Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2022

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
LEE BANK 401(K) PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1995

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)
LEE BANK

75 PARK STREET
LEE, MA 01238

2b Employer Identification Number (EIN) 04-3158399

2c Plan Sponsor's telephone number 413-243-0117

2d Business code (see instructions) 522120

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.	10/13/2023	SUSAN B. BROWN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2023	SUSAN B. BROWN
	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 ☐ Same as Plan Sponsor

LEE BANK

75 PARK STREET
LEE, MA 01238

3b Administrator's EIN
04-3158399

3c Administrator's telephone number
413-243-0117

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:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	120
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)**	83
a(2) Total number of active participants at the end of the plan year	**6a(2)**	78
b Retired or separated participants receiving benefits	**6b**	2
c Other retired or separated participants entitled to future benefits	**6c**	45
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	125
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	125
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	123
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	1
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:

2A 2E 2F 2G 2J 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)	X	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)	X	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)	X	2	**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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2022

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
LEE BANK 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
LEE BANK

D Employer Identification Number (EIN)
04-3158399

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

1 Coverage Information:

(a) Name of insurance carrier
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
04-1590850	65935	RM 86374-1	123	01/01/2022	10/28/2022

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	1428881

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	2239121
c	Additions: (1) Contributions deposited during the year	7c(1)	814338		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	18875		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below)	7c(5)	143535		
	▶ LN INT, LON PRINC, LN DEFAULT, ROLLOVER				
	(6) Total additions			7c(6)	976748
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	3215869
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1561167		
	(2) Administration charge made by carrier	7e(2)	349		
	(3) Transferred to separate account	7e(3)	882679		
	(4) Other (specify below)	7e(4)	4219		
	▶ LOAN DISTRIBUTION				
	(5) Total deductions			7e(5)	2448414
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	767455

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2022

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
LEE BANK 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
LEE BANK

D Employer Identification Number (EIN)
04-3158399

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	781827	123	10/29/2022	12/31/2022

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
856	0

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

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

BRIAN TREMBLAY
330 WHITNEY AVENUE
SUITE 600
HOLYOKE, MA 01040-2754

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
847			3

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

MATTHEW SCARAFONI
128 SOUTH STREET
PITTSFIELD, MA 01201-6110

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9			3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	760513
5	Current value of plan's interest under this contract in separate accounts at year end	5	1433058

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	767455
c	Additions: (1) Contributions deposited during the year	7c(1)	7219		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	1525		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below)	7c(5)	1176		
	▶ LOAN REPAYMENTS				
	(6) Total additions			7c(6)	9920
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	777375
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	16500		
	(2) Administration charge made by carrier	7e(2)	0		
	(3) Transferred to separate account	7e(3)	362		
	(4) Other (specify below)	7e(4)	0		
	▶				
	(5) Total deductions			7e(5)	16862
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	760513

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2022** **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	**B** Three-digit plan number (PN) ▶
LEE BANK 401(K) PLAN	002
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
LEE BANK	04-3158399

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

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

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)

MML INVESTORS SERVICES INC

1295 STATE STREET
SPRINGFIELD, MA 01111

04-2746212

(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?
53 55	SHAREHOLDER SERVICE PROV	0	Yes [X] No [ ]	Yes [ ] No [X]	24711	Yes [ ] No [X]

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

STRATEGIC PENSION SERVICES, LLC

P.O. BOX 767
SELKIRK, NY 12158

14-1836262

(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?
13	THIRD PARTY ADMIN	85	Yes [X] No [ ]	Yes [ ] No [X]	13163	Yes [ ] No [X]

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

MSSSACHUSETTS MUTUAL LIFE INS CO

1295 STATE STREET
SPRINGFIELD, MA 01111-0001

04-1590850

(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?
62 64	SERVICE PROVIDER	3392	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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 INS CO OF AMERICA

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

84-0467907

(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	40	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
MML INVESTORS SERVICES INC	53	20696

(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.
MASSACHUSETTS MUTUAL LIFE INS. CO. 1295 STATE STREET SPRINGFIELD, MA 01111 04-2746212	COMMISSIONS AND FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
STRATEGIC PENSION SERVICES, LLC	13	13163

(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.
STRATEGIC PENSION SERVICES, LLC 376 ALBANY SHAKER ROAD ALBANY, NY 12211 14-1836262	EXPENSE REIMBURSEMENT TO THIRD PARTY ADMINISTRATOR

(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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2022

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
LEE BANK 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
LEE BANK

D Employer Identification Number (EIN)
04-3158399

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: INVESCO REAL ESTATE R6

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

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)
90-0779283-000	P	63922

a Name of MTIA, CCT, PSA, or 103-12 IE: MASSMUTUAL BLUE CHIP GROWTH I

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

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)
90-0779283-000	P	294793

a Name of MTIA, CCT, PSA, or 103-12 IE: MASSMUTUAL INFL-PROT AND INC

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

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)
90-0779283-000	P	116805

a Name of MTIA, CCT, PSA, or 103-12 IE: MFS NEW DISCOVERY R4

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

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)
90-0779283-000	P	482122

a Name of MTIA, CCT, PSA, or 103-12 IE: MASSMUTUAL MID CAP GROWTH 1

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

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)
90-0342299-000	P	214219

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS WASHINGTON MUTUAL R5

b Name of sponsor of entity listed in (a): AMERICAN FUNDS

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)
90-0779283-000	P	259834

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)

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

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b Name of plan sponsor	**c** EIN-PN

a Plan name

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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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2022

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
LEE BANK 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
LEE BANK

D Employer Identification Number (EIN)
04-3158399

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
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)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	129402	112809
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	2548457	1431695
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	13941521	10908036
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	2239121	760513
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	18858501	13213053
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
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	18858501	13213053

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)	308193	
(B) Participants	2a(1)(B)	602867	
(C) Others (including rollovers)	2a(1)(C)	81277	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		992337
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	5496	
(F) Other	2b(1)(F)	421672	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		427168
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(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)		
(B) Other	2b(5)(B)		
(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)		
(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)		-3424188
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		-2004683
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3617393	
(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)		3617393
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		19979
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	3393	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		3393
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3640765
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-5645448
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: WOLF & COMPANY, P.C. **(2)** EIN: 04-2689883

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		500000
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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2022

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
LEE BANK 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
LEE BANK

D Employer Identification Number (EIN)
04-3158399

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): 04-1590850 _____

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_____

WOLF
& COMPANY, P.C.

Lee Bank 401(k) Plan

Financial Statements and Supplemental Schedule

As of December 31, 2022 and 2021 and
for the Year Ended December 31, 2022



Lee Bank 401(k) Plan

E.I.N. 04-3158399 Plan Number 002

Financial Statements as of December 31, 2022 and 2021
and for the Year Ended December 31, 2022, and
Supplemental Schedule as of December 31, 2022

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WOLF
& COMPANY, P.C.

