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| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| A                                                                                          | This return/report is for: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input checked="" type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input checked="" type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div> |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                  |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

|         |                                                                                                                                                                                                                                                                                                                                                                     |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                                              |
| 1a      | Name of plan<br>THIRD FEDERAL SAVINGS RETIREMENT PLAN                                                                                                                                                                                                                                                                                                               |
| 1b      | Three-digit plan number (PN) ▶ 003                                                                                                                                                                                                                                                                                                                                  |
| 1c      | Effective date of plan<br>07/01/1996                                                                                                                                                                                                                                                                                                                                |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>THIRD FEDERAL SAVINGS AND LOAN ASSOCIATION OF CLEVELAND<br><br>7007 BROADWAY AVE<br>CLEVELAND, OH 44105-1441 |
| 2b      | Employer Identification Number (EIN)<br>34-0573493                                                                                                                                                                                                                                                                                                                  |
| 2c      | Plan Sponsor's telephone number<br>216-441-6000                                                                                                                                                                                                                                                                                                                     |
| 2d      | Business code (see instructions)<br>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. | 10/28/2024 | LAUREN WEAVER                                                |
|           | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/28/2024 | LAUREN WEAVER                                                |
|           | 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                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                    |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                   |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>5</b> 448                                                                                                                                                                                                                                        |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> 229<br><b>6a(2)</b> 229<br><b>6b</b> 108<br><b>6c</b> 93<br><b>6d</b> 430<br><b>6e</b> 2<br><b>6f</b> 432<br><b>6g(1)</b> 0<br><b>6g(2)</b> 0<br><b>6h</b> 0 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>7</b>                                                                                                                                                                                                                                            |

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

1A 1I 3H

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

|                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**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
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached 0
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 1
- (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

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

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                                                   |                                                      |
|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023                        |                                                      |
| A Name of plan<br>THIRD FEDERAL SAVINGS RETIREMENT PLAN                                                           | B Three-digit plan number (PN) ▶ 003                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>THIRD FEDERAL SAVINGS AND LOAN ASSOCIATION OF CLEVELAND | D Employer Identification Number (EIN)<br>34-0573493 |

|        |                                                                           |                                                                                                                                                                    |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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  
PRINCIPAL 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     |
| 42-0127290 | 61271         | 516621                                | 432                                                                         | 01/01/2023              | 12/31/2023 |

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

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

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

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

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

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

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

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

---

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

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

**Part II Investment and Annuity Contract Information**

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

**4** Current value of plan's interest under this contract in the general account at year end ..... **4** 0**5** Current value of plan's interest under this contract in separate accounts at year end..... **5** 0**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier .....**6b****c** Premiums due but unpaid at the end of the year.....**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....**6d**

Specify nature of costs ▶

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

(2) Dividends and credits.....

**7c(2)**

(3) Interest credited during the year .....

**7c(3)**

(4) Transferred from separate account.....

**7c(4)**

(5) Other (specify below) .....

**7c(5)**

▶

(6) Total additions..... **7c(6)****d** Total of balance and additions (add lines **7b** and **7c(6)**). .... **7d****e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

**7e(1)**

(2) Administration charge made by carrier .....

**7e(2)**

(3) Transferred to separate account.....

**7e(3)**

(4) Other (specify below) .....

**7e(4)**

▶

(5) Total deductions..... **7e(5)****f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f** 0

**Part III Welfare Benefit Contract Information**

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

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. ▶

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                                                                    |                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023                                         |                                                                                                                                                  |
| ▶ Round off amounts to nearest dollar.                                                                                             |                                                                                                                                                  |
| ▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.            |                                                                                                                                                  |
| A Name of plan<br>THIRD FEDERAL SAVINGS RETIREMENT PLAN                                                                            | B Three-digit plan number (PN) ▶ 003                                                                                                             |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>THIRD FEDERAL SAVINGS AND LOAN ASSOCIATION OF CLEVELAND       | D Employer Identification Number (EIN)<br>34-0573493                                                                                             |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

|        |                                                                                                                                                                                                  |                            |                           |                          |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| Part I | Basic Information                                                                                                                                                                                |                            |                           |                          |
| 1      | Enter the valuation date: Month 01 Day 01 Year 2023                                                                                                                                              |                            |                           |                          |
| 2      | Assets:                                                                                                                                                                                          |                            |                           |                          |
| a      | Market value                                                                                                                                                                                     | 2a                         | 77007837                  |                          |
| b      | Actuarial value                                                                                                                                                                                  | 2b                         | 84708620                  |                          |
| 3      | Funding target/participant count breakdown                                                                                                                                                       | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| a      | For retired participants and beneficiaries receiving payment                                                                                                                                     | 100                        | 24834278                  | 24834278                 |
| b      | For terminated vested participants                                                                                                                                                               | 92                         | 7325793                   | 7325793                  |
| c      | For active participants                                                                                                                                                                          | 260                        | 33273283                  | 33273283                 |
| d      | Total                                                                                                                                                                                            | 452                        | 65433354                  | 65433354                 |
| 4      | If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>                                                                                          |                            |                           |                          |
| a      | Funding target disregarding prescribed at-risk assumptions                                                                                                                                       | 4a                         |                           |                          |
| b      | Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b                         |                           |                          |
| 5      | Effective interest rate                                                                                                                                                                          | 5                          | 5.07 %                    |                          |
| 6      | Target normal cost                                                                                                                                                                               |                            |                           |                          |
| a      | Present value of current plan year accruals                                                                                                                                                      | 6a                         | 0                         |                          |
| b      | Expected plan-related expenses                                                                                                                                                                   | 6b                         | 43000                     |                          |
| c      | Target normal cost                                                                                                                                                                               | 6c                         | 43000                     |                          |

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

|                          |                                                                                                                                                                                                                                                       |                                                                                                                                                                              |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>SIGN<br/>HERE</div> | <div>Signature of actuary</div> <div>DONALD H. DOWDY III</div> <div>Type or print name of actuary</div> <div>PRINCIPAL FINANCIAL GROUP</div> <div>Firm name</div> <div>PO BOX 9394<br/>DES MOINES, IA 50306-9394</div> <div>Address of the firm</div> | <div>08/29/2024</div> <div>Date</div> <div>23-06767</div> <div>Most recent enrollment number</div> <div>412-394-6351</div> <div>Telephone number (including area code)</div> |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 0                     | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>-18.88</u> % .....                                                                               | 0                     | 0                      |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 0                      |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.46</u> % ..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 0                      |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 129.45 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 129.45 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 149.09 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

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

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             |                                   | <b>18(c)</b>                    |

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

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

**20** Quarterly contributions and liquidity shortfalls:

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

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

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

|                                                 |                                                |                                                           |                                                                |
|-------------------------------------------------|------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------|
| <b>21</b> Discount rate:                        |                                                |                                                           |                                                                |
| <b>a</b> Segment rates:                         | 1st segment:<br>%                              | 2nd segment:<br>%                                         | 3rd segment:<br>%                                              |
|                                                 |                                                |                                                           | <input checked="" type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....     |                                                | <b>21b</b>                                                | 0                                                              |
| <b>22</b> Weighted average retirement age ..... |                                                | <b>22</b>                                                 | 65                                                             |
| <b>23</b> Mortality table(s) (see instructions) | <input type="checkbox"/> Prescribed - combined | <input checked="" type="checkbox"/> Prescribed - separate | <input type="checkbox"/> Substitute                            |

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

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

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

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

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

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6c).....                                                                                                                                           | <b>31a</b>          | 43000              |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 43000              |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 0                   | 0                  |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....                                                           | <b>34</b>           | 0                  |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                   | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   | <b>37</b>           | 0                  |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36)                                                                                                                             | <b>38a</b>          | 0                  |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

|                |                                                                                             |
|----------------|---------------------------------------------------------------------------------------------|
| <b>Part IX</b> | <b>Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b> |
|----------------|---------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2023                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

|                                                                                                                                                 |                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <div>A</div> <div>Name of plan</div> <div>THIRD FEDERAL SAVINGS RETIREMENT PLAN</div>                                                           | <div>B</div> <div>Three-digit plan number (PN)</div> <div>▶</div> <div>003</div>   |
| <div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500</div> <div>THIRD FEDERAL SAVINGS AND LOAN ASSOCIATION OF CLEVELAND</div> | <div>D</div> <div>Employer Identification Number (EIN)</div> <div>34-0573493</div> |

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).....

X

YesNo
- 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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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

(b)

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

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

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

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

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

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

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

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

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 13 50 64 99            | CONTRACT ADMINISTRATOR                                                                            | 101001                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 39349                                                                                                                                                                           | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

THOMPSON HINE LLP

34-0575300

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29 99                  | LEGAL                                                                                             | 1709                                                                   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 8064                                                                                                                                                                            | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

PRINCIPAL CUSTODY SOLUTIONS

51-0099493

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 18 21 50               | CUSTODIAN                                                                                         | 9587                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

PRINCIPAL GLOBAL INVESTORS LLC

42-1479618

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 50                  | INVESTMENT ADVISORY                                                                               | 49571                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

CLEARSTEAD ADVISORS, LLC

34-1597728

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 51                  | INVESTMENT ADVISORY                                                                               | 25519                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 25750                                                                                                                                                                           | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

MEADEN & MOORE LTD

34-1818258

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 99                  | ACCOUNTANT                                                                                        | 12000                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| PRINCIPAL LIFE INSURANCE COMPANY                                    | 13 50 64 99                                                                                                                                                        | 39349                                     |
| (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. |                                           |
| PRINCIPAL LIFE INSURANCE COMPANY<br><br>42-0127290                  | CONTRACT ADMINISTRATIVE SERVICES                                                                                                                                   |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| THOMPSON HINE LLP                                                   | 29 99                                                                                                                                                              | 8064                                      |
| (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. |                                           |
| PRINCIPAL LIFE INSURANCE COMPANY<br><br>42-0127290                  | LEGAL SERVICES                                                                                                                                                     |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| CLEARSTEAD ADVISORS, LLC                                            | 27 51                                                                                                                                                              |                                           |
| (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. |                                           |
| PRINCIPAL LIFE INSURANCE COMPANY<br><br>42-0127290                  | INVESTMENT ADVISORY SERVICES                                                                                                                                       |                                           |

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                              |                                                                                                                                                                                                                                   |                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE D</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection.</div> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

|                                                                                                                          |  |                                                      |
|--------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------|
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023                               |  |                                                      |
| A Name of plan<br>THIRD FEDERAL SAVINGS RETIREMENT PLAN                                                                  |  | B Three-digit plan number (PN) ▶ 003                 |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>THIRD FEDERAL SAVINGS AND LOAN ASSOCIATION OF CLEVELAND |  | D Employer Identification Number (EIN)<br>34-0573493 |

|                                                                             |                                                                                                                                                                           |                                                                                                |  |
|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|--|
| Part I                                                                      | Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs) |                                                                                                |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIQUID ASSETS SEP ACCT-Z       |                                                                                                                                                                           |                                                                                                |  |
| b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY |                                                                                                                                                                           |                                                                                                |  |
| c EIN-PN 42-0127290-024                                                     | d Entity code P                                                                                                                                                           | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LDI LONG DURATION SA-Z         |                                                                                                                                                                           |                                                                                                |  |
| b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY |                                                                                                                                                                           |                                                                                                |  |
| c EIN-PN 42-0127290-104                                                     | d Entity code P                                                                                                                                                           | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |  |
| 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)**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, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2023</b><br><br><b>This Form is Open to Public Inspection</b> |
|                                                                                                                                                                                                                           | For calendar plan year 2023 or fiscal plan year beginning <b>01/01/2023</b> and ending <b>12/31/2023</b>                                                                                                                                                                     |                                                                                           |
|                                                                                                                                                                                                                           | <b>A</b> Name of plan<br><b>THIRD FEDERAL SAVINGS RETIREMENT PLAN</b>                                                                                                                                                                                                        | <b>B</b> Three-digit plan number (PN) <b>►</b> <b>003</b>                                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>THIRD FEDERAL SAVINGS AND LOAN ASSOCIATION OF CLEVELAND</b>                                                                                           | <b>D</b> Employer Identification Number (EIN)<br><b>34-0573493</b>                                                                                                                                                                                                           |                                                                                           |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                               |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | (a) Beginning of Year | (b) End of Year |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>                  |                       |                 |
| <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1b(2)</b>                  |                       |                 |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>                  |                       | 581472          |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  |                       | 2115293         |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  |                       | 12510255        |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(A)</b>               |                       |                 |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(B)</b>               |                       | 47635492        |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(4)(A)</b>               |                       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>               |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  |                       |                 |
| <b>(7)</b> Loans (other than to participants).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(7)</b>                  |                       |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                  |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(10)</b>                 | 43884917              |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                 |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>                 | 33122920              | 17516095        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(14)</b>                 |                       |                 |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>                 |                       |                 |

|                                                                           |              |                       |                 |
|---------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| <b>1d</b> Employer-related investments:                                   |              | (a) Beginning of Year | (b) End of Year |
| (1) Employer securities .....                                             | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                          | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>    | 77007837              | 80358607        |
| <b>Liabilities</b>                                                        |              |                       |                 |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables .....                                         | <b>1h</b>    |                       |                 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities .....                                          | <b>1j</b>    |                       |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 0                     | 0               |
| <b>Net Assets</b>                                                         |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>    | 77007837              | 80358607        |

