEM3 | | | 3,258,536.91 | 2,389,963.32 |
| 1MFSLCV | | | 2,844,852.95 | 3,015,161.13 |
| 1HNACX | | | 9,572,038.33 | 5,772,354.07 |
| 1NTSP53 | | | 8,665,856.17 | 7,710,074.61 |
| 1NERNX | | | 1,241,045.69 | 1,125,204.23 |
| 1NTABI3 | | | 1,493,089.24 | 1,318,925.46 |
| 1MOR423 | | | 5,726,462.70 | 5,929,525.53 |
| | | | **120,797,234.77** | **104,024,120.21** |
| PARTICIPANT LOANS | VARIOUS | 4.250-8.000 | 2,683,163.52 | 2,683,787.52 |
| FORFEITURES | | | 18,960.50 | 18,960.50 |

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 95-6038909

# SCHEDULE OF ASSETS (HELD AT END OF YEAR)



## Kinecta Federal Credit Union 401(k) and Profit Sharing Plan

## 01-JAN-22 to 31-DEC-22

26-JAN-23 15:41:57

| INVESTMENT OPTION | MATURITY DATE | INTEREST RATE | COST OF ASSETS | CURRENT VALUE |
|---|---|---|---|---|

LEGEND

INVESTMENT OPTION:

| | |
|---|---|
| 1VTINX | Vanguard Target Retirement Income Inv |
| 1VTTVX | Vanguard Target Retirement 2025 Inv |
| 1VTTHX | Vanguard Target Retirement 2035 Inv |
| 1VTIVX | Vanguard Target Retirement 2045 Inv |
| 1VFFVX | Vanguard Target Retirement 2055 Inv |
| 1VLXVX | Vanguard Target Retirement 2065 Inv |
| 1MINJX | MFS International Intrinsic Value R6 |
| 1GSSUX | Goldman Sachs Small Cap Value R6 |
| 1VSMAX | Vanguard Small Cap Index Adm |
| 1JMVYX | JPMorgan Mid Cap Value R6 |
| 1MFSLCV | MFS Large Cap Value CIT CL CT |
| 1NTSP53 | NT S&P 500 Index NL-Tier 3 |
| 1NTABI3 | NT Aggregate Bond Index NL-Tier 3 |
| 1VTWNX | Vanguard Target Retirement 2020 Inv |
| 1VTHRX | Vanguard Target Retirement 2030 Inv |
| 1VFORX | Vanguard Target Retirement 2040 Inv |
| 1VFIFX | Vanguard Target Retirement 2050 Inv |
| 1VTTSX | Vanguard Target Retirement 2060 Inv |
| 1RERGX | American Funds EuroPacific Gr R6 |
| 1NTACX3 | NT ACWI ex-US IMI-DC-NL-Tier 3 |
| 1LSSNX | Loomis Sayles Small Cap Growth N |
| 1CEMCG1 | Eagle Mid Cap Growth CIT Class 1 |
| 1NTEEM3 | NT Extended Equity Mkt Index NL-Tier 3 |
| 1HNACX | Harbor Capital Appreciation Retirement |
| 1NERNX | Loomis Sayles Core Plus Bond N |
| 1MOR423 | Morley Stable Value Fund |

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year