Independent Auditor's Report

To the Plan Administrator of the Lee Bank 401(k) Plan:

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

We have performed audits of the financial statements of the Lee Bank 401(k) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, 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.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the 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's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions 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 3 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the accompanying financial statements, 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 (U.S. GAAP).

- The information in the accompanying financial statements related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet 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 (GAAS). 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 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 the financial statements in accordance with U.S. GAAP, 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. 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 the Plan's ability to continue as a going concern within one year after the date that the financial statements are issued or 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.

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 of the Financial Statements section of our report, 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 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 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.

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 2022 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 U.S. GAAP.

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 U.S. GAAP.

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.

Other Matter - *Supplemental Schedule Required by ERISA*

The supplemental schedule H, Line 4i- Schedule of Assets (Held at the end of the year) 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 DOL'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 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 GAAS. 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 its form and content, is presented in conformity with the DOL's 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, is presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).



Boston, Massachusetts
October 13, 2023

Lee Bank 401(k) Plan

Statements of Net Assets Available for Benefits

December 31, 2022 and 2021

	2022	2021
Assets:		
Investments:		
Investments at fair value	$ 12,339,731	$ 16,489,978
Investment at contract value	760,513	2,239,121
Total investments	13,100,244	18,729,099
Receivables:		
Employer contribution	376,366	307,308
Notes receivable from participants	112,809	129,402
Total receivables	489,175	436,710
Net assets available for benefits	$ 13,589,419	$ 19,165,809

See independent auditor's report and accompanying notes to financial statements.

Lee Bank 401(k) Plan

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2022

Additions:	
Investment income (loss):	
Net depreciation in fair value of investments	$ (3,424,188)
Dividend and interest income	421,672
Total investment loss	(3,002,516)
Interest income on notes receivable from participants	5,496
Contributions:	
Employer	377,251
Participants	602,867
Rollovers	81,277
Total contributions	1,061,395
Total net additions	(1,935,625)
Deductions:	
Benefits paid to participants	3,637,372
Administrative expenses	3,393
Total deductions	3,640,765
Net decrease	(5,576,390)
Net assets available for benefits:	
Beginning of year	19,165,809
End of year	$ 13,589,419

See independent auditor's report and accompanying notes to financial statements.

1. DESCRIPTION OF THE PLAN

The following brief description of the Lee Bank 401(k) Plan (the "Plan") is provided for general information purposes only. Participants 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 substantially all employees of Lee Bank (the "Bank"), a wholly-owned subsidiary of Berkshire Financial Services, Inc. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

All assets acquired under this Plan as a result of participant and Bank contributions, income and other additions will be administered, distributed, forfeited and otherwise governed by the provisions of this Plan. The Plan is administered by the Bank for the exclusive benefit of participants in the Plan and their beneficiaries.

Effective January 4, 2021, Empower Retirement ("Empower") acquired MassMutual Retirement Services ("MassMutual") and has been serving as the record keeper and administer the Plan's assets for the benefit of participants.

Effective February 1, 2022, Empower Trust Company, LLC is the Trustee of the Plan. Prior to February 1, 2022, Reliance Trust Company was the Trustee of the Plan.

Eligibility

To become eligible for participation, an employee must be at least age 21 and must not be a union employee or nonresident alien. The employee will become a participant in the Plan on the first day of the month following the date on which they become eligible.

Participant Contributions

An active participant may elect to make contributions to the Plan subject to limitations as defined in the Internal Revenue Code ("IRC") as follows:

Elective deferrals

Each year, participants may contribute up to 100% of their compensation, as defined in the Plan document, up to the maximum limits of the IRC. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may change salary deferral elections at any time which become effective as soon as administratively feasible after it is received by the plan administrator. Participants direct investment of their contributions into various investment options offered by the Plan.

Rollover contributions

Participants may also contribute amounts representing rollover distributions from other qualified defined benefit or contribution plans, if the contributions satisfy the tax law requirements for a qualified rollover.

Employer Contributions

The Bank may make a discretionary profit sharing contribution that will be allocated to each eligible participant pro rata in the ratio of each participant's compensation to the compensation of all eligible participants. Employees are eligible to receive the contribution upon attainment of age 21, completion of 1,000 hours of service during the plan year, and they are employed by the Bank on the last day of the plan year.

The Bank makes a safe harbor contribution in an amount not less than 3% of Participant's Compensation. Employees are eligible to receive the contribution when they become eligible for the plan. Participants are immediately vested in Bank safe harbor contributions.

Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of the Bank's profit sharing and safe harbor contributions and Plan earnings. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions and the Bank's safe harbor contribution plus actual earnings thereon. Vesting in the Bank's profit sharing contributions are based on years of continuous service and become 100% vested upon completion of three years of service and 0% vested with less than three years of service. Upon death, retirement, or disability, employees will be 100% vested in Bank contributions.

If a participant terminates employment with the Bank and is subsequently re-employed by the Bank, they are entitled to a credit for vesting purposes for prior years of service, provided that all consecutive one-year breaks in service do not equal or exceed the greater of five years or the number of prior years of service.

Payment of Benefits

On termination of service due to death, disability, retirement or other reasons, a participant will receive a lump-sum amount equal to the value of the participant's vested interest in their account or installment payments over a period not to exceed the joint life expectancy of the participant and beneficiary. In addition, the Plan allows for in-service and hardship distributions if certain criteria are met.

Notes Receivable from Participants

Participants may borrow up to a maximum loan amount equal to the lesser of 50% of their vested participant account balance, or $50,000, less the highest outstanding loan balance under the Plan during the preceding year. Participants may have a maximum of two loans outstanding at any one time and the minimum loan amount is $1,000.

The term of the loan may not exceed five years, but may be longer if used to purchase or build a principal residence. The interest rate is determined by the Plan administrator based on prevailing market conditions. The interest rates were 4.25 % to 6.5% as of December 31, 2022.

Principal and interest on these notes receivable is paid ratably by the appropriate participants through bi-weekly payroll deductions.

Forfeitures

Forfeited nonvested accounts are used to pay administrative expenses or used to reduce future employer contributions. No forfeitures will be used to reduce the 2022 employer profit sharing contribution. As of December 31, 2022 and 2021 there were $1,363 and $897, respectively, in forfeited nonvested accounts.

Plan Termination

Although it has not expressed any intent to do so, the Bank has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer profit sharing contributions.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value (except for the fully-benefit responsive investment contract, which is reported at contract value).

Fair value is the price that would be received to sell an asset or transfer a liability in an orderly transaction between market participants at the measurement date. Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. No allowance for credit losses has been recorded as of December 31, 2022 or 2021. If a participant ceases to make loan payments and the Plan Administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Payments of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain expenses of maintaining the Plan are paid directly by the Bank and are excluded from these financial statements. Fees related to the benefits paid to participants and processing of loans are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net depreciation of fair value of investments.