**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.

|                                                                                                            |                 |            |           |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>Income</b>                                                                                              |                 | (a) Amount | (b) Total |
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: (A) Employers .....                                               | <b>2a(1)(A)</b> |            |           |
| (B) Participants .....                                                                                     | <b>2a(1)(B)</b> |            |           |
| (C) Others (including rollovers) .....                                                                     | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 0         |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) .....              | <b>2b(1)(A)</b> | 44506      |           |
| (B) U.S. Government securities .....                                                                       | <b>2b(1)(B)</b> | 69852      |           |
| (C) Corporate debt instruments .....                                                                       | <b>2b(1)(C)</b> | 2102964    |           |
| (D) Loans (other than to participants) .....                                                               | <b>2b(1)(D)</b> |            |           |
| (E) Participant loans .....                                                                                | <b>2b(1)(E)</b> |            |           |
| (F) Other .....                                                                                            | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 2217322   |
| (2) Dividends: (A) Preferred stock .....                                                                   | <b>2b(2)(A)</b> |            |           |
| (B) Common stock .....                                                                                     | <b>2b(2)(B)</b> |            |           |
| (C) Registered investment company shares (e.g. mutual funds) .....                                         | <b>2b(2)(C)</b> | 248496     |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 248496    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds .....                                        | <b>2b(4)(A)</b> |            |           |
| (B) Aggregate carrying amount (see instructions) .....                                                     | <b>2b(4)(B)</b> |            |           |
| (C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                         | <b>2b(4)(C)</b> |            |           |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate .....                                | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                            | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....                | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |        | (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)  |            | 2014641   |
| (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) |            | 3730120   |
| <b>c</b> Other income .....                                                                     | 2c     |            | -134623   |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | 2d     |            | 8075956   |

**Expenses**

|                                                                                             |        |         |         |
|---------------------------------------------------------------------------------------------|--------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |        |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | 2e(1)  | 4489291 |         |
| (2) To insurance carriers for the provision of benefits.....                                | 2e(2)  |         |         |
| (3) Other .....                                                                             | 2e(3)  |         |         |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | 2e(4)  |         | 4489291 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | 2f     |         |         |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | 2g     |         |         |
| <b>h</b> Interest expense .....                                                             | 2h     |         |         |
| <b>i</b> Administrative expenses:                                                           |        |         |         |
| (1) Salaries and allowances .....                                                           | 2i(1)  |         |         |
| (2) Contract administrator fees.....                                                        | 2i(2)  | 101001  |         |
| (3) Recordkeeping fees.....                                                                 | 2i(3)  |         |         |
| (4) IQPA audit fees.....                                                                    | 2i(4)  | 5500    |         |
| (5) Investment advisory and investment management fees .....                                | 2i(5)  | 75090   |         |
| (6) Bank or trust company trustee/custodial fees .....                                      | 2i(6)  | 9587    |         |
| (7) Actuarial fees .....                                                                    | 2i(7)  |         |         |
| (8) Legal fees .....                                                                        | 2i(8)  | 1709    |         |
| (9) Valuation/appraisal fees .....                                                          | 2i(9)  |         |         |
| (10) Other trustee fees and expenses .....                                                  | 2i(10) |         |         |
| (11) Other expenses .....                                                                   | 2i(11) | 43008   |         |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | 2i(12) |         | 235895  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j     |         | 4725186 |

**Net Income and Reconciliation**

|                                                                               |       |  |         |
|-------------------------------------------------------------------------------|-------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | 2k    |  | 3350770 |
| <b>l</b> Transfers of assets:                                                 |       |  |         |
| (1) To this plan .....                                                        | 2l(1) |  |         |
| (2) From this plan .....                                                      | 2l(2) |  |         |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **MEADEN & MOORE, LTD.**

(2) EIN: **34-1818258**

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

|                                                                                                                                                                                                                                                                                                                  | Yes                                 | No                                  | Amount  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|---------|
| <b>a</b> 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.) .....                 |                                     | <input checked="" type="checkbox"/> |         |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) ..... |                                     | <input checked="" type="checkbox"/> |         |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |         |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....                                                                                                                  |                                     | <input checked="" type="checkbox"/> |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> |                                     | 1500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          |                                     | <input checked="" type="checkbox"/> |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                       |                                     | <input checked="" type="checkbox"/> |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | <input checked="" type="checkbox"/> |                                     |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) .....                                                                                     | <input checked="" type="checkbox"/> |                                     |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |                                     | <input checked="" type="checkbox"/> |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |                                     | <input checked="" type="checkbox"/> |         |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                         |                                     |                                     |         |

**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.)

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> 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 526904.

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection.</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

|                                                                                                                   |                                                      |     |
|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023                        |                                                      |     |
| A Name of plan<br>THIRD FEDERAL SAVINGS RETIREMENT PLAN                                                           | B Three-digit plan number (PN) ▶                     | 003 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>THIRD FEDERAL SAVINGS AND LOAN ASSOCIATION OF CLEVELAND | D Employer Identification Number (EIN)<br>34-0573493 |     |

|        |               |
|--------|---------------|
| Part I | Distributions |
|--------|---------------|

All references to distributions relate only to payments of benefits during the plan year.

|                                                                  |                                                                                                                                                                                                                                                               |   |    |
|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----|
| 1                                                                | Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                  | 1 | 0  |
| 2                                                                | Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): 42-0127290 42-1466678 |   |    |
| 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 | 15 |

|         |                                                                                                                                                                        |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.) |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                      |                                                                                                                                                                                                                                                                                                                                                    |                                         |                             |                                         |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------|-----------------------------------------|
| 4                                                    | Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes            | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8. |                                                                                                                                                                                                                                                                                                                                                    |                                         |                             |                                         |
| 5                                                    | If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                                         |                             |                                         |
| 6                                                    | a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                              | 6a                                      |                             |                                         |
|                                                      | b Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                | 6b                                      |                             |                                         |
|                                                      | c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) .....                                                                                                                                                                                                          | 6c                                      |                             |                                         |
| If you completed line 6c, skip lines 8 and 9.        |                                                                                                                                                                                                                                                                                                                                                    |                                         |                             |                                         |
| 7                                                    | Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes            | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| 8                                                    | If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....                                                                                 | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |

|          |            |
|----------|------------|
| Part III | Amendments |
|----------|------------|

|   |                                                                                                                                                                                                                    |                                   |                                   |                               |                                        |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|
| 9 | If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. .... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> No |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|

|         |                                                                                                                                            |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------|
| Part IV | ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part. |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------|

|    |                                                                                                                                                                                       |                              |                             |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 10 | Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11 | a Does the ESOP hold any preferred stock? .....                                                                                                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|    | b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12 | Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

|                                                                                                                                                                                                                                                                                                                                  |            |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>14</b> Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:                                                                                                             |            |  |
| <b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment) ..... | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                 | <b>14b</b> |  |
| <b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                                            | <b>14c</b> |  |
|                                                                                                                                                                                                                                                                                                                                  |            |  |
| <b>15</b> Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:                                                                                                                                           |            |  |
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....                                                                                                                                                                                                                            | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                                                                                                                                                                                                                                                       | <b>15b</b> |  |
|                                                                                                                                                                                                                                                                                                                                  |            |  |
| <b>16</b> Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                                                                                   |            |  |
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                                                                                         | <b>16a</b> |  |
| <b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers .....                                                                                                                                                           | <b>16b</b> |  |
|                                                                                                                                                                                                                                                                                                                                  |            |  |
| <b>17</b> If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... <input type="checkbox"/>                                                                    |            |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>18</b> 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..... <input type="checkbox"/> |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <b>19</b> If the total number of participants is 1,000 or more, complete lines (a) and (b):                                                                                                                                                                                                                                                                                                                    |  |
| <b>a</b> Enter the percentage of plan assets held as:<br>Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%<br>High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%                                                                                                                                             |  |
| <b>b</b> Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:<br><input type="checkbox"/> 0-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10-15 years <input type="checkbox"/> 15 years or more                                                                                                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <b>20 PBGC missed contribution reporting requirements.</b> If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.                                                                                                                                                                                                                                                |  |
| <b>a</b> Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                      |  |
| <b>b</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:                                                                                                                                                                                                                                                                     |  |
| <input type="checkbox"/> Yes.                                                                                                                                                                                                                                                                                                                                                                                  |  |
| <input type="checkbox"/> 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.                                                                                                                                                                                                |  |
| <input type="checkbox"/> 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.                                                                                                                                                         |  |
| <input type="checkbox"/> No. Other. Provide explanation. _____                                                                                                                                                                                                                                                                                                                                                 |  |

|                 |                                 |
|-----------------|---------------------------------|
| <b>Part VII</b> | <b>IRS Compliance Questions</b> |
|-----------------|---------------------------------|

|                                                                                                                                                                                                                                                                                         |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>21a</b> Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                 |  |
| <b>21b</b> If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2). |  |
| <input type="checkbox"/> Design-based safe harbor method                                                                                                                                                                                                                                |  |
| <input type="checkbox"/> "Prior year" ADP test                                                                                                                                                                                                                                          |  |
| <input type="checkbox"/> "Current year" ADP test                                                                                                                                                                                                                                        |  |
| <input type="checkbox"/> N/A                                                                                                                                                                                                                                                            |  |
|                                                                                                                                                                                                                                                                                         |  |
| <b>22</b> If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.                                                           |  |

|                                                                                                                                                                                                                |                                                                            |                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>Structured Attachment</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Schedule SB, line 26a</b><br><b>Schedule of Active Participant Data</b> | <b>2023</b><br><br>This Form is Open to<br>Public Inspection |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------|

|                             |                                       |                           |            |            |            |           |     |
|-----------------------------|---------------------------------------|---------------------------|------------|------------|------------|-----------|-----|
| <b>Name of Plan</b>         | THIRD FEDERAL SAVINGS RETIREMENT PLAN |                           |            |            |            |           |     |
| <b>Plan Year Begin Date</b> | 01/01/2023                            | <b>Plan Year End Date</b> | 12/31/2023 | <b>EIN</b> | 34-0573493 | <b>PN</b> | 003 |

| Attained Age | YEARS OF CREDITED SERVICE |              |              |        |              |              |
|--------------|---------------------------|--------------|--------------|--------|--------------|--------------|
|              | Under 1                   |              |              | 1 to 4 |              |              |
|              | No.                       | Average      |              | No.    | Average      |              |
|              |                           | Compensation | Cash Balance |        | Compensation | Cash Balance |
| Under 25     | 0                         | 0            | 0            | 0      | 0            | 0            |
| 25 to 29     | 0                         | 0            | 0            | 0      | 0            | 0            |
| 30 to 34     | 0                         | 0            | 0            | 0      | 0            | 0            |
| 35 to 39     | 0                         | 0            | 0            | 0      | 0            | 0            |
| 40 to 44     | 0                         | 0            | 0            | 0      | 0            | 0            |
| 45 to 49     | 0                         | 0            | 0            | 0      | 0            | 0            |
| 50 to 54     | 0                         | 0            | 0            | 0      | 0            | 0            |
| 55 to 59     | 0                         | 0            | 0            | 0      | 0            | 0            |
| 60 to 64     | 0                         | 0            | 0            | 0      | 0            | 0            |
| 65 to 69     | 0                         | 0            | 0            | 0      | 0            | 0            |
| 70 & Up      | 0                         | 0            | 0            | 0      | 0            | 0            |

| Attained Age | YEARS OF CREDITED SERVICE |              |              |          |              |              |
|--------------|---------------------------|--------------|--------------|----------|--------------|--------------|
|              | 5 to 9                    |              |              | 10 to 14 |              |              |
|              | No.                       | Average      |              | No.      | Average      |              |
|              |                           | Compensation | Cash Balance |          | Compensation | Cash Balance |
| Under 25     | 0                         | 0            | 0            | 0        | 0            | 0            |
| 25 to 29     | 0                         | 0            | 0            | 0        | 0            | 0            |
| 30 to 34     | 0                         | 0            | 0            | 0        | 0            | 0            |
| 35 to 39     | 0                         | 0            | 0            | 0        | 0            | 0            |
| 40 to 44     | 3                         | 0            | 0            | 14       | 0            | 0            |
| 45 to 49     | 1                         | 0            | 0            | 25       | 0            | 0            |
| 50 to 54     | 0                         | 0            | 0            | 25       | 0            | 0            |
| 55 to 59     | 0                         | 0            | 0            | 35       | 0            | 0            |
| 60 to 64     | 0                         | 0            | 0            | 37       | 0            | 0            |
| 65 to 69     | 0                         | 0            | 0            | 7        | 0            | 0            |
| 70 & Up      | 0                         | 0            | 0            | 3        | 0            | 0            |