3. FINANCIAL INFORMATION CERTIFIED

The Plan Administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by Empower Trust Company, Empower Annuity Insurance Company of America, and Reliance Trust Company, except for comparing such information certified to information included in the Plan's financial statements and supplemental Schedule of Assets (Held at End of Year). The Plan Administrator has obtained certifications as of and for the year ended December 31, 2022 and as of December 31, 2021, that the information is complete and accurate.

See independent auditor's report.

Information certified is as follows:

	2022	2021
Investments at fair value:		
Mutual funds	$ 10,908,036	$ 13,941,521
Pooled separate accounts	1,431,695	2,548,457
Investments at contract value:		
Guaranteed interest account	760,513	2,239,121
Participant loans:		
Notes receivable from participants	112,809	129,402
Investment income (loss):		
Net depreciation in fair value of investments	(3,424,188)	
Dividend and interest income	421,672	
Interest income:		
Notes receivable from participants	5,496	

Empower Trust Company, Empower Annuity Insurance Company of America, and Reliance Trust Company also certified the information included in the Schedule of Assets (Held at End of Year).

4. FAIR VALUE MEASUREMENTS

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

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

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

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Pooled Separate Accounts: Valued at the NAV of units held by the plan at year end. The NAV is used as a practical expedient to estimate fair value. This practical expedient would not be used if it was determined to be probable that the funds will sell the underlying investments for an amount different from the reported NAV. Participant transactions (purchases and sales) may occur daily.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2022 and 2021:

	Fair Value Measurements			
December 31, 2022	Level 1	Level 2	Level 3	Total
Mutual funds	$ 10,908,036	$ -	$ -	$ 10,908,036
Pooled separate accounts, measured at net asset value*	-	-	-	1,431,695
Total	$ 10,908,036	$ -	$ -	$ 12,339,731

	Fair Value Measurements			
December 31, 2021	Level 1	Level 2	Level 3	Total
Mutual funds	$ 13,941,521	$ -	$ -	$ 13,941,521
Pooled separate accounts, measured at net asset value*	-	-	-	2,548,457
Total	$ 13,941,521	$ -	$ -	$ 16,489,978

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

The following table sets forth additional disclosures of the Plan's investment whose fair value is estimated using net asset value per share (or its equivalent) as of December 31, 2022 and 2021. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

	Fair Value		Unfunded	Redemption	Redemption Notice
	2022	2021	Commitment	Frequency	Period
Pooled separate accounts	$ 1,431,695	$ 2,548,457	$ -	Daily	1 day

5. INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan holds a fully benefit-responsive investment contract with Massachusetts Mutual Life Insurance Company. Massachusetts Mutual Life Insurance Company maintains the contributions in its general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer. There are no reserves against

contract value for credit risk of Massachusetts Mutual Life Insurance Company or otherwise. The average interest rate credited to participants was 1.26% for 2022. The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Massachusetts Mutual Life Insurance Company, represents contributions made under the 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 is dependent on the 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 Plan's investment contract specifies certain conditions under which distributions from the contract would be payable at amounts below contract value. Such circumstances include Plan termination, Plan merger, premature contract termination initiated by the Bank and certain other Bank-initiated events that result in distributions exceeding a set amount. The contract limits the circumstances under which the issuer may terminate the contract.

6. TAX STATUS

The Plan adopted the Strategic Pension Services LLC Volume Submitter Profit Sharing Plan with CODA which received an opinion letter from the Internal Revenue Service (IRS) dated June 30, 2020, stating that the written form of the underlying volume submitter plan document is qualified under Section 401(a) of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan’s tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS or the Department of Labor (“DOL”). 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 tax positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to examinations for years prior to December 31, 2019.

7. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is 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 statement of net assets available for benefits.

8. RELATED-PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments consist of investments and insurance contracts managed by Empower. Empower is the recordkeeper and, therefore, these transactions qualify as party-in-interest transactions. Administrative costs of the Plan paid to the recordkeeper amounted to $3,393 for the year ended December 31, 2022. Fees paid for investment management services are included as a reduction of the return earned on these investments.

9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	2022	2021
Net assets available for benefits per the financial statements	$ 13,589,419	$ 19,165,809
Less: current year employer contribution receivable	(376,366)	(307,308)
Net assets available for benefits per Form 5500	$ 13,213,053	$ 18,858,501

The following is a reconciliation of the net decrease in the statement of changes in net assets available for benefits per the financial statements to the Form 5500 for the year ended December 31, 2022:

Net decrease in net assets available for benefits per the financial statements	$ (5,576,390)
Add: prior year employer contribution receivable	307,308
Less: current year employer contribution receivable	(376,366)
Changes in net assets available for benefits per Form 5500	$ (5,645,448)

See independent auditor's report.

10. SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 13, 2023, which is the date the financial statements were available to be issued. There were no subsequent events that require adjustment to or disclosure in the financial statements.

See independent auditor's report.

Lee Bank 401(k) Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

E.I.N. 04-3158399 Plan Number 002

December 31, 2022

a	b	c	d	e
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investments	Cost (1)	Current Value
	Guaranteed Insurance Contract:			
*	SF Guaranteed	Guaranteed Interest Account		$ 760,513
	Pooled Separate Accounts:			
*	MassMutual	Massmutual Mid Cap Growth I		214,219
*	MassMutual	Massmutual Blue Chip Growth I		294,793
*	MassMutual	Massmutual Infl-Prot And Inc I		116,805
*	MassMutual	New Discovery (Mfs)		482,122
	Invesco	Invesco Real Estate R6		63,922
	American Funds	American Funds Washington Mutual R5		259,834
	Mutual Funds:			
	American Funds	Amrcn Fnds 2010 Trgt Dt Ret Fd		586,328
	American Funds	Amrcn Fnds 2015 Trgt Dt Ret Fd		780
	American Funds	Amrcn Fnds 2020 Trgt Dt Ret Fd		384,550
	American Funds	Amrcn Fnds 2025 Trgt Dt Ret Fd		183,645
	American Funds	Amrcn Fnds 2030 Trgt Dt Ret Fd		631,470
	American Funds	Amrcn Fnds 2035 Trgt Dt Ret Fd		38,305
	American Funds	Amrcn Fnds 2040 Trgt Dt Ret Fd		446,465
	American Funds	Amrcn Fnds 2045 Trgt Dt Ret Fd		489,999
	American Funds	Amrcn Fnds 2050 Trgt Dt Ret Fd		223,122
	American Funds	Amrcn Fnds 2055 Trgt Dt Ret Fd		71,009
	American Funds	Amrcn Fnds 2060 Trgt Dt Ret Fd		75,256
	American Funds	Amrcn Fnds Fndmntl Invs Fd		1,910,060
	BlackRock	Ishares Msci Eafe International Indx Insmaiix		805,421
	BlackRock	Ishares Russell 2000 Small-Cap Index I		510,095
	Sycamore Capital	Victory Sycamore Established Value R6		19,779
	BlackRock	Ishares S&P 500 Index I		3,164,560
	Invesco	Invesco Core Bond R6		408,048
	Allspring	Allspring Special Small Cap Value R6		279,143
	Vanguard	Vanguard Extended Mrkt Indx Fd		678,638
*	MassMutual	MassMutual US Govt Money Market R5		1,363
*	**Participant loans:**			
	Interest Rates: 4.25% to 6.50%	Notes receivable from participants		112,809
				$ 13,213,053

*A party-in-interest as defined by ERISA

(1) Not required. Cost omitted for participant directed investments.