|                      |                                       |                    |            |     |            |    |     |
|----------------------|---------------------------------------|--------------------|------------|-----|------------|----|-----|
| Name of Plan         | THIRD FEDERAL SAVINGS RETIREMENT PLAN |                    |            |     |            |    |     |
| Plan Year Begin Date | 01/01/2023                            | Plan Year End Date | 12/31/2023 | EIN | 34-0573493 | PN | 003 |

| Attained Age | YEARS OF CREDITED SERVICE |              |              |          |              |              |
|--------------|---------------------------|--------------|--------------|----------|--------------|--------------|
|              | 15 to 19                  |              |              | 20 to 24 |              |              |
|              | No.                       | Average      |              | No.      | Average      |              |
|              |                           | Compensation | Cash Balance |          | Compensation | Cash Balance |
| Under 25     | 0                         | 0            | 0            | 0        | 0            | 0            |
| 25 to 29     | 0                         | 0            | 0            | 0        | 0            | 0            |
| 30 to 34     | 0                         | 0            | 0            | 0        | 0            | 0            |
| 35 to 39     | 0                         | 0            | 0            | 0        | 0            | 0            |
| 40 to 44     | 0                         | 0            | 0            | 0        | 0            | 0            |
| 45 to 49     | 3                         | 0            | 0            | 0        | 0            | 0            |
| 50 to 54     | 15                        | 0            | 0            | 13       | 0            | 0            |
| 55 to 59     | 14                        | 0            | 0            | 28       | 0            | 0            |
| 60 to 64     | 9                         | 0            | 0            | 4        | 0            | 0            |
| 65 to 69     | 4                         | 0            | 0            | 2        | 0            | 0            |
| 70 & Up      | 1                         | 0            | 0            | 1        | 0            | 0            |

| Attained Age | YEARS OF CREDITED SERVICE |              |              |          |              |              |
|--------------|---------------------------|--------------|--------------|----------|--------------|--------------|
|              | 25 to 29                  |              |              | 30 to 34 |              |              |
|              | No.                       | Average      |              | No.      | Average      |              |
|              |                           | Compensation | Cash Balance |          | Compensation | Cash Balance |
| Under 25     | 0                         | 0            | 0            | 0        | 0            | 0            |
| 25 to 29     | 0                         | 0            | 0            | 0        | 0            | 0            |
| 30 to 34     | 0                         | 0            | 0            | 0        | 0            | 0            |
| 35 to 39     | 0                         | 0            | 0            | 0        | 0            | 0            |
| 40 to 44     | 0                         | 0            | 0            | 0        | 0            | 0            |
| 45 to 49     | 0                         | 0            | 0            | 0        | 0            | 0            |
| 50 to 54     | 0                         | 0            | 0            | 0        | 0            | 0            |
| 55 to 59     | 5                         | 0            | 0            | 0        | 0            | 0            |
| 60 to 64     | 6                         | 0            | 0            | 3        | 0            | 0            |
| 65 to 69     | 1                         | 0            | 0            | 1        | 0            | 0            |
| 70 & Up      | 0                         | 0            | 0            | 0        | 0            | 0            |

|                             |                                       |                           |            |            |            |               |
|-----------------------------|---------------------------------------|---------------------------|------------|------------|------------|---------------|
| <b>Name of Plan</b>         | THIRD FEDERAL SAVINGS RETIREMENT PLAN |                           |            |            |            |               |
| <b>Plan Year Begin Date</b> | 01/01/2023                            | <b>Plan Year End Date</b> | 12/31/2023 | <b>EIN</b> | 34-0573493 | <b>PN</b> 003 |

| Attained Age | YEARS OF CREDITED SERVICE |              |              |         |              |              |
|--------------|---------------------------|--------------|--------------|---------|--------------|--------------|
|              | 35 to 39                  |              |              | 40 & Up |              |              |
|              | No.                       | Average      |              | No.     | Average      |              |
|              |                           | Compensation | Cash Balance |         | Compensation | Cash Balance |
| Under 25     | 0                         | 0            | 0            | 0       | 0            | 0            |
| 25 to 29     | 0                         | 0            | 0            | 0       | 0            | 0            |
| 30 to 34     | 0                         | 0            | 0            | 0       | 0            | 0            |
| 35 to 39     | 0                         | 0            | 0            | 0       | 0            | 0            |
| 40 to 44     | 0                         | 0            | 0            | 0       | 0            | 0            |
| 45 to 49     | 0                         | 0            | 0            | 0       | 0            | 0            |
| 50 to 54     | 0                         | 0            | 0            | 0       | 0            | 0            |
| 55 to 59     | 0                         | 0            | 0            | 0       | 0            | 0            |
| 60 to 64     | 0                         | 0            | 0            | 0       | 0            | 0            |
| 65 to 69     | 0                         | 0            | 0            | 0       | 0            | 0            |
| 70 & Up      | 0                         | 0            | 0            | 0       | 0            | 0            |

THIRD FEDERAL SAVINGS RETIREMENT PLAN

FINANCIAL STATEMENTS  
WITH  
INDEPENDENT AUDITOR'S REPORT

December 31, 2023

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To the Plan Participants and Retirement Plan Committee  
Third Federal Savings Retirement Plan  
Cleveland, Ohio

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

We have performed audits of the financial statements of Third Federal Savings Retirement 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 statement of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Third Federal Savings Retirement Plan 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 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions, Principal Life Insurance Company (Member Company of the Principal Financial Group) and Delaware Charter Guarantee (doing business as Principal Trust Company) as of and for the years ended December 31, 2023 and 2022 and Principal Bank, as of and for the year ended December 31, 2023, stating that the certified investment information, as described in Note 6 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.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

***Basis for Opinion***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (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 Third Federal Savings Retirement Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit

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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 accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. 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 Third Federal Savings Retirement Plan's ability to continue as a going concern for one year after the date that the financial statements are 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 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 Third Federal Savings Retirement 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 Third Federal Savings Retirement Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

***Other Matter — Supplemental Schedules Required by ERISA***

The supplemental Schedule of Assets Held for Investment Purposes at End of Year and the Schedule for Reportable Transactions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules 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 schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Meaden & Moore, Ltd.  
Cleveland, Ohio

September 30, 2024

# STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

## Third Federal Savings Retirement Plan

|                                   | December 31          |                      |
|-----------------------------------|----------------------|----------------------|
|                                   | <u>2023</u>          | <u>2022</u>          |
| <b>ASSETS</b>                     |                      |                      |
| Receivable - Interest             | \$ 581,472           | \$ -                 |
| Investments, at Fair Value:       |                      |                      |
| Money Market Fund                 | 2,115,293            | -                    |
| U.S. Government Securities        | 12,510,255           | -                    |
| Corporate Debt Securities         | 47,635,492           | -                    |
| Mutual Funds                      | 17,516,095           | 33,122,920           |
| Pooled Separate Accounts          | -                    | 43,884,917           |
|                                   | <u>79,777,135</u>    | <u>77,007,837</u>    |
| Total Investments                 |                      |                      |
|                                   | <u>79,777,135</u>    | <u>77,007,837</u>    |
| Net Assets Available for Benefits | <u>\$ 80,358,607</u> | <u>\$ 77,007,837</u> |

*See accompanying notes.*

# STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

## Third Federal Savings Retirement Plan

|                                                     | Year Ended December 31 |                      |
|-----------------------------------------------------|------------------------|----------------------|
|                                                     | <u>2023</u>            | <u>2022</u>          |
| Investment Income:                                  |                        |                      |
| Net unrealized/realized appreciation (depreciation) | \$ 6,444,870           | \$ (18,868,273)      |
| Dividends and interest                              | 1,587,403              | 475,792              |
| Other Income                                        | <u>43,683</u>          | <u>-</u>             |
| Total Investment Income (Loss)                      | 8,075,956              | (18,392,481)         |
| Deductions from Net Assets Attributed to:           |                        |                      |
| Benefits paid to participants                       | 4,489,291              | 6,091,166            |
| PBGC premiums                                       | 43,008                 | 41,272               |
| Administrative expenses                             | <u>192,887</u>         | <u>-</u>             |
| Total Deductions                                    | <u>4,725,186</u>       | <u>6,132,438</u>     |
| Net Increase (Decrease)                             | 3,350,770              | (24,524,919)         |
| Net Assets Available for Benefits:                  |                        |                      |
| Beginning of Year                                   | <u>77,007,837</u>      | <u>101,532,756</u>   |
| End of Year                                         | <u>\$ 80,358,607</u>   | <u>\$ 77,007,837</u> |

See accompanying notes.

## NOTES TO FINANCIAL STATEMENTS

### Third Federal Savings Retirement Plan

#### **1 Description of Plan**

The following description of the Third Federal Savings Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

##### ***General:***

The Plan, which was restated effective January 1, 2013, is a defined benefit pension plan covering all eligible employees of Third Federal Savings and Loan Association of Cleveland and affiliated companies (the "Company"). The Plan is subject to provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

During 2023, the Plan's investment strategy was updated to reflect a focus on long-duration assets. All Plan assets were transferred to Principal Custody Solutions in June 2023, and custody and trust services are provided by Principal Bank and Principal Trust Company. Prior to the transfer, the custody of the Plan's assets were with Principal Life Insurance Company and Principal Trust Company. Principal Bank, Principal Trust Company, and Principal Life Insurance Company are all members of the Principal Financial Group.

##### ***Eligibility:***

All employees of the Company age twenty-one and older and who were employed for one year prior to December 31, 2002, are eligible to participate in the Plan.

##### ***Contributions:***

The Company is required annually to contribute an amount to the Plan which is actuarially determined. The Company's contributions to the Plan for 2023 and 2022 met the minimum funding requirements of ERISA.

##### ***Pension Benefits:***

The Plan provides for normal retirement benefits for the life of the participant, beginning the first day of the month after attaining age 65, with reduced benefits for retirement before this time but after the participant has reached age 55, provided the participant has at least five years of vesting service at the time of early retirement.

Effective December 31, 2011, participants no longer earn additional pension benefit accruals under the Plan. The "frozen" pension benefit is calculated as if the participant terminated employment on December 31, 2011, based on the participant's years of benefit service through December 31, 2011 and average annual compensation determined on that date. Participants continue to earn vesting service. Early retirement and early commencement features and will be paid as provided by the Plan.

##### ***Death Benefit:***

The Plan provides a death benefit if a participant or a retired or former participant dies after becoming entitled to vested retirement benefits under the Plan and prior to their pension commencement date. The participant's surviving spouse, if any, is eligible for a pre-retirement surviving spouse benefit as provided by the Plan.

## NOTES TO FINANCIAL STATEMENTS

### Third Federal Savings Retirement Plan

## 2 Summary of Significant Accounting Policies

### ***Basis of Accounting:***

The Plan's transactions are reported on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America.

### ***Investment Valuation and Income Recognition:***

The Plan's investments are stated at fair value. Valuation methods are disclosed in Note 4.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is accrued when earned. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

### ***Use of Estimates:***

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

### ***Actuarial Present Value of Accumulated Plan Benefits:***

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service the employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

Effective December 31, 2011, no further benefit accruals or death benefit payments will be paid, other than the pre-retirement surviving spouse benefit, for participants for any deaths occurring on or after March 22, 2012. The actuarial present value of accumulated plan benefits reflects this Plan requirement.

Benefits under the Plan are based on the employee's average annual compensation, as defined in the Plan document. The accumulated plan benefits for active employees are based on their average annual compensation on the date at which benefit information is presented (the valuation date). Benefits payable under all circumstances - retirement, death and termination of employment - are included to the extent they are deemed attributable to employee service rendered to the valuation date. The average annual compensation is calculated as of December 31, 2011, and benefits will not increase as a result of service or compensation after that date.

### ***Administrative Fees:***

The Plan's administrative expenses are paid by either the Plan or the Company, as provided by the Plan document.

## NOTES TO FINANCIAL STATEMENTS

### Third Federal Savings Retirement Plan

## 2 Summary of Significant Accounting Policies, Continued

### *Payment of Benefits:*

Benefit payments to participants are recorded upon distribution.

### *Plan Termination:*

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA and its related regulations. In the event the Plan terminates, the net assets of the Plan will be allocated among the participants and beneficiaries of the Plan in the order provided by ERISA.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees.

### *Risks and Uncertainties:*

The Plan invests in various investments, as described in Note 4. These investments are exposed to various risks, such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investments and level of uncertainty related to changes in values of investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are determined, and the actuarial present value of accumulated Plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is reasonably possible that changes in these estimates and assumptions could materially affect the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

### *Subsequent Events:*

Management evaluates subsequent events occurring subsequent to the date of the financial statements in determining and the accounting for and disclosure of transactions and events that affect the financial statements. Subsequent events have been evaluated through September 30, 2024, which is the date the financial statements were available to be issued.