There were no investment assets which were both acquired and disposed of within the plan year.

See independent auditor's report.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2022

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.)
- ☒ 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:
- ☒ 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
Lee Bank 401(k) Plan

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1995

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)

Lee Bank

75 Park Street

Lee MA 01238

2b Employer Identification Number (EIN) 04-3158399

2c Plan Sponsor's telephone number 413-243-0117

2d Business code (see instructions) 522120

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	Susan B Brown	10.13.23	Susan B. Brown
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Susan B Brown	10.13.23	Susan B. Brown
	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 ☐ Same as Plan Sponsor

Lee Bank

75 Park Street

Lee MA 01238

3b Administrator's EIN 04-3158399

3c Administrator's telephone number 413-243-0117

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:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	12(
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)**	8:
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	7{
b	Retired or separated participants receiving benefits	**6b**	2
c	Other retired or separated participants entitled to future benefits	**6c**	4:
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	12:
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	(
f	Total. Add lines **6d** and **6e**.	**6f**	12:
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	12:
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	:
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:

2A 2E 2F 2G 2J 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) ☒ 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) ☒ 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) ☒ **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) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ 2 **A** (Insurance Information)
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **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_____

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

Lee Bank 401(k) Plan Lee Bank

29-OCT-22 to 31-DEC-22

28-JAN-23 14:52:41

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
2MKSXX	0.26	0.000386	1	0.00	0.000000	0	0.00	SERIES
3MKSXX	450.44	0.674574	1	(0.24)	(0.000358)	2	(0.24)	SERIES
4MKSXX	0.01	0.000009	1	0.00	0.000000	0	0.00	SERIES
1REATX	596,957.19	54,429.592991	12	(5,442.38)	(489.608679)	6	(5,371.00)	SERIES
1REJTX	787.93	68.655980	3	0.00	0.000000	0	0.00	SERIES
1RECTX	376,729.74	30,340.115452	62	0.00	0.000000	0	0.00	SERIES
1REDTX	183,981.52	13,378.736962	76	0.00	0.000000	0	0.00	SERIES
1REETX	619,501.16	41,491.297821	155	(1.47)	(0.097248)	2	(1.45)	SERIES
1REFTX	39,382.98	2,453.876236	35	0.00	0.000000	0	0.00	SERIES
1REGTX	462,897.60	27,765.229342	96	0.00	0.000000	0	0.00	SERIES
1REHTX	509,949.59	29,896.190378	118	0.00	0.000000	0	0.00	SERIES
1REITX	229,675.59	13,752.954811	92	0.00	0.000000	0	0.00	SERIES
1REKTX	74,054.36	3,559.335264	62	0.00	0.000000	0	0.00	SERIES
1REMTX	49,775.37	3,559.832977	65	0.00	0.000000	0	0.00	SERIES
1MAIIX	733,339.96	59,472.043441	472	(10,335.31)	(777.169197)	106	(9,572.78)	SERIES
1IARFX	58,078.62	397.958781	223	0.00	0.000000	0	0.00	SERIES
1MASKX	522,857.79	24,875.847670	432	(47.66)	(2.340865)	28	(49.98)	SERIES
1MNDJX	479,537.71	1,493.308304	282	(3.52)	(0.011020)	2	(3.54)	SERIES
1ESPRX	184,665.32	4,923.602954	374	(96,689.07)	(2,762.337973)	60	(103,615.21)	SERIES
1MEFZX	209,779.90	572.683903	262	0.00	0.000000	0	0.00	SERIES
1VEXAX	698,521.36	6,657.505252	440	0.00	0.000000	0	0.00	SERIES
1VEVRX	18,385.47	391.765513	314	(311.15)	(6.662175)	64	(313.24)	SERIES
1RFNGX	1,859,365.84	30,809.943608	621	(101,867.61)	(1,694.589216)	115	(102,259.99)	SERIES
1RWMFX	240,025.78	736.979925	235	(1,421.58)	(4.341172)	66	(1,413.70)	SERIES
1BSPIX	3,101,148.04	6,774.410201	833	(3.35)	(0.007258)	2	(3.32)	SERIES
1MBCZX	290,245.21	1,242.957606	321	0.00	0.000000	0	0.00	SERIES
1MIPZX	106,027.99	798.393593	185	0.00	0.044112	39	5.84	SERIES
1OPBIX	386,240.02	69,926.918054	835	(120.18)	(21.338340)	64	(117.79)	SERIES
1MGDCB1	664,377.71	0.000000	223	(16,861.50)	0.000000	69	(16,861.50)	SERIES
5% TRANSACTIONS								
2MKSXX	0.26	0.000386	1	0.00	0.000000	0	0.00	28-OCT-22
3MKSXX	450.44	0.674574	1	0.00	0.000000	0	0.00	28-OCT-22
4MKSXX	0.01	0.000009	1	0.00	0.000000	0	0.00	28-OCT-22
1REATX	575,867.22	52,494.733358	4	0.00	0.000000	0	0.00	28-OCT-22
1REJTX	758.04	66.031749	1	0.00	0.000000	0	0.00	28-OCT-22
1RECTX	359,623.45	28,955.191302	16	0.00	0.000000	0	0.00	28-OCT-22
1REDTX	170,744.00	12,417.744455	16	0.00	0.000000	0	0.00	28-OCT-22
1REETX	588,696.18	39,404.028886	40	0.00	0.000000	0	0.00	28-OCT-22
1REFTX	36,833.01	2,292.035000	10	0.00	0.000000	0	0.00	28-OCT-22
1REGTX	433,083.58	25,917.629862	27	0.00	0.000000	0	0.00	28-OCT-22
1REHTX	469,934.13	27,481.528863	26	0.00	0.000000	0	0.00	28-OCT-22
1REITX	213,538.47	12,748.566115	19	0.00	0.000000	0	0.00	28-OCT-22
1REKTX	67,216.15	3,222.250084	14	0.00	0.000000	0	0.00	28-OCT-22
1REMTX	45,724.38	3,263.695526	15	0.00	0.000000	0	0.00	28-OCT-22
1MAIIX	706,744.94	57,505.687380	125	0.00	0.000000	0	0.00	28-OCT-22
1IARFX	54,709.35	375.032412	44	0.00	0.000000	0	0.00	28-OCT-22
1MASKX	416,442.71	19,505.514053	77	0.00	0.000000	0	0.00	28-OCT-22
1MNDJX	477,014.08	1,485.413550	82	0.00	0.000000	0	0.00	28-OCT-22
1ESPRX	172,534.46	4,589.903286	57	0.00	0.000000	0	0.00	28-OCT-22
1MEFZX	207,927.13	567.688341	63	0.00	0.000000	0	0.00	28-OCT-22
1VEXAX	687,107.44	6,545.750776	91	0.00	0.000000	0	0.00	28-OCT-22