## 3 Tax Status

The Internal Revenue Service has determined and informed the Plan by letter dated May 29, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code.

## NOTES TO FINANCIAL STATEMENTS

### Third Federal Savings Retirement Plan

#### **3 Tax Status, Continued**

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 uncertain tax positions that more-likely-than-not would not be sustained upon examination by applicable taxing authorities. The Plan administrator has analyzed tax positions taken by the Plan and has concluded that, as of December 31, 2023, there are no uncertain tax positions taken, or expected to be taken, that would require recognition of a liability or that would require disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. However, currently no audits for any tax periods are in progress.

#### **4 Fair Value Measurements**

Under generally accepted accounting standards, a framework has been established for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Money market and mutual funds are valued at the daily net asset value as reported by the fund. These funds are required to publish their daily net asset value and to transact at that price. These investments are classified in the Level 1 category of the valuation hierarchy.

Corporate debt obligations are valued using evaluated prices. Evaluated prices are based on observable inputs such as dealer quotes, bids and offers, as such, these securities are classified within Level 2 of the hierarchy.

U.S. Government securities include Treasury bonds, notes and STRIPS. U.S. Treasury bonds reflect the closing price in the active market in which the security is traded and are classified within Level 1 of the hierarchy. Securities of U.S. Treasury notes and STRIPS are valued using evaluated prices and are classified within Level 2 of the hierarchy.

Pooled separate accounts are valued at the net asset value ("NAV") of shares held by the Plan at year end. The investment strategies are varied and include long term growth of capital and income, market capitalization, high level of current income consistent with preservation of principal and maintenance of liquidity. They may invest in a broad range of domestic and foreign equities, real estate investments and fixed income funds with the objective of matching or exceeding the total return of certain market indices.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023 and 2022. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

# NOTES TO FINANCIAL STATEMENTS

## Third Federal Savings Retirement Plan

### 4 Fair Value Measurements, Continued

|                            | Investments at Fair Value as of December 31, 2023 |                     |             |                     |
|----------------------------|---------------------------------------------------|---------------------|-------------|---------------------|
|                            | Level 1                                           | Level 2             | Level 3     | Total               |
| Money Market Fund          | \$ 2,115,293                                      | \$ -                | \$ -        | \$ 2,115,293        |
| Mutual Funds               | 17,516,095                                        | -                   | -           | 17,516,095          |
| Corporate Debt Securities  | -                                                 | 47,635,492          | -           | 47,635,492          |
| U.S. Government Securities | 3,014,823                                         | 9,495,432           | -           | 12,510,255          |
| Investments at Fair Value  | <u>\$22,646,211</u>                               | <u>\$57,130,924</u> | <u>\$ -</u> | <u>\$79,777,135</u> |

|                                            | Investments at Fair Value as of December 31, 2022 |             |             |                      |
|--------------------------------------------|---------------------------------------------------|-------------|-------------|----------------------|
|                                            | Level 1                                           | Level 2     | Level 3     | Total                |
| Mutual Funds                               | \$ 33,122,920                                     | \$ -        | \$ -        | \$ 33,122,920        |
| Investments Measured at<br>Net Asset Value | -                                                 | -           | -           | 43,884,917           |
| Investments at fair value                  | <u>\$ 33,122,920</u>                              | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 77,007,837</u> |

During 2023, the Plan changed its investment strategy, therefore the valuation methodologies used at December 31, 2023 and 2022 are based on the investment held. 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 table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2022. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

#### Investments Measured Using the Net Asset Value per Share Practical Expedient:

|                             | December 31, 2022    |                         |                                                       |                             |
|-----------------------------|----------------------|-------------------------|-------------------------------------------------------|-----------------------------|
|                             | Fair Value           | Unfunded<br>Commitments | Redemption<br>Frequency<br>(if currently<br>eligible) | Redemption<br>Notice Period |
| Pooled Separate<br>Accounts | <u>\$ 43,884,917</u> | <u>\$ -</u>             | Daily                                                 | 30 days                     |

If the Plan were to initiate the full redemption of the pooled separate accounts, the investment adviser reserves the right to temporarily delay disbursements from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

## NOTES TO FINANCIAL STATEMENTS

### Third Federal Savings Retirement Plan

#### 5 Accumulated Plan Benefits

The actuarial present value of accumulated benefits as of January 1, 2023 was determined by consulting actuaries and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment between the valuation date and the expected date of payment (by means of decrements for withdrawal due to death and termination of employment).

The actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, other assumptions and factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

A schedule of vested and non-vested accumulated Plan benefits is as follows:

|                                                       | January 1,<br>2023   |
|-------------------------------------------------------|----------------------|
| Actuarial present value of accumulated plan benefits: |                      |
| Vested benefits                                       |                      |
| Participants currently receiving payments             | \$ 23,035,505        |
| Other participants                                    | <u>37,617,235</u>    |
|                                                       | <u>\$ 60,652,740</u> |

Changes in accumulated plan benefits from the previous valuation date are presented below:

|                                                              |                      |
|--------------------------------------------------------------|----------------------|
| Actuarial present value of accumulated plan benefits         |                      |
| at January 1, 2022                                           | \$ 69,424,200        |
| Increase (decrease) during the period attributable to:       |                      |
| Benefits accumulated and Plan experience                     | 909,580              |
| Benefits paid                                                | (6,091,166)          |
| Increase for interest due to decrease in the discount period | 3,320,782            |
| Change in assumptions                                        | <u>(6,910,656)</u>   |
| Net decrease                                                 | <u>(8,771,460)</u>   |
| Actuarial present value of accumulated plan benefits         |                      |
| at January 1, 2023                                           | <u>\$ 60,652,740</u> |

The change in benefits accumulated and Plan experience is based on the actuary's expectation of retirees and deaths in the current valuation period.

The change in assumptions was primarily due to the change in the interest rate from 5.00% at January 1, 2022 to 6.00% at January 1, 2023 and the mortality assumption was updated to reflect the most recent Pri-2012 total dataset base rate mortality table projected generationally using the using the Principal Mortality Improvement Scale (Principal 2022).

## NOTES TO FINANCIAL STATEMENTS

### Third Federal Savings Retirement Plan

#### 5 Accumulated Plan Benefits, Continued

Significant assumptions underlying the actuarial computations of accumulated plan benefits include:

Mortality Basis: Based on Pri-2012 total dataset base rate mortality table projected generationally using the using the Principal Mortality Improvement Scale (Principal 2022).

Retirement Age: An assumed incidence of retirement ranging from 2% at age 55 to 100% at age 68 for active participants. All inactive participants are assumed to retire at age 65.

Interest Rate: 6.00%

#### 6 Information Prepared and Certified by Custodians

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate by Principal Life Insurance Company (Member Company of the Principal Financial Group) (“Principal”), Delaware Charter Guarantee (doing business as Principal Trust Company) and Principal Bank, the custodians of the Plan:

|                                                     | <u>2023</u>   | <u>2022</u>     |
|-----------------------------------------------------|---------------|-----------------|
| Investments, at fair value                          | \$ 79,777,135 | \$ 77,007,837   |
| Net unrealized/realized appreciation (depreciation) | \$ 6,444,870  | \$ (18,868,273) |
| Interest and dividends                              | \$ 1,587,403  | \$ 475,792      |

#### 7 Party-in-Interest Transactions

Parties-in-interest are defined under DOL regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. Professional fees for the administration and audit of the Plan may be paid by the Plan or the Company.

During 2023 and 2022, the Plan held investments in units of pooled separate accounts managed by Principal. Principal is the custodian as defined by the Plan, and therefore, these investments qualify as party-in-interest investments. Principal provides certain administrative services to the Plan pursuant to a service agreement between the Company and Principal. Principal receives revenue from certain investment sub-advisors in connection with services provided to the Plan. The revenue is used to offset administrative fees owed to Principal for its administrative services to the Plan. If the revenue received by Principal exceeds the required amount under the Plan’s service agreement, the excess is used to pay administrative expenses of the Plan.

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR  
Form 5500, Schedule H, Part IV, Line 4i

Third Federal Savings Retirement Plan

EIN 34-0573493  
Plan Number 003

December 31, 2023

| (a) | (b)<br>Identity of Issuer,<br>Borrower, Lessor,<br>or Similar Party | (c)<br>Description of Investment Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par or Maturity Value | (d)<br>Cost  | (e)<br>Current<br>Value |
|-----|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------|-------------------------|
|     | <u>Money Market Fund:</u>                                           |                                                                                                                     |              |                         |
|     | Allspring                                                           | GOVERNMENT MONEY MARKET FUND                                                                                        | \$ 2,115,293 | \$ 2,115,293            |
|     | <u>U.S. Government Securities:</u>                                  |                                                                                                                     |              |                         |
|     | U.S. Treasury                                                       | STRIP PRINC DTD 11/16/20   11/15/2050 - 2,500,000                                                                   | 876,925      | 841,600                 |
|     | U.S. Treasury                                                       | STRIP STRIPPED PRINCIPAL - 710,000                                                                                  | 169,726      | 224,708                 |
|     | U.S. Treasury                                                       | STRIPS STRIPPED COUPON - 1,050,000                                                                                  | 599,577      | 604,926                 |
|     | U.S. Treasury                                                       | STRIPS STRIPPED PRINCIPAL - 1,250,000                                                                               | 423,913      | 406,900                 |
|     | U.S. Treasury                                                       | STRIPS STRIPPED PRINCIPAL - 1,000,000                                                                               | 335,480      | 322,550                 |
|     | U.S. Treasury                                                       | SEC STRIPPED DTD 08/15/08   11/15/2037 - 2,000,000                                                                  | 1,136,093    | 1,127,420               |
|     | U.S. Treasury                                                       | SEC STRIPPED DTD 02/15/08   02/15/2038 - 850,000                                                                    | 497,981      | 496,766                 |
|     | U.S. Treasury                                                       | SEC STRIPPED DTD 02/15/08   02/15/2038 - 3,000,000                                                                  | 1,686,810    | 1,670,460               |
|     | U.S. Treasury                                                       | SEC STRIPPED DTD 02/17/09   08/15/2038 - 1,650,000                                                                  | 750,585      | 896,247                 |
|     | U.S. Treasury                                                       | SEC STRIPPED DTD 05/15/20   05/15/2050 - 1,300,000                                                                  | 463,437      | 444,262                 |
|     | U.S. Treasury                                                       | BOND DTD 11/15/18   11/15/2048 - 1,250,000                                                                          | 464,575      | 444,562                 |
|     | U.S. Treasury                                                       | BOND DTD 05/15/19   05/15/2049 - 2,125,000                                                                          | 779,826      | 744,982                 |
|     | U.S. Treasury                                                       | BOND DTD 11/15/19   11/15/2049 - 1,500,000                                                                          | 544,065      | 519,960                 |
|     | U.S. Treasury                                                       | BOND DTD 02/16/21   02/15/2051 - 1,950,000                                                                          | 678,711      | 650,578                 |
|     | U.S. Treasury                                                       | BOND DTD 11/15/21   11/15/2051 - 2,000,000                                                                          | 682,840      | 654,740                 |
|     | U.S. Treasury                                                       | BOND ZERO CPN DTD 08/15/13   08/15/2043 - 1,850,000                                                                 | 683,721      | 809,024                 |
|     | U.S. Treasury                                                       | BOND/NOTE STRIPPED ZERO DTD 08/15/08   05/15/2038 - 3,000,000                                                       | 1,666,140    | 1,650,570               |
|     |                                                                     |                                                                                                                     | 12,440,405   | 12,510,255              |
|     | <u>Corporate Debt Securities:</u>                                   |                                                                                                                     |              |                         |
|     | Corporate Debt                                                      | ABBOTT LABORATORIES DTD 11/22/16 4.900 11/30/2046 - 575,000                                                         | 578,398      | 587,529                 |
|     | Corporate Debt                                                      | ABBVIE INC DTD 05/14/15 4.700 05/14/2045 - 200,000                                                                  | 175,874      | 190,316                 |
|     | Corporate Debt                                                      | ABBVIE INC DTD 05/21/20 4.250 11/21/2049 - 210,000                                                                  | 178,381      | 187,142                 |
|     | Corporate Debt                                                      | ALABAMA POWER CO DTD 09/17/19 3.450 10/01/2049 - 200,000                                                            | 147,048      | 150,260                 |
|     | Corporate Debt                                                      | AMAZON.COM INC DTD 05/12/21 2.875 05/12/2041 - 275,000                                                              | 211,585      | 216,068                 |
|     | Corporate Debt                                                      | AMERICAN WATER CAPITAL DTD 05/14/2021 2.300% 06/01/2031 - 300,000                                                   | 251,967      | 256,179                 |
|     | Corporate Debt                                                      | AMGEN INC DTD 03/02/2023 5.650% 03/02/2053 - 225,000                                                                | 225,884      | 236,720                 |
|     | Corporate Debt                                                      | AMGEN INC DTD 03/02/2023 5.750% 03/02/2063 - 250,000                                                                | 250,918      | 262,285                 |
|     | Corporate Debt                                                      | ANHEUSER-BUSCH COS LLC / ANHEUSER-BUSCH INBEV - 600,000                                                             | 573,780      | 588,144                 |
|     | Corporate Debt                                                      | ANHEUSER-BUSCH INBEV WOR DTD 04/04/18 4.375 04/15/2038 - 500,000                                                    | 471,285      | 474,160                 |
|     | Corporate Debt                                                      | APPLE INC DTD 02/08/21 2.375 02/08/2041 - 600,000                                                                   | 444,233      | 438,498                 |
|     | Corporate Debt                                                      | APPLE INC DTD 08/08/2022 3.950% 08/08/2052 - 25,000                                                                 | 21,963       | 21,880                  |
|     | Corporate Debt                                                      | APPLIED MATERIALS INC DTD 06/08/11 5.850 06/15/2041 - 250,000                                                       | 272,985      | 275,555                 |
|     | Corporate Debt                                                      | AQUA AMERICA INC DTD 04/26/19 4.276 05/01/2049 - 275,000                                                            | 223,174      | 228,319                 |
|     | Corporate Debt                                                      | ARCH CAPITAL GROUP LTD DTD 06/30/20 3.635 06/30/2050 - 250,000                                                      | 182,695      | 190,788                 |
|     | Corporate Debt                                                      | ASTRAZENECA PLC DTD 11/16/15 4.375 11/16/2045 - 200,000                                                             | 185,206      | 187,784                 |
|     | Corporate Debt                                                      | AT&T INC DTD 06/02/2023 5.400% 02/15/2034 - 510,000                                                                 | 514,605      | 525,978                 |
|     | Corporate Debt                                                      | AT&T INC DTD 05/28/20 3.500 06/01/2041 - 475,000                                                                    | 365,218      | 377,188                 |
|     | Corporate Debt                                                      | AT&T INC DTD 03/15/21 3.500 09/15/2053 - 635,000                                                                    | 424,849      | 460,826                 |
|     | Corporate Debt                                                      | ATMOS ENERGY CORP DTD 10/10/2023 6.200% 11/15/2053 - 110,000                                                        | 109,735      | 128,953                 |
|     | Corporate Debt                                                      | BANK AMERICA CORP DTD 09/15/2023 VAR CPN 09/15/2034 - 215,000                                                       | 215,000      | 225,056                 |
|     | Corporate Debt                                                      | BANK MONTREAL DTD 06/05/2023 5.300% 06/05/2026 - 475,000                                                            | 476,929      | 479,698                 |
|     | Corporate Debt                                                      | BANK OF AMERICA DTD 04/27/2022 VAR CPN 04/27/2033 - 355,000                                                         | 335,780      | 338,379                 |
|     | Corporate Debt                                                      | BANK OF AMERICA CORP DTD 06/14/21 06/14/2029 - 265,000                                                              | 228,022      | 233,550                 |
|     | Corporate Debt                                                      | BANK OF AMERICA CORP MED TERM NOTE - 675,000                                                                        | 467,566      | 482,544                 |
|     | Corporate Debt                                                      | BANK OF AMERICA CORP DTD 07/21/21 07/21/2052 - 190,000                                                              | 126,893      | 133,931                 |
|     | Corporate Debt                                                      | BARCLAYS PLC DTD 09/13/2023 VAR CPN 09/13/2034 - 250,000                                                            | 250,000      | 267,250                 |
|     | Corporate Debt                                                      | BAT CAPITAL CORP DTD 08/15/18 3.557 08/15/2027 - 112,000                                                            | 103,361      | 106,883                 |
|     | Corporate Debt                                                      | BAT CAPITAL CORP DTD 08/02/2023 7.081% 08/02/2053 - 55,000                                                          | 55,000       | 58,798                  |

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR  
Form 5500, Schedule H, Part IV, Line 4i

Third Federal Savings Retirement Plan

EIN 34-0573493  
Plan Number 003

December 31, 2023

| (a) | (b)<br>Identity of Issuer,<br>Borrower, Lessor,<br>or Similar Party | (c)<br>Description of Investment Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par or Maturity Value | (d)<br>Cost | (e)<br>Current<br>Value |
|-----|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------|-------------------------|
|     | Corporate Debt                                                      | BECTON DICKINSON AND CO DTD 02/13/2023 4.693% 02/13/2028 - 525,000                                                  | 525,247     | 527,237                 |
|     | Corporate Debt                                                      | BECTON DICKINSON AND CO DTD 06/06/17 4.669 06/06/2047 - 250,000                                                     | 226,425     | 233,448                 |
|     | Corporate Debt                                                      | BERKSHIRE HATHAWAY FIN DTD 05/15/12 4.400 05/15/2042 - 450,000                                                      | 427,275     | 434,673                 |
|     | Corporate Debt                                                      | BHP BILLITON FIN DTD 09/08/2023 5.250% 09/08/2030 - 200,000                                                         | 198,938     | 207,200                 |
|     | Corporate Debt                                                      | BOEING CO DTD 05/04/20 5.705 05/01/2040 - 400,000                                                                   | 396,088     | 413,576                 |
|     | Corporate Debt                                                      | BOEING CO DTD 05/04/20 5.805 05/01/2050 - 275,000                                                                   | 271,015     | 284,776                 |
|     | Corporate Debt                                                      | BP CAP MARKETS AMERICA DTD 02/24/20 3.000 02/24/2050 - 275,000                                                      | 188,529     | 194,497                 |
|     | Corporate Debt                                                      | BRISTOL MYERS SQUIBB CO DTD 11/13/2023 6.400% 11/15/2063 - 100,000                                                  | 99,985      | 115,856                 |
|     | Corporate Debt                                                      | BRISTOL-MYERS SQUIBB CO DTD 04/26/20 4.250 10/26/2049 - 250,000                                                     | 219,163     | 216,943                 |
|     | Corporate Debt                                                      | BROADCOM INC 144A PRIV PLCMT 3.419 04/15/2033 - 500,000                                                             | 418,035     | 439,155                 |
|     | Corporate Debt                                                      | BURLINGTN NORTH SANTA FE DTD 05/19/11 5.400 06/01/2041 - 245,000                                                    | 243,976     | 256,544                 |
|     | Corporate Debt                                                      | BURLINGTON NORTH SANTA FE DTD 06/07/2022 4.45% 01/15/2053 - 155,000                                                 | 141,385     | 146,083                 |
|     | Corporate Debt                                                      | CARGILL INC DTD 04/22/2022 4.375% 04/22/2052 - 85,000                                                               | 74,563      | 77,739                  |
|     | Corporate Debt                                                      | CENTENE CORP DTD 08/12/21 2.625 08/01/2031 - 275,000                                                                | 221,460     | 228,173                 |
|     | Corporate Debt                                                      | CENTERPOINT ENER HOUSTON DTD 03/11/21 3.350 04/01/2051 - 275,000                                                    | 203,973     | 208,821                 |
|     | Corporate Debt                                                      | CF INDUSTRIES INC DTD 03/11/14 5.375 03/15/2044 - 175,000                                                           | 153,981     | 166,971                 |
|     | Corporate Debt                                                      | CHARTER COMM OPT LLC/CAP DTD 07/06/17 3.750 02/15/2028 - 425,000                                                    | 391,119     | 401,221                 |
|     | Corporate Debt                                                      | CHARTER COMM OPT LLC/CAP DTD 03/04/21 3.900 06/01/2052 - 375,000                                                    | 226,283     | 252,143                 |
|     | Corporate Debt                                                      | CHEVRON USA INC DTD 08/12/20 2.343 08/12/2050 - 125,000                                                             | 78,956      | 79,701                  |
|     | Corporate Debt                                                      | CHUBB INA HOLDINGS INC DTD 11/18/21 2.850 12/15/2051 - 150,000                                                      | 103,019     | 108,804                 |
|     | Corporate Debt                                                      | CIGNA CORP DTD 06/15/19 4.900 12/15/2048 - 250,000                                                                  | 229,205     | 237,685                 |
|     | Corporate Debt                                                      | CITIGROUP INC DTD 09/29/2022 VAR CPN 09/29/2026 - 625,000                                                           | 629,381     | 629,556                 |
|     | Corporate Debt                                                      | CITIGROUP INC DTD 03/17/2022 VAR CPN 03/17/2033 - 500,000                                                           | 445,635     | 449,675                 |
|     | Corporate Debt                                                      | COMCAST CORP DTD 05/28/20 1.950 01/15/2031 - 530,000                                                                | 436,969     | 447,336                 |
|     | Corporate Debt                                                      | COMCAST CORP DTD 11/05/19 3.250 11/01/2039 - 570,000                                                                | 452,090     | 461,700                 |
|     | Corporate Debt                                                      | COMMONWEALTH EDISON CO DTD 02/19/19 4.000 03/01/2049 - 250,000                                                      | 206,485     | 209,505                 |
|     | Corporate Debt                                                      | CONOCOPHILLIPS COMPANY DTD 08/17/2023 5.050% 09/15/2033 - 200,000                                                   | 199,614     | 205,478                 |
|     | Corporate Debt                                                      | CONOCOPHILLIPS COMPANY DTD 11/12/14 4.300 11/15/2044 - 200,000                                                      | 176,232     | 178,534                 |
|     | Corporate Debt                                                      | CONSOLIDATED EDISON CO DTD 11/22/2023 5.900% 11/15/2053 - 85,000                                                    | 84,222      | 93,473                  |
|     | Corporate Debt                                                      | CONSTELLATION BRANDS INC DTD 07/26/21 2.250 08/01/2031 - 550,000                                                    | 451,000     | 462,149                 |
|     | Corporate Debt                                                      | COREBRIDGE FINANCIAL INC DTD 04/05/2023 4.400% 04/05/2052 - 105,000                                                 | 80,420      | 88,005                  |
|     | Corporate Debt                                                      | CREDIT SUISSE GROUP AG 144A PRIV PLCMT 06/05/2026 - 650,000                                                         | 591,799     | 618,137                 |
|     | Corporate Debt                                                      | CSL FINANCE PLC DTD 04/27/2022 4.750% 04/27/2052 - 350,000                                                          | 321,780     | 333,225                 |
|     | Corporate Debt                                                      | CSX CORP DTD 11/15/18 4.750 11/15/2048 - 200,000                                                                    | 183,892     | 190,230                 |
|     | Corporate Debt                                                      | CVS HEALTH CORP DTD 03/09/18 4.780 03/25/2038 - 325,000                                                             | 302,045     | 307,899                 |
|     | Corporate Debt                                                      | DANAHER CORP DTD 12/10/21 2.800 12/10/2051 - 275,000                                                                | 186,563     | 190,446                 |
|     | Corporate Debt                                                      | DEVON ENERGY CORPORATION DTD 07/12/11 5.600 07/15/2041 - 200,000                                                    | 183,020     | 193,296                 |
|     | Corporate Debt                                                      | DOWDUPONT INC DTD 11/28/18 5.319 11/15/2038 - 200,000                                                               | 198,106     | 205,134                 |
|     | Corporate Debt                                                      | DTE ELECTRIC CO DTD 02/24/22 3.650 03/01/2052 - 525,000                                                             | 407,668     | 413,821                 |
|     | Corporate Debt                                                      | DUKE ENERGY FLA LLC DTD 11/09/2023 6.200% 11/15/2053 - 140,000                                                      | 139,149     | 160,103                 |
|     | Corporate Debt                                                      | DUKE ENERGY IND LLC DTD 03/23/2023 5.400% 04/01/2053 - 325,000                                                      | 324,977     | 330,902                 |
|     | Corporate Debt                                                      | DUKE ENERGY OHIO INC DTD 01/08/19 4.300 02/01/2049 - 500,000                                                        | 419,095     | 425,535                 |
|     | Corporate Debt                                                      | ELI LILLY & CO DTD 02/27/2023 4.950% 02/27/2063 - 200,000                                                           | 200,788     | 207,166                 |
|     | Corporate Debt                                                      | ENBRIDGE INC DTD 06/28/21 2.500 08/01/2033 - 175,000                                                                | 137,436     | 143,309                 |
|     | Corporate Debt                                                      | ENERGY TRANSFER LP DTD 12/14/2022 5.550% 02/15/2028 - 375,000                                                       | 378,049     | 382,538                 |
|     | Corporate Debt                                                      | ENERGY TRANSFER LP DTD 10/13/2023 6.550% 12/01/2033 - 250,000                                                       | 249,715     | 271,325                 |
|     | Corporate Debt                                                      | ENERGY TRANSFER PARTNERS DTD 03/12/15 5.150 03/15/2045 - 425,000                                                    | 359,044     | 389,674                 |
|     | Corporate Debt                                                      | ENTERPRISE PRODUCTS OPER DTD 07/08/19 4.200 01/31/2050 - 400,000                                                    | 326,836     | 346,952                 |
|     | Corporate Debt                                                      | EXXON MOBIL CORPORATION DTD 04/15/20 3.452 04/15/2051 - 250,000                                                     | 193,240     | 196,115                 |
|     | Corporate Debt                                                      | FISERV INC DTD 06/24/19 3.500 07/01/2029 - 250,000                                                                  | 229,880     | 235,208                 |
|     | Corporate Debt                                                      | FLORIDA POWER & LIGHT CO DTD 09/10/14 4.050 10/01/2044 - 500,000                                                    | 429,815     | 437,240                 |
|     | Corporate Debt                                                      | GALLAGHER ARTHUR J & CO DTD 11/02/2023 6.750% 02/15/2054 - 100,000                                                  | 98,756      | 116,678                 |
|     | Corporate Debt                                                      | GENERAL ELEC CAP CORP DTD 01/09/09 6.875 01/10/2039 - 300,000                                                       | 339,843     | 363,981                 |
|     | Corporate Debt                                                      | GILEAD SCIENCES INC DTD 11/17/14 4.500 02/01/2045 - 200,000                                                         | 182,092     | 184,974                 |