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

Lee Bank 401(k) Plan Lee Bank

29-OCT-22 to 31-DEC-22

28-JAN-23 14:52:41

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
1VEVRX	16,573.14	352.469747	46	0.00	0.000000	0	0.00	28-OCT-22
1RFNGX	1,810,684.63	30,003.058667	135	0.00	0.000000	0	0.00	28-OCT-22
1RWMFX	237,997.97	730.868650	70	0.00	0.000000	0	0.00	28-OCT-22
1BSPIX	3,054,391.13	6,672.910148	127	0.00	0.000000	0	0.00	28-OCT-22
1MBCZX	284,651.03	1,218.537529	91	0.00	0.000000	0	0.00	28-OCT-22
1MIPZX	103,804.06	781.707373	39	0.00	0.000000	0	0.00	28-OCT-22
1OPBIX	376,140.57	68,141.409334	94	0.00	0.000000	0	0.00	28-OCT-22
1MGDCB1	655,982.45	0.000000	73	0.00	0.000000	0	0.00	28-OCT-22
1OPBIX	1,047.53	190.460002	373	0.00	0.000000	0	0.00	31-OCT-22
1MGDCB1	0.00	0.000000	0	(8,250.00)	0.000000	2	(8,250.00)	01-NOV-22
1RECTX	566.78	46.457376	3	0.00	0.000000	0	0.00	03-NOV-22
1REDTX	955.62	70.891693	6	0.00	0.000000	0	0.00	03-NOV-22
1REETX	770.93	52.803424	7	0.00	0.000000	0	0.00	03-NOV-22
1REFTX	100.00	6.385696	1	0.00	0.000000	0	0.00	03-NOV-22
1REGTX	421.88	25.961846	3	0.00	0.000000	0	0.00	03-NOV-22
1REHTX	1,594.20	95.920577	8	0.00	0.000000	0	0.00	03-NOV-22
1REITX	240.46	14.779347	7	0.00	0.000000	0	0.00	03-NOV-22
1REKTX	437.27	21.593580	4	0.00	0.000000	0	0.00	03-NOV-22
1REMTX	231.07	16.990441	4	0.00	0.000000	0	0.00	03-NOV-22
1MAIIX	1,335.25	111.178184	45	0.00	0.000000	0	0.00	03-NOV-22
1IARFX	154.67	1.089098	23	0.00	0.000000	0	0.00	03-NOV-22
1MASKX	879.71	42.745868	31	0.00	0.000000	0	0.00	03-NOV-22
1MNDJX	462.72	1.500112	29	0.00	0.000000	0	0.00	03-NOV-22
1ESPRX	269.81	7.375890	25	0.00	0.000000	0	0.00	03-NOV-22
1MEFZX	262.87	0.745544	27	0.00	0.000000	0	0.00	03-NOV-22
1VEXAX	992.84	9.838866	34	0.00	0.000000	0	0.00	03-NOV-22
1VEVRX	136.36	2.977293	26	0.00	0.000000	0	0.00	03-NOV-22
1RFNGX	1,845.69	31.615109	44	0.00	0.000000	0	0.00	03-NOV-22
1RWMFX	404.32	1.274652	33	0.00	0.000000	0	0.00	03-NOV-22
1BSPIX	5,106.74	11.697414	48	0.00	0.000000	0	0.00	03-NOV-22
1MBCZX	696.46	3.197151	35	0.00	0.000000	0	0.00	03-NOV-22
1MIPZX	380.23	2.903303	18	0.00	0.000000	0	0.00	03-NOV-22
1OPBIX	1,053.43	192.231755	36	0.00	0.000000	0	0.00	03-NOV-22
1MGDCB1	1,704.49	0.000000	30	0.00	0.000000	0	0.00	03-NOV-22
1MAIIX	0.00	0.000000	0	(594.38)	(47.588470)	28	(584.83)	09-NOV-22
1IARFX	751.98	5.282798	32	0.00	0.000000	0	0.00	09-NOV-22
1MASKX	0.00	0.000000	0	(47.66)	(2.340865)	28	(49.98)	09-NOV-22
1MNDJX	105.72	0.346452	32	0.00	0.000000	0	0.00	09-NOV-22
1ESPRX	0.00	0.000000	0	(85.59)	(2.325185)	28	(87.39)	09-NOV-22
1MEFZX	65.94	0.186725	32	0.00	0.000000	0	0.00	09-NOV-22
1VEXAX	246.59	2.472328	32	0.00	0.000000	0	0.00	09-NOV-22
1VEVRX	0.00	0.000000	0	(219.78)	(4.768494)	28	(224.21)	09-NOV-22
1RFNGX	0.00	0.000000	0	(520.49)	(8.768362)	28	(529.15)	09-NOV-22
1RWMFX	0.00	0.000000	0	(786.92)	(2.448505)	28	(797.30)	09-NOV-22
1BSPIX	169.04	0.384075	32	0.00	0.000000	0	0.00	09-NOV-22
1MBCZX	1,253.28	5.728344	32	0.00	0.000000	0	0.00	09-NOV-22
1MIPZX	27.38	0.209289	32	0.00	0.000000	0	0.00	09-NOV-22
1OPBIX	0.00	0.000000	0	(55.34)	(10.061819)	28	(55.52)	09-NOV-22
1MGDCB1	0.00	0.000000	0	(309.77)	0.000000	29	(309.77)	09-NOV-22
3MKSXX	0.00	0.000000	0	(0.12)	(0.000179)	1	(0.12)	14-NOV-22
1RECTX	567.70	44.630503	3	0.00	0.000000	0	0.00	17-NOV-22
1REDTX	976.54	69.258156	6	0.00	0.000000	0	0.00	17-NOV-22
1REETX	767.05	50.003259	7	0.00	0.000000	0	0.00	17-NOV-22