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Third Federal Savings Retirement Plan

EIN 34-0573493  
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|-----|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------|-------------------------|
|     | Corporate Debt                                                      | GILEAD SCIENCES INC DTD 09/14/2023 5.550% 10/15/2053 - 270,000                                                      | 269,393     | 292,548                 |
|     | Corporate Debt                                                      | GOLDMAN SACHS GROUP INC DTD 01/26/17 3.850 01/26/2027 - 500,000                                                     | 481,315     | 486,260                 |
|     | Corporate Debt                                                      | GOLDMAN SACHS GROUP INC DTD 01/24/22 02/24/2033 - 200,000                                                           | 170,444     | 171,684                 |
|     | Corporate Debt                                                      | HOME DEPOT INC DTD 04/05/13 4.200 04/01/2043 - 450,000                                                              | 399,465     | 410,112                 |
|     | Corporate Debt                                                      | INTEL CORP DTD 06/08/18 3.734 12/08/2047 - 225,000                                                                  | 173,653     | 182,747                 |
|     | Corporate Debt                                                      | INTUIT SR NT DTD 09/15/2023 5.500% 09/15/2053 - 95,000                                                              | 94,213      | 103,893                 |
|     | Corporate Debt                                                      | JBS USA LUX SA DTD 08/02/2023 4.375% 02/02/2052 - 250,000                                                           | 170,068     | 186,110                 |
|     | Corporate Debt                                                      | JPMORGAN CHASE & CO DTD 02/04/21 02/04/2027 - 1,000,000                                                             | 896,740     | 919,060                 |
|     | Corporate Debt                                                      | JPMORGAN CHASE & CO DTD 06/01/2023 VAR CPN 06/01/2034 - 200,000                                                     | 203,734     | 202,846                 |
|     | Corporate Debt                                                      | JPMORGAN CHASE & CO DTD 04/22/20 04/22/2041 - 375,000                                                               | 282,161     | 288,705                 |
|     | Corporate Debt                                                      | KIMCO REALTY CORP DTD 02/25/22 3.200 04/01/2032 - 275,000                                                           | 229,958     | 239,283                 |
|     | Corporate Debt                                                      | KINDER MORGAN INC/DELAWA DTD 11/26/14 5.300 12/01/2034 - 300,000                                                    | 289,398     | 297,687                 |
|     | Corporate Debt                                                      | KLA CORP DTD 06/23/2022 4.950% 07/15/2052 - 225,000                                                                 | 219,006     | 227,306                 |
|     | Corporate Debt                                                      | KRAFT HEINZ FOODS CO DTD 10/01/20 4.875 10/01/2049 - 425,000                                                        | 385,798     | 402,696                 |
|     | Corporate Debt                                                      | L3HARRIS TECHNOLOGIES INC DTD 07/31/2023 5.600% 07/31/2053 - 75,000                                                 | 74,762      | 79,817                  |
|     | Corporate Debt                                                      | LAM RESEARCH CORP DTD 03/04/19 4.875 03/15/2049 - 175,000                                                           | 167,668     | 174,116                 |
|     | Corporate Debt                                                      | LOCKHEED MARTIN CORP DTD 10/24/2022 5.900% 11/15/2063 - 225,000                                                     | 252,344     | 262,730                 |
|     | Corporate Debt                                                      | MARKEL CORP DTD 09/17/19 4.150 09/17/2050 - 200,000                                                                 | 156,810     | 162,834                 |
|     | Corporate Debt                                                      | MARS INC 144A PRIV PLCMT 2.375 07/16/2040 - 350,000                                                                 | 241,024     | 251,073                 |
|     | Corporate Debt                                                      | MARSH & MCLENNAN COS INC DTD 12/08/21 2.900 12/15/2051 - 350,000                                                    | 232,432     | 235,392                 |
|     | Corporate Debt                                                      | MASS MUTUAL LIFE INS CO DTD 12/02/2022 5.672% 12/01/2052 - 225,000                                                  | 227,930     | 232,461                 |
|     | Corporate Debt                                                      | MEDTRONIC INC DTD 03/15/15 4.625 03/15/2045 - 250,000                                                               | 242,110     | 242,920                 |
|     | Corporate Debt                                                      | METLIFE INC DTD 07/11/2022 5.000% 07/15/2052 - 325,000                                                              | 300,736     | 322,497                 |
|     | Corporate Debt                                                      | MICROSOFT CORP DTD 06/01/20 2.525 06/01/2050 - 375,000                                                              | 258,731     | 256,001                 |
|     | Corporate Debt                                                      | MID-AMERICA APARTMENTS DTD 03/07/19 3.950 03/15/2029 - 400,000                                                      | 385,376     | 388,456                 |
|     | Corporate Debt                                                      | MIDAMERICAN ENERGY CO DTD 02/01/17 3.950 08/01/2047 - 450,000                                                       | 373,712     | 376,069                 |
|     | Corporate Debt                                                      | MORGAN STANLEY DTD 07/24/17 07/22/2028 - 650,000                                                                    | 608,556     | 620,516                 |
|     | Corporate Debt                                                      | MORGAN STANLEY DTD 01/24/22 01/21/2033 - 350,000                                                                    | 293,801     | 297,731                 |
|     | Corporate Debt                                                      | MORGAN STANLEY DTD 01/25/21 01/25/2052 - 355,000                                                                    | 230,246     | 236,792                 |
|     | Corporate Debt                                                      | MORGAN STANLEY BK DTD 11/01/2023 VAR CPN 11/01/2034 - 125,000                                                       | 125,000     | 138,381                 |
|     | Corporate Debt                                                      | NATIONAL AUSTRALIA BANK 144A PRIV PLCMT 2.332 08/21/2030 - 350,000                                                  | 274,068     | 285,127                 |
|     | Corporate Debt                                                      | NISOURCE INC DTD 03/24/2023 5.250% 03/30/2028 - 350,000                                                             | 353,318     | 356,867                 |
|     | Corporate Debt                                                      | NORFOLK SOUTHERN CORP DTD 08/02/2023 5.350% 08/01/2054 - 120,000                                                    | 119,299     | 124,709                 |
|     | Corporate Debt                                                      | NORFOLK SOUTHN CORP DTD 11/22/2023 5.950% 03/15/2064 - 125,000                                                      | 124,651     | 139,467                 |
|     | Corporate Debt                                                      | NORTHERN STATES PWR-MINN DTD 05/08/2023 5.100% 05/15/2053 - 200,000                                                 | 196,558     | 201,628                 |
|     | Corporate Debt                                                      | NORTHROP GRUMMAN CORP DTD 02/08/2023 4.950% 03/15/2053 - 325,000                                                    | 310,687     | 321,896                 |
|     | Corporate Debt                                                      | NOVARTIS CAPITAL CORP DTD 11/20/15 4.000 11/20/2045 - 250,000                                                       | 223,418     | 224,552                 |
|     | Corporate Debt                                                      | NVIDIA CORP DTD 03/31/20 3.500 04/01/2040 - 300,000                                                                 | 255,507     | 260,043                 |
|     | Corporate Debt                                                      | ONCOR ELECTRIC DELIVERY DTD 03/30/11 5.250 09/30/2040 - 325,000                                                     | 324,061     | 332,140                 |
|     | Corporate Debt                                                      | ORACLE CORP DTD 07/07/16 4.000 07/15/2046 - 275,000                                                                 | 206,586     | 220,423                 |
|     | Corporate Debt                                                      | ORACLE CORP DTD 02/06/2023 5.550% 02/06/2053 - 200,000                                                              | 189,644     | 200,056                 |
|     | Corporate Debt                                                      | ORACLE CORPORATION DTD 11/09/2022 6.150% 11/09/2029 - 450,000                                                       | 475,650     | 484,087                 |
|     | Corporate Debt                                                      | PACIFIC GAS & ELECTRIC DTD 07/02/20 4.500 07/01/2040 - 200,000                                                      | 156,048     | 169,058                 |
|     | Corporate Debt                                                      | PACIFIC GAS & ELECTRIC DTD 01/06/2023 6.750% 01/15/2053 - 115,000                                                   | 108,087     | 125,088                 |
|     | Corporate Debt                                                      | PACIFICORP DTD 04/08/20 3.300 03/15/2051 - 275,000                                                                  | 196,587     | 190,531                 |
|     | Corporate Debt                                                      | PACKAGING CORP DTD 11/30/2023 5.700% 12/01/2033 - 265,000                                                           | 264,799     | 278,960                 |
|     | Corporate Debt                                                      | PARKER-HANNIFIN CORP 144A PRIV PLCMT 4.100 03/01/2047 - 275,000                                                     | 232,752     | 237,220                 |
|     | Corporate Debt                                                      | PECO ENERGY CO DTD 09/15/14 4.150 10/01/2044 - 125,000                                                              | 99,759      | 108,230                 |
|     | Corporate Debt                                                      | PECO ENERGY CO DTD 08/23/2022 4.375% 08/15/2052 - 95,000                                                            | 83,862      | 85,440                  |
|     | Corporate Debt                                                      | PEPSICO INC DTD 02/15/2023 4.650% 02/15/2053 - 275,000                                                              | 274,640     | 273,248                 |
|     | Corporate Debt                                                      | PFIZER INVT ENTERPRISES DTD 05/19/2023 5.110% 05/19/2043 - 150,000                                                  | 149,705     | 149,466                 |
|     | Corporate Debt                                                      | PFIZER INVT ENTERPRISES DTD 05/19/2023 5.340% 05/19/2063 - 325,000                                                  | 327,522     | 328,120                 |
|     | Corporate Debt                                                      | PNC FINANCIAL SERVICES DTD 10/20/2023 VAR CPN 10/20/2034 - 150,000                                                  | 150,000     | 166,521                 |
|     | Corporate Debt                                                      | PPL ELECTRIC UTILITIES DTD 05/11/17 3.950 06/01/2047 - 100,000                                                      | 83,776      | 84,514                  |

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR  
Form 5500, Schedule H, Part IV, Line 4i

Third Federal Savings Retirement Plan

EIN 34-0573493  
Plan Number 003

December 31, 2023

| (a) | (b)<br>Identity of Issuer,<br>Borrower, Lessor,<br>or Similar Party | (c)<br>Description of Investment Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par or Maturity Value | (d)<br>Cost          | (e)<br>Current<br>Value |
|-----|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------|
|     | Corporate Debt                                                      | PUBLIC SERVICE COLORADO DTD 09/11/12 3.600 09/15/2042 - 300,000                                                     | 241,359              | 236,610                 |
|     | Corporate Debt                                                      | PUBLIC SERVICE ELECTRIC MED TERM NOTE - 300,000                                                                     | 221,109              | 221,544                 |
|     | Corporate Debt                                                      | RIO TINTO FIN USA PLC DTD 03/09/2023 5.125% 03/09/2053 - 225,000                                                    | 224,478              | 233,885                 |
|     | Corporate Debt                                                      | ROYAL BK SCOTLND GRP PLC DTD 05/22/20 05/22/2028 - 275,000                                                          | 251,391              | 255,379                 |
|     | Corporate Debt                                                      | RTX CORPORATION DTD 08/16/2018 4.125% 11/16/2028 - 175,000                                                          | 170,207              | 170,970                 |
|     | Corporate Debt                                                      | RTX CORPORATION DTD 11/08/2023 6.400% 03/15/2054 - 100,000                                                          | 99,625               | 115,768                 |
|     | Corporate Debt                                                      | S&P GLOBAL INC DTD 08/13/20 2.300 08/15/2060 - 150,000                                                              | 85,733               | 89,784                  |
|     | Corporate Debt                                                      | SALESFORCE.COM INC DTD 07/12/21 2.900 07/15/2051 - 200,000                                                          | 138,216              | 143,004                 |
|     | Corporate Debt                                                      | SHELL INTERNATIONAL FIN DTD 04/06/20 3.250 04/06/2050 - 300,000                                                     | 220,929              | 225,372                 |
|     | Corporate Debt                                                      | SOUTHERN CAL EDISON DTD 01/13/22 3.450 02/01/2052 - 275,000                                                         | 196,411              | 200,590                 |
|     | Corporate Debt                                                      | STATE STREET CORP DTD 01/26/2023 VAR CPN 01/26/2034 - 300,000                                                       | 293,982              | 295,197                 |
|     | Corporate Debt                                                      | T MOBILE INC DTD 09/14/2023 6.000% 06/15/2054 - 180,000                                                             | 179,694              | 197,399                 |
|     | Corporate Debt                                                      | T-MOBILE USA INC DTD 02/09/2023 5.050% 07/15/2033 - 275,000                                                         | 272,525              | 277,139                 |
|     | Corporate Debt                                                      | T-MOBILE USA INC DTD 02/15/21 3.000 02/15/2041 - 525,000                                                            | 382,872              | 392,889                 |
|     | Corporate Debt                                                      | TAKE-TWO INTERACTIVE SOFTWARE DTD 04/14/2023 4.95% 03/28/2028 - 600,000                                             | 598,776              | 604,446                 |
|     | Corporate Debt                                                      | THERMO FISHER SCIENTIFIC DTD 08/23/21 2.800 10/15/2041 - 250,000                                                    | 185,800              | 189,750                 |
|     | Corporate Debt                                                      | TORONTO DOMINION BANK MEDIUM TERM NOTE - 400,000                                                                    | 400,000              | 411,816                 |
|     | Corporate Debt                                                      | TOTAL CAPITAL INTL SA DTD 07/10/19 3.461 07/12/2049 - 200,000                                                       | 153,730              | 157,846                 |
|     | Corporate Debt                                                      | TRAVELERS COS INC DTD 05/25/2023 5.450% 05/25/2053 - 250,000                                                        | 257,573              | 269,570                 |
|     | Corporate Debt                                                      | UBS GROUP AG SNR NTS DTD 09/22/2023 VAR CPN 09/22/2034 - 225,000                                                    | 225,000              | 238,189                 |
|     | Corporate Debt                                                      | UNION ELECTRIC CO DTD 04/01/2022 3.900% 04/01/2052 - 250,000                                                        | 202,878              | 205,650                 |
|     | Corporate Debt                                                      | UNION PACIFIC CORP DTD 09/09/2022 4.950% 09/09/2052 - 350,000                                                       | 345,244              | 357,105                 |
|     | Corporate Debt                                                      | UNITED TECHNOLOGIES CORP DTD 06/01/12 4.500 06/01/2042 - 325,000                                                    | 299,007              | 295,136                 |
|     | Corporate Debt                                                      | UNITEDHEALTH GROUP INC DTD 05/18/20 2.750 05/15/2040 - 475,000                                                      | 353,818              | 359,641                 |
|     | Corporate Debt                                                      | UNITEDHEALTH GROUP INC DTD 05/20/2022 4.750% 05/15/2052 - 300,000                                                   | 282,951              | 288,408                 |
|     | Corporate Debt                                                      | VERIZON COMMUNICATIONS DTD 03/15/2022 2.355% 03/15/2032 - 675,000                                                   | 546,473              | 561,445                 |
|     | Corporate Debt                                                      | VERIZON COMMUNICATIONS DTD 11/20/20 2.650 11/20/2040 - 400,000                                                      | 276,680              | 288,208                 |
|     | Corporate Debt                                                      | VIACOM INC DTD 08/19/13 5.850 09/01/2043 - 85,000                                                                   | 65,349               | 76,504                  |
|     | Corporate Debt                                                      | VMWARE INC DTD 08/02/21 1.800 08/15/2028 - 600,000                                                                  | 507,342              | 526,038                 |
|     | Corporate Debt                                                      | WALMART INC DTD 04/18/2023 4.500% 04/15/2053 - 250,000                                                              | 241,160              | 242,915                 |
|     | Corporate Debt                                                      | WARNERMEDIA HOLDINGS INC DTD 03/15/2023 5.050% 03/15/2042 - 575,000                                                 | 471,528              | 506,908                 |
|     | Corporate Debt                                                      | WASTE CONNECTIONS INC DTD 08/18/2022 4.200% 01/15/2033 - 305,000                                                    | 288,600              | 296,146                 |
|     | Corporate Debt                                                      | WASTE MANAGEMENT INC DTD 11/17/20 2.500 11/15/2050 - 350,000                                                        | 221,697              | 232,473                 |
|     | Corporate Debt                                                      | WELLS FARGO & COMPANY MEDIUM TERM NOTE - 200,000                                                                    | 193,928              | 194,836                 |
|     | Corporate Debt                                                      | WELLS FARGO & COMPANY MEDIUM TERM NOTE - 225,000                                                                    | 195,541              | 202,282                 |
|     | Corporate Debt                                                      | WESTPAC BANKING CORP DTD 11/16/20 2.963 11/16/2040 - 250,000                                                        | 167,090              | 173,095                 |
|     | Corporate Debt                                                      | WILLIAMS PARTNERS LP DTD 06/27/14 4.900 01/15/2045 - 175,000                                                        | 151,524              | 158,839                 |
|     | Corporate Debt                                                      | ZOETIS INC DTD 08/20/18 4.450 08/20/2048 - 325,000                                                                  | 287,505              | 295,396                 |
|     |                                                                     |                                                                                                                     | 46,167,883           | 47,635,492              |
|     | <u>Mutual Funds:</u>                                                |                                                                                                                     |                      |                         |
|     | Fidelity                                                            | FIDELITY 500 INDEX FUND                                                                                             | 7,966,698            | 8,438,729               |
|     | Fidelity                                                            | FIDELITY MID CAP INDEX FUND                                                                                         | 1,715,120            | 1,724,954               |
|     | Goldman Sachs                                                       | GOLDMAN SACHS SMALL CAP VALUE                                                                                       | 1,658,934            | 1,695,744               |
|     | Harding Loevner                                                     | HARDING LOEVNER INSTITUTIONAL                                                                                       | 924,615              | 723,181                 |
|     | Loomis Sayles                                                       | LOOMIS SAYLES SMALL CAP GROWTH FUND                                                                                 | 1,727,928            | 1,627,644               |
|     | Transamerica                                                        | TRANSAMERICA INTL EQUITY CLASS R6                                                                                   | 1,723,007            | 1,669,229               |
|     | Vanguard                                                            | VANGUARD INTERNATIONAL GROWTH FUND                                                                                  | 1,925,239            | 1,636,614               |
|     |                                                                     |                                                                                                                     | 17,641,541           | 17,516,095              |
|     | <b>Total Investments</b>                                            |                                                                                                                     | <b>\$ 78,365,122</b> | <b>\$ 79,777,135</b>    |

\* Party-in-interest to the Plan.

SCHEDULE OF REPORTABLE TRANSACTIONS

Form 5500, Schedule H, Part IV, Line 4j

Third Federal Savings Retirement Plan

EIN 34-0573493

Plan Number 003

December 31, 2023

| (a)<br>Identity<br>of Party<br>Involved                                 | (b) Description of Asset     | (c) Purchase<br>Price | (d) Selling<br>Price | (e) Lease<br>Rental | (f) Expense<br>Incurred<br>with<br>Transaction | (g) Cost of<br>Asset | (h) Current<br>Value of<br>Asset on<br>Transaction<br>Date | (i) Net Gain<br>(Loss) |
|-------------------------------------------------------------------------|------------------------------|-----------------------|----------------------|---------------------|------------------------------------------------|----------------------|------------------------------------------------------------|------------------------|
| <i>Category (i) - Single transaction in excess of 5% of plan assets</i> |                              |                       |                      |                     |                                                |                      |                                                            |                        |
| Allspring                                                               | Government Money Market Fund | <u>\$ 61,000,000</u>  | <u>\$ -</u>          | <u>\$ -</u>         | <u>\$ -</u>                                    | <u>\$ 61,000,000</u> | <u>\$ 61,000,000</u>                                       | <u>\$ -</u>            |
| Allspring                                                               | Government Money Market Fund | <u>\$ -</u>           | <u>\$ 7,926,698</u>  | <u>\$ -</u>         | <u>\$ -</u>                                    | <u>\$ 7,926,698</u>  | <u>\$ 7,926,698</u>                                        | <u>\$ -</u>            |
| Allspring                                                               | Government Money Market Fund | <u>\$ -</u>           | <u>\$ 48,249,685</u> | <u>\$ -</u>         | <u>\$ -</u>                                    | <u>\$ 48,249,685</u> | <u>\$ 48,249,685</u>                                       | <u>\$ -</u>            |
| Principal LDI Long Duration                                             | Pooled Separate Account      | <u>\$ 4,750,000</u>   | <u>\$ -</u>          | <u>\$ -</u>         | <u>\$ -</u>                                    | <u>\$ 4,750,000</u>  | <u>\$ 4,750,000</u>                                        | <u>\$ -</u>            |
| Principal LDI Long Duration                                             | Pooled Separate Account      | <u>\$ 17,164,205</u>  | <u>\$ -</u>          | <u>\$ -</u>         | <u>\$ -</u>                                    | <u>\$ 17,164,205</u> | <u>\$ 17,164,205</u>                                       | <u>\$ -</u>            |
| Principal LDI Long Duration                                             | Pooled Separate Account      | <u>\$ -</u>           | <u>\$ 62,321,980</u> | <u>\$ -</u>         | <u>\$ -</u>                                    | <u>\$ 65,740,848</u> | <u>\$ 62,321,980</u>                                       | <u>\$(3,418,868)</u>   |
| Fidelity                                                                | 500 Index Mutual Fund        | <u>\$ -</u>           | <u>\$ 11,324,053</u> | <u>\$ -</u>         | <u>\$ -</u>                                    | <u>\$ 12,843,034</u> | <u>\$ 11,324,053</u>                                       | <u>\$(1,518,981)</u>   |
| Fidelity                                                                | 500 Index Mutual Fund        | <u>\$ -</u>           | <u>\$ 7,472,998</u>  | <u>\$ -</u>         | <u>\$ -</u>                                    | <u>\$ 7,949,758</u>  | <u>\$ 7,472,998</u>                                        | <u>\$ (476,760)</u>    |

SCHEDULE OF REPORTABLE TRANSACTIONS

Form 5500, Schedule H, Part IV, Line 4j

Third Federal Savings Retirement Plan

EIN 34-0573493

Plan Number 003

December 31, 2023

| (a)<br>Identity<br>of Party<br>Involved                                                         | (b) Description of Asset     | (c) Purchase<br>Price | (d) Selling<br>Price | (e) Lease<br>Rental | (f) Expense<br>Incurred<br>with<br>Transaction | (g) Cost of<br>Asset | (h) Current<br>Value of<br>Asset on<br>Transaction<br>Date | (i) Net Gain<br>(Loss) |
|-------------------------------------------------------------------------------------------------|------------------------------|-----------------------|----------------------|---------------------|------------------------------------------------|----------------------|------------------------------------------------------------|------------------------|
| <i>Category (iii) - Series of transactions of the same issue in excess of 5% of plan assets</i> |                              |                       |                      |                     |                                                |                      |                                                            |                        |
| Allspring                                                                                       | Government Money Market Fund | <u>\$ 73,516,347</u>  | <u>\$ -</u>          | <u>\$ -</u>         | <u>\$ -</u>                                    | <u>\$ 73,516,347</u> | <u>\$ 73,516,347</u>                                       | <u>\$ -</u>            |
| Allspring                                                                                       | Government Money Market Fund | <u>\$ -</u>           | <u>\$ 71,401,044</u> | <u>\$ -</u>         | <u>\$ -</u>                                    | <u>\$ 71,401,044</u> | <u>\$ 71,401,044</u>                                       | <u>\$ -</u>            |
| Principal Liquid Assets                                                                         | Pooled Separate Account      | <u>\$ 183,495</u>     | <u>\$ 5,675,278</u>  | <u>\$ -</u>         | <u>\$ -</u>                                    | <u>\$ 5,787,293</u>  | <u>\$ 5,858,773</u>                                        | <u>\$ 71,480</u>       |
| Principal LDI Long Duration                                                                     | Pooled Separate Account      | <u>\$ 21,914,205</u>  | <u>\$ 62,321,980</u> | <u>\$ -</u>         | <u>\$ -</u>                                    | <u>\$ 87,655,053</u> | <u>\$ 84,236,185</u>                                       | <u>\$(3,418,868)</u>   |
| Fidelity                                                                                        | 500 Index Mutual Fund        | <u>\$ 27,271</u>      | <u>\$ 20,397,052</u> | <u>\$ -</u>         | <u>\$ -</u>                                    | <u>\$ 22,595,693</u> | <u>\$ 20,424,323</u>                                       | <u>\$(2,171,370)</u>   |