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

Lee Bank 401(k) Plan Lee Bank

29-OCT-22 to 31-DEC-22

28-JAN-23 14:52:41

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
1REFTX	100.00	6.053269	1	0.00	0.000000	0	0.00	17-NOV-22
1REGTX	421.88	24.499419	3	0.00	0.000000	0	0.00	17-NOV-22
1REHTX	1,690.12	95.866138	8	0.00	0.000000	0	0.00	17-NOV-22
1REITX	244.46	14.155181	7	0.00	0.000000	0	0.00	17-NOV-22
1REKTX	430.51	20.005112	4	0.00	0.000000	0	0.00	17-NOV-22
1REMTX	251.98	17.438062	4	0.00	0.000000	0	0.00	17-NOV-22
1MAIIX	1,357.95	101.642965	45	0.00	0.000000	0	0.00	17-NOV-22
1IARFX	157.15	1.059358	23	0.00	0.000000	0	0.00	17-NOV-22
1MASKX	808.16	37.959602	31	0.00	0.000000	0	0.00	17-NOV-22
1MNDJX	473.45	1.477483	29	0.00	0.000000	0	0.00	17-NOV-22
1ESPRX	278.25	7.212288	25	0.00	0.000000	0	0.00	17-NOV-22
1MEFZX	264.19	0.707023	27	0.00	0.000000	0	0.00	17-NOV-22
1VEXAX	1,007.88	9.583341	34	0.00	0.000000	0	0.00	17-NOV-22
1VEVRX	137.68	2.883955	26	0.00	0.000000	0	0.00	17-NOV-22
1RFNGX	1,860.76	29.959102	44	0.00	0.000000	0	0.00	17-NOV-22
1RWMFX	413.32	1.244433	33	0.00	0.000000	0	0.00	17-NOV-22
1BSPIX	5,045.82	10.881178	48	0.00	0.000000	0	0.00	17-NOV-22
1MBCZX	711.90	3.022971	35	0.00	0.000000	0	0.00	17-NOV-22
1MIPZX	373.51	2.830729	18	0.00	0.000000	0	0.00	17-NOV-22
1OPBIX	1,057.49	187.498227	36	0.00	0.000000	0	0.00	17-NOV-22
1MGDCB1	1,672.94	0.000000	30	0.00	0.000000	0	0.00	17-NOV-22
1REATX	0.00	0.000000	0	(2,722.77)	(240.103175)	3	(2,633.93)	23-NOV-22
1REETX	0.00	0.000000	0	(0.74)	(0.047588)	1	(0.71)	23-NOV-22
1MNDJX	0.00	0.000000	0	(1.77)	(0.005410)	1	(1.74)	23-NOV-22
1ESPRX	0.00	0.000000	0	(1.97)	(0.050268)	1	(1.89)	23-NOV-22
1RFNGX	0.00	0.000000	0	(269.60)	(4.258411)	2	(257.00)	23-NOV-22
1RWMFX	0.00	0.000000	0	(1.47)	(0.004327)	1	(1.41)	23-NOV-22
1BSPIX	0.00	0.000000	0	(1.68)	(0.003550)	1	(1.62)	23-NOV-22
1OPBIX	1,303.02	228.199655	94	0.00	0.000000	0	0.00	30-NOV-22
1RECTX	566.78	43.331805	3	0.00	0.000000	0	0.00	01-DEC-22
1REDTX	961.98	66.297725	6	0.00	0.000000	0	0.00	01-DEC-22
1REETX	772.28	48.847564	7	0.00	0.000000	0	0.00	01-DEC-22
1REFTX	100.00	5.861665	1	0.00	0.000000	0	0.00	01-DEC-22
1REGTX	421.88	23.701124	3	0.00	0.000000	0	0.00	01-DEC-22
1REHTX	1,619.40	88.831596	8	0.00	0.000000	0	0.00	01-DEC-22
1REITX	240.46	13.456073	7	0.00	0.000000	0	0.00	01-DEC-22
1REKTX	405.03	18.195417	4	0.00	0.000000	0	0.00	01-DEC-22
1REMTX	234.78	15.704348	4	0.00	0.000000	0	0.00	01-DEC-22
1MAIIX	1,504.27	107.832976	45	0.00	0.000000	0	0.00	01-DEC-22
1IARFX	154.18	0.998406	23	0.00	0.000000	0	0.00	01-DEC-22
1MASKX	796.52	36.537612	31	0.00	0.000000	0	0.00	01-DEC-22
1MNDJX	498.23	1.478536	29	0.00	0.000000	0	0.00	01-DEC-22
1ESPRX	304.07	7.636109	25	0.00	0.000000	0	0.00	01-DEC-22
1MEFZX	262.54	0.670112	27	0.00	0.000000	0	0.00	01-DEC-22
1VEXAX	991.54	9.130203	34	0.00	0.000000	0	0.00	01-DEC-22
1VEVRX	136.03	2.740882	26	0.00	0.000000	0	0.00	01-DEC-22
1RFNGX	1,844.19	28.681023	44	0.00	0.000000	0	0.00	01-DEC-22
1RWMFX	402.30	1.170293	33	0.00	0.000000	0	0.00	01-DEC-22
1BSPIX	5,910.32	12.329863	48	0.00	0.000000	0	0.00	01-DEC-22
1MBCZX	696.52	2.844564	35	0.00	0.000000	0	0.00	01-DEC-22
1MIPZX	369.08	2.724616	18	0.00	0.000000	0	0.00	01-DEC-22
1OPBIX	1,048.82	182.086803	36	0.00	0.000000	0	0.00	01-DEC-22
1MGDCB1	1,670.53	0.000000	30	(8,250.00)	0.000000	2	(8,250.00)	01-DEC-22

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

Lee Bank 401(k) Plan Lee Bank

29-OCT-22 to 31-DEC-22

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
1MAIIX	0.00	0.000000	0	(2,803.37)	(204.029839)	36	(2,509.16)	09-DEC-22
1IARFX	722.99	4.781016	24	0.00	0.000000	0	0.00	09-DEC-22
1MASKX	420.17	20.181076	24	0.00	0.000000	0	0.00	09-DEC-22
1MNDJX	183.51	0.574830	24	0.00	0.000000	0	0.00	09-DEC-22
1ESPRX	8,964.93	246.289285	138	0.00	0.000000	0	0.00	09-DEC-22
1MEFZX	78.19	0.206896	24	0.00	0.000000	0	0.00	09-DEC-22
1VEXAX	581.15	5.613349	24	0.00	0.000000	0	0.00	09-DEC-22
1VEVRX	0.00	0.000000	0	(91.37)	(1.893681)	36	(89.03)	09-DEC-22
1RFNGX	0.00	0.000000	0	(234.55)	(3.750398)	36	(226.40)	09-DEC-22
1RWMFX	0.00	0.000000	0	(631.70)	(1.883850)	36	(613.53)	09-DEC-22
1BSPIX	400.89	0.866301	24	0.00	0.000000	0	0.00	09-DEC-22
1MBCZX	995.51	4.227276	24	0.00	0.000000	0	0.00	09-DEC-22
1MIPZX	319.40	2.380090	24	0.00	0.000000	0	0.00	09-DEC-22
1OPBIX	0.00	0.000000	0	(64.84)	(11.276521)	36	(62.27)	09-DEC-22
1MGDCB1	0.00	0.000000	0	(51.73)	0.000000	36	(51.73)	09-DEC-22
3MKSXX	0.00	0.000000	0	(0.12)	(0.000179)	1	(0.12)	13-DEC-22
1MAIIX	19,692.74	1,442.691564	125	0.00	0.000000	0	0.00	13-DEC-22
1MASKX	5,469.23	260.936543	151	0.00	0.000000	0	0.00	13-DEC-22
1BSPIX	15,049.07	31.979853	380	0.00	0.000000	0	0.00	13-DEC-22
1VEVRX	1,043.63	22.712293	92	0.00	0.000000	0	0.00	14-DEC-22
1RECTX	238.08	18.412993	3	0.00	0.000000	0	0.00	15-DEC-22
1REDTX	1,513.25	105.747728	5	0.00	0.000000	0	0.00	15-DEC-22
1REETX	769.63	49.589562	7	0.00	0.000000	0	0.00	15-DEC-22
1REFTX	100.00	5.998800	1	0.00	0.000000	0	0.00	15-DEC-22
1REGTX	421.88	24.357968	3	0.00	0.000000	0	0.00	15-DEC-22
1REHTX	1,716.94	96.892777	8	0.00	0.000000	0	0.00	15-DEC-22
1REITX	244.46	14.089913	7	0.00	0.000000	0	0.00	15-DEC-22
1REKTX	449.75	20.821759	4	0.00	0.000000	0	0.00	15-DEC-22
1REMTX	228.48	15.746382	4	0.00	0.000000	0	0.00	15-DEC-22
1MAIIX	1,406.57	105.836719	44	0.00	0.000000	0	0.00	15-DEC-22
1IARFX	155.56	1.025408	23	0.00	0.000000	0	0.00	15-DEC-22
1MASKX	764.75	37.653865	31	0.00	0.000000	0	0.00	15-DEC-22
1MNDJX	463.75	1.455808	29	0.00	0.000000	0	0.00	15-DEC-22
1ESPRX	2,176.71	61.350336	81	0.00	0.000000	0	0.00	15-DEC-22
1MEFZX	263.36	0.701193	27	0.00	0.000000	0	0.00	15-DEC-22
1VEXAX	852.22	8.299764	33	0.00	0.000000	0	0.00	15-DEC-22
1VEVRX	136.85	3.043816	26	0.00	0.000000	0	0.00	15-DEC-22
1RFNGX	1,491.71	24.040450	43	0.00	0.000000	0	0.00	15-DEC-22
1RWMFX	408.40	1.221574	33	0.00	0.000000	0	0.00	15-DEC-22
1BSPIX	5,417.81	11.875693	47	0.00	0.000000	0	0.00	15-DEC-22
1MBCZX	663.80	2.856014	35	0.00	0.000000	0	0.00	15-DEC-22
1MIPZX	372.50	2.767314	18	0.00	0.000000	0	0.00	15-DEC-22
1OPBIX	1,052.14	181.091221	36	0.00	0.000000	0	0.00	15-DEC-22
1MGDCB1	1,672.91	0.000000	30	0.00	0.000000	0	0.00	15-DEC-22
1RFNGX	40,256.43	669.712704	270	(98,625.31)	(1,640.747103)	6	(99,010.51)	16-DEC-22
1MAIIX	0.00	0.000000	0	(1,260.35)	(95.990098)	12	(1,183.47)	19-DEC-22
1IARFX	1,119.44	7.661426	8	0.00	0.000000	0	0.00	19-DEC-22
1MASKX	800.36	40.219095	8	0.00	0.000000	0	0.00	19-DEC-22
1MEFZX	393.53	1.072543	8	0.00	0.000000	0	0.00	19-DEC-22
1RFNGX	0.00	0.000000	0	(1,052.98)	(17.649683)	12	(1,065.24)	19-DEC-22
1VEXAX	3,390.93	33.332649	91	0.00	0.000000	0	0.00	21-DEC-22
1VEVRX	86.14	1.920624	46	0.00	0.000000	0	0.00	21-DEC-22
1MAIIX	0.00	0.000000	0	(5,329.87)	(403.167171)	12	(4,969.95)	22-DEC-22

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

Lee Bank 401(k) Plan Lee Bank

29-OCT-22 to 31-DEC-22

28-JAN-23 14:52:41

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
1ESPRX	0.00	0.000000	0	(411.23)	(11.669411)	12	(437.72)	22-DEC-22
1VEXAX	2,307.67	23.014560	18	0.00	0.000000	0	0.00	22-DEC-22
1RFNGX	0.00	0.000000	0	(760.04)	(12.675784)	12	(764.99)	22-DEC-22
1BSPIX	4,193.47	9.365651	18	0.00	0.000000	0	0.00	22-DEC-22
1REATX	21,089.97	1,934.859633	8	(2,719.61)	(249.505504)	3	(2,737.07)	23-DEC-22
1REJTX	29.89	2.624231	2	0.00	0.000000	0	0.00	23-DEC-22
1RECTX	15,048.83	1,222.488221	32	0.00	0.000000	0	0.00	23-DEC-22
1REDTX	7,301.89	536.509182	32	0.00	0.000000	0	0.00	23-DEC-22
1REETX	26,959.27	1,833.963943	80	(0.73)	(0.049660)	1	(0.74)	23-DEC-22
1REFTX	2,049.97	131.156110	20	0.00	0.000000	0	0.00	23-DEC-22
1REGTX	27,704.62	1,722.924132	54	0.00	0.000000	0	0.00	23-DEC-22
1REHTX	31,776.00	1,938.743133	52	0.00	0.000000	0	0.00	23-DEC-22
1REITX	14,926.82	932.926250	38	0.00	0.000000	0	0.00	23-DEC-22
1REKTX	4,702.26	235.820462	28	0.00	0.000000	0	0.00	23-DEC-22
1REMTX	2,888.41	214.273739	30	0.00	0.000000	0	0.00	23-DEC-22
1MNDJX	0.00	0.000000	0	(1.75)	(0.005610)	1	(1.80)	23-DEC-22
1ESPRX	0.00	0.000000	0	(1.97)	(0.055368)	1	(2.08)	23-DEC-22
1RFNGX	0.00	0.000000	0	(272.78)	(4.523715)	2	(272.98)	23-DEC-22
1RWMFX	0.00	0.000000	0	(1.49)	(0.004490)	1	(1.46)	23-DEC-22
1BSPIX	0.00	0.000000	0	(1.67)	(0.003708)	1	(1.70)	23-DEC-22
1MAIIX	0.00	0.000000	0	(347.34)	(26.393619)	18	(325.37)	28-DEC-22
1MASKX	95,952.15	4,868.196347	18	0.00	0.000000	0	0.00	28-DEC-22
1ESPRX	0.00	0.000000	0	(96,188.31)	(2,748.237741)	18	(103,086.13)	28-DEC-22
1VEXAX	580.02	5.886733	18	0.00	0.000000	0	0.00	28-DEC-22
1RFNGX	0.00	0.000000	0	(131.86)	(2.215760)	17	(133.72)	28-DEC-22
1BSPIX	135.34	0.305367	17	0.00	0.000000	0	0.00	28-DEC-22
1RECTX	118.12	9.603252	2	0.00	0.000000	0	0.00	29-DEC-22
1REDTX	1,528.24	112.288023	5	0.00	0.000000	0	0.00	29-DEC-22
1REETX	765.82	52.061183	7	0.00	0.000000	0	0.00	29-DEC-22
1REFTX	100.00	6.385696	1	0.00	0.000000	0	0.00	29-DEC-22
1REGTX	421.88	26.154991	3	0.00	0.000000	0	0.00	29-DEC-22
1REHTX	1,618.80	98.407294	8	0.00	0.000000	0	0.00	29-DEC-22
1REITX	240.46	14.981932	7	0.00	0.000000	0	0.00	29-DEC-22
1REKTX	413.39	20.648850	4	0.00	0.000000	0	0.00	29-DEC-22
1REMTX	216.27	15.984479	4	0.00	0.000000	0	0.00	29-DEC-22
1MAIIX	1,298.24	97.173653	43	0.00	0.000000	0	0.00	29-DEC-22
1IARFX	153.30	1.028859	23	0.00	0.000000	0	0.00	29-DEC-22
1MASKX	524.03	25.903609	30	0.00	0.000000	0	0.00	29-DEC-22
1MNDJX	336.25	1.061533	28	0.00	0.000000	0	0.00	29-DEC-22
1ESPRX	137.09	3.835760	23	0.00	0.000000	0	0.00	29-DEC-22
1MEFZX	262.15	0.705526	27	0.00	0.000000	0	0.00	29-DEC-22
1VEXAX	463.08	4.582683	31	0.00	0.000000	0	0.00	29-DEC-22
1VEVRX	135.64	3.016903	26	0.00	0.000000	0	0.00	29-DEC-22
1RFNGX	1,382.43	22.876553	41	0.00	0.000000	0	0.00	29-DEC-22
1RWMFX	399.47	1.200323	33	0.00	0.000000	0	0.00	29-DEC-22
1BSPIX	5,328.41	11.814658	44	0.00	0.000000	0	0.00	29-DEC-22
1MBCZX	576.71	2.543757	34	0.00	0.000000	0	0.00	29-DEC-22
1MIPZX	381.83	2.870879	18	0.00	0.044112	39	5.84	29-DEC-22
1OPBIX	1,045.75	183.787346	36	0.00	0.000000	0	0.00	29-DEC-22
1MGDCB1	1,674.39	0.000000	30	0.00	0.000000	0	0.00	29-DEC-22
1OPBIX	2,491.27	440.153711	94	0.00	0.000000	0	0.00	30-DEC-22

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

Lee Bank 401(k) Plan Lee Bank

29-OCT-22 to 31-DEC-22

28-JAN-23 14:52:41

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE

LEGEND

INVESTMENT OPTION:

2MKSXX	MassMutual US Govt Mny Mkt R5
3MKSXX	MassMutual US Govt Mny Mkt R5
4MKSXX	MassMutual US Govt Mny Mkt R5
1REATX	American Funds 2010 Target Date Fund R5
1REJTX	American Funds 2015 Target Date Fund R5
1RECTX	American Funds 2020 Target Date Fund R5
1REDTX	American Funds 2025 Target Date Fund R5
1REETX	American Funds 2030 Target Date Fund R5
1REFTX	American Funds 2035 Target Date Fund R5
1REGTX	American Funds 2040 Target Date Fund R5
1REHTX	American Funds 2045 Target Date Fund R5
1REITX	American Funds 2050 Target Date Fund R5
1REKTX	American Funds 2055 Target Date Fund R5
1REMTX	American Funds 2060 Target Date Ret R5
1MAIIX	iShares MSCI EAFE International Indx Ins
1IARFX	Invesco Real Estate R6
1MASKX	iShares Russell 2000 Small-Cap Index I
1MNDJX	MFS New Discovery R4
1ESPRX	Allspring Special Small Cap Value R6
1MEFZX	MassMutual Mid Cap Growth I
1VEXAX	Vanguard Extended Market Idx Adm
1VEVRX	Victory Sycamore Established Value R6
1RFNGX	American Funds Fundamental Investors R6
1RWMFX	American Funds Washington Mutual R5
1BSPIX	iShares S&P 500 Index I
1MBCZX	MassMutual Blue Chip Growth I
1MIPZX	MassMutual Infl-Prot and Inc I
1OPBIX	Invesco Core Bond R6
1MGDCB1	General Account

ASSETS ACQUIRED AND DISPOSED OF IN PLAN YEAR

Lee Bank 401(k) Plan Lee Bank

29-OCT-22 to 31-DEC-22

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ACQUISITION	PROCEEDS FROM DISPOSITIONS
1MGDCB1		1.150	664,377.71	16,861.50

NOTE: Labor regulations Section 2520.103-11(b)(2) excludes participation in insurance company pooled separate accounts from definition of "Assets Held for Investment Purposes" if the assets were not held on the last day of the plan year. Therfore all variable funds are excluded from this report.

LEGEND

INVESTMENT OPTION:
1MGDCB1 General Account

COST OF ACQUISITIONS: The cost of the asset when acquired.
PROCEEDS FROM DISPOSITIONS: Amounts distributed from the investment option within the plan year.

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Lee Bank 401(k) Plan Lee Bank

29-OCT-22 to 31-DEC-22

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1REATX			591,586.19	586,327.63
1REJTX			787.93	779.93
1RECTX			376,729.74	372,273.20
1REDTX			183,981.52	181,683.26
1REETX			619,499.71	608,675.89
1REFTX			39,382.98	38,304.99
1REGTX			462,897.60	446,464.90
1REHTX			509,949.59	489,998.57
1REITX			229,675.59	220,047.29
1REKTX			74,054.36	71,008.73
1REMTX			49,775.37	47,986.52
1MAIIX			723,767.23	777,707.05
1IARFX			58,078.62	58,829.28
1MASKX			522,807.81	501,698.60
1MNDJX			479,534.17	472,603.19
1ESPRX			81,050.09	76,789.73
1MEFZX			209,779.90	211,700.43
1VEXAX			698,521.36	671,409.38
1VEVRX			18,072.21	17,233.37
1RFNGX			1,757,105.87	1,754,200.15
1RWMFX			238,612.06	243,262.46
1BSPIX			3,101,144.72	3,047,600.69
1MBCZX			290,245.21	281,279.17
1MIPZX			106,033.87	106,076.52
1OPBIX			386,122.21	395,665.57
1MGDCB1		1.150	647,516.21	648,816.79
			12,456,712.12	**12,328,423.29**
PARTICIPANT LOANS	VARIOUS	4.250-6.500	112,809.24	112,809.24
FORFEITURES			450.47	453.05