SCHEDULE H, line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

THIRD FEDERAL SAVINGS RETIREMENT PLAN

EIN 34 0573493  
PLAN NUMBER 003  
PLAN YEAR 01/01/2023 TO 12/31/2023

| DESCRIPTION OF ASSET                                       | (A)<br>Total Number<br>of Purchases | (B)<br>Total Number<br>of Sales | (C)<br>Total Value of Purchases | (D)<br>Total Value of Sales | (E)<br>Net Gain/(Loss) |
|------------------------------------------------------------|-------------------------------------|---------------------------------|---------------------------------|-----------------------------|------------------------|
| Pooled Separate Accounts<br>PRINCIPAL LIQUID ASSETS SEPARA | 2                                   |                                 | \$ 183,495.48                   |                             | \$ 0.00                |
| Pooled Separate Accounts<br>PRINCIPAL LIQUID ASSETS SEPARA |                                     | 22                              |                                 | \$ 5,675,277.81             | \$ 71,479.72           |
| Pooled Separate Accounts<br>PRINCIPAL LDI LONG DURATION SE | 2                                   |                                 | \$ 21,914,205.32                |                             | \$ 0.00                |
| Pooled Separate Accounts<br>PRINCIPAL LDI LONG DURATION SE |                                     | 1                               |                                 | \$ 62,321,980.41            | \$ 3,418,868.41-       |
| Registered Investment Company<br>FIDELITY 500 INDEX FUND   | 1                                   |                                 | \$ 27,270.99                    |                             | \$ 0.00                |
| Registered Investment Company<br>FIDELITY 500 INDEX FUND   |                                     | 3                               |                                 | \$ 20,397,051.58            | \$ 2,171,370.07-       |
|                                                            |                                     |                                 |                                 |                             |                        |
|                                                            |                                     |                                 |                                 |                             |                        |
|                                                            |                                     |                                 |                                 |                             |                        |
|                                                            |                                     |                                 |                                 |                             |                        |
|                                                            |                                     |                                 |                                 |                             |                        |
|                                                            |                                     |                                 |                                 |                             |                        |
|                                                            |                                     |                                 |                                 |                             |                        |
|                                                            |                                     |                                 |                                 |                             |                        |
|                                                            |                                     |                                 |                                 |                             |                        |
|                                                            |                                     |                                 |                                 |                             |                        |

\* Schedule is prepared using the alternative way of reporting (iii) series transactions under DOL Regulation 2520.103-6(d)(2).



**SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

EIN 34 0573493  
PLAN NUMBER 003  
PLAN YEAR 01/01/2023 TO 12/31/2023

[illegible]



#### Assumptions prescribed by law

|           |                                                                   |
|-----------|-------------------------------------------------------------------|
| Mortality | Before benefit payment period                                     |
|           | IRS Prescribed Mortality - Static Non-annuitant, male and female. |
|           | During benefit payment period                                     |
|           | IRS Prescribed Mortality - Static Annuitant, male and female.     |

#### Assumptions selected by actuary

|                  |                                                                                                                                                                                                                                                                                                                   |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Asset return     | 6.25% for the current plan year.<br>The asset return is developed as a weighted average rate based on the target asset allocation of the plan and the long-term capital market assumptions. The calculated return is on an arithmetic mean basis. For details, see the Long-Term Capital Market Assumptions link. |
| Expected expense | The expected expense included in target normal cost is an estimate based on prior year expenses paid from plan assets with an updated estimate of PBGC premiums.<br>This is the best estimate available of upcoming year's expenses.                                                                              |
| Disability       | None.<br>This plan does not offer a subsidized disability benefit; therefore, the disability assumption is built into the withdrawal assumption.                                                                                                                                                                  |
| Marriage         | 75% married; husbands are 3 years older than wives.<br>This assumption does not have material impact on the results of this report and has been selected based on our best estimate of active workforce.                                                                                                          |

#### Retirement

Active participants

| Age     | Probability of retirement |
|---------|---------------------------|
| 55 – 59 | 2%                        |
| 60 – 61 | 5%                        |
| 62 – 64 | 10%                       |
| 65 – 66 | 50%                       |
| 67      | 25%                       |
| 68      | 100%                      |

All inactive participants are assumed to retire at age 65.

This assumption is based on the results of recent experience analysis and anticipated future experience.

|                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Withdrawal                           | <p>2003 Society of Actuaries Small Plan Age Table multiplied by 0.40.</p> <p>We rely on a publicly published table due to the limited size of the plan. The SOA Small Plan Age Table is the most recent withdrawal experience table published by the Society of Actuaries. A multiplier of 0.40 is applied to this table to reflect the results of the most recent experience analysis and anticipated future experience.</p>                                                                                                                                                                                                                       |
| Form of benefit and basis            | <p>50% of active and inactive participants will elect a benefit paid in a lump sum at the assumed retirement ages. 50% of the active participants who terminate before the earliest assumed retirement age are assumed to receive a single sum paid immediately. The remaining active and inactive participants will elect a monthly annuity on the normal form at the assumed retirement ages.</p> <p>This assumption is based on the results of recent experience analysis and anticipated future experience.</p> <p>The single sum benefit is based on the Applicable Mortality and the plan's funding target interest rates, as prescribed.</p> |
| Retirement cost of living adjustment | <p>1.00% per year</p> <p>The plan provides that each retired participant who has attained age 66 and is receiving monthly benefits shall be eligible for annual post-retirement increases equal to 1.00% of the participant's annual retirement benefit multiplied by the number of years from the calendar year in which the participant attained age 65 to the current year.</p>                                                                                                                                                                                                                                                                  |
| Methods prescribed by law            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Liability measure                    | <p>Funding target is the present value of the benefits accrued on the valuation date. Target normal cost is based on benefits expected to accrue during the current plan year and includes an estimate of plan expenses for the year.</p>                                                                                                                                                                                                                                                                                                                                                                                                           |
| Lump sum payments                    | <p>Lump sum payments are valued using the plan's funding target interest rates as required, per IRS guidance.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

Methods selected by plan sponsor

Asset method

The asset valuation method is prescribed by law for plans that elect to use a value other than market value.

For each of the preceding two years, an expected value of assets at the end of the year is compared to the end of year market value. The resulting gain or loss is recognized evenly over three plan years. The expected value includes contributions, distributions, any deducted administrative expenses and expected earnings (based on the lesser of the assumed interest rate or the maximum allowable rate). The deferred gains and losses are added to the current market value and then restricted to no more than 110% and no less than 90% of that market value.

When actual returns exceed the assumed return, the actuarial value of assets will lag below market value. The lag and the smoothing effect are limited since the value must be within 10% of market value.

Yield curve rates

Full yield curve. Use the rates through the month of December.

PBGC premium basis

Variable rate premiums are calculated using census, market value of assets and interest rates in effect on the current valuation date. Interest rates are the full yield curve rates used for annual cost. You elected this Alternative interest method for the 01/01/2020 plan year.

Methods elected by actuary

Retirees

Assets and liabilities for current and future retirees are included.

Vested benefits

A benefit is included in vested benefits if it meets the requirements under PBGC. The benefit is multiplied by the participant's vesting percentage applicable to each benefit on the valuation date. The following ancillary benefits are generally treated as nonvested: disability benefits payable to retirement age unless in pay status, pre-retirement death benefits in excess of the Survivor Annuity Death Benefit and post-retirement death benefits for non-retired participants except as noted in the Plan Provisions.

#### Assumptions and methods elected by actuary - plan accounting (ASC 960)

With the exceptions below, all assumptions and methods are the same as those used in determining your plan's regular funding target and target normal cost.

#### Mortality

Based on Pri-2012 total dataset base rate mortality table projected generationally using the using the Principal Mortality Improvement Scale (Principal 2022).

#### Mortality base rates

##### Before benefit payment period

Employee amount-weighted, male and female

##### During benefit payment period

Retiree amount-weighted, male and female

The Society of Actuaries (SOA) is an actuarial organization that periodically reviews mortality data and publishes mortality tables and improvement scales. In October 2019, the SOA released the Pri-2012 Mortality Tables for private-sector retirement plans in the U.S. The Pri-2012 report contains different sets of mortality tables based on complete dataset or various subsets. The total dataset base rate table was selected based on information provided by the plan sponsor.

Pri-2012 section 12.4. provided three approaches for designated beneficiaries in the calculation of joint-and-survivor annuities. We believe "Approach 1" is reasonable for this plan.

#### Mortality improvement

Principal 2022 MI scale is based on MIM-2021-v3 application tool issued by SOA in October 2022 with the following parameters:

| Parameter                                         | Principal 2022       |
|---------------------------------------------------|----------------------|
| Historical dataset                                | SSA                  |
| Whittaker-Henderson Graduation                    | Order 3              |
| Interpolation Structure                           | Basic                |
| Graduated MI data last year ("jumping off" point) | 2017                 |
| H/D transition ultimate year by age/cohort        | 2028/2028            |
| Weight placed on interpolation by cohort          | 50%                  |
| Initial Slope periods (constraint)                | 2016-2017<br>(0.000) |
| LTR                                               | SSA LTR 2022         |
| COVID-19 or Excess load                           | None <sup>1</sup>    |

<sup>1</sup> Based on the sponsor's input, plan experience does not show a need for long-term excess death or COVID death load adjustments.

See [Mortality documentation](#) for rationale and additional information.

|                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Interest rate used to value liabilities | <p>6.00%</p> <p>The interest rate used to value ASC 960 liabilities is developed as long-term expected geometric return on plan assets. Arithmetic expected return is calculated as the weighted average of broad asset classes' arithmetic returns of the plan's target asset allocation and then converted to the geometric under lognormal distribution assumption. For details, see Long-Term Capital Market Assumptions link.</p>                                                                                                                                                                                                                                                                                                                                                                   |
| Treatment of administrative expenses    | <p>No adjustments are made for administrative expenses, either through a reduction in the discount rate or by calculating a present value of future expenses.</p> <p>Plan sponsors may change their administrative expense handling at any time. Our approach provides consistent handling of ASC 960 liabilities from year to year, whether expenses are paid with plan assets or directly by the employer.</p> <p>Note – expenses paid with plan assets are required to be included in funding normal cost. As a result, the plan is reimbursed annually through required funding. Exception – contributions are not required due to assets sufficiently in excess of liabilities to fund both expenses and normal cost. In this case, administrative expenses are taken from the excess assets.</p>   |
| Basis for lump sums                     | <p><b>Interest rate</b></p> <p>Based on the three segment yield curve: 3.55%, 3.95% and 4.95%<br/>The plan document defines the lump sum interest rate based on IRC §417(e) rates which closely tie to the high-quality corporate bond yields. According to our most recent study, the long-term expected yields for short, intermediate and long corporate bonds are 3.55%, 3.95% and 4.95%. For details, see Corporate AA yield in Table 3 of Long-Term Capital Market Assumptions link.</p> <p><b>Mortality</b></p> <p>We have selected the same <a href="#">mortality</a> assumption for lump sum payments but with a 50/50 blend of male and female total dataset base rates and mortality improvement scales. This reflects the IRS practice of defining lump sum mortality on a unisex basis.</p> |

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                                                                    |                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023                                         |                                                                                                                                                  |
| ▶ Round off amounts to nearest dollar.                                                                                             |                                                                                                                                                  |
| ▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.            |                                                                                                                                                  |
| A Name of plan<br>THIRD FEDERAL SAVINGS RETIREMENT PLAN                                                                            | B Three-digit plan number (PN) ▶ 003                                                                                                             |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>THIRD FEDERAL SAVINGS AND LOAN ASSOCIATION OF CLEVELAND       | D Employer Identification Number (EIN)<br>34-0573493                                                                                             |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

|        |                                                                                                                                                                                                  |                            |                           |                          |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| Part I | Basic Information                                                                                                                                                                                |                            |                           |                          |
| 1      | Enter the valuation date: Month 01 Day 01 Year 2023                                                                                                                                              |                            |                           |                          |
| 2      | Assets:                                                                                                                                                                                          |                            |                           |                          |
| a      | Market value                                                                                                                                                                                     | 2a                         | 77007837                  |                          |
| b      | Actuarial value                                                                                                                                                                                  | 2b                         | 84708620                  |                          |
| 3      | Funding target/participant count breakdown                                                                                                                                                       | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| a      | For retired participants and beneficiaries receiving payment                                                                                                                                     | 100                        | 24834278                  | 24834278                 |
| b      | For terminated vested participants                                                                                                                                                               | 92                         | 7325793                   | 7325793                  |
| c      | For active participants                                                                                                                                                                          | 260                        | 33273283                  | 33273283                 |
| d      | Total                                                                                                                                                                                            | 452                        | 65433354                  | 65433354                 |
| 4      | If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>                                                                                          |                            |                           |                          |
| a      | Funding target disregarding prescribed at-risk assumptions                                                                                                                                       | 4a                         |                           |                          |
| b      | Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b                         |                           |                          |
| 5      | Effective interest rate                                                                                                                                                                          | 5                          | 5.07 %                    |                          |
| 6      | Target normal cost                                                                                                                                                                               |                            |                           |                          |
| a      | Present value of current plan year accruals                                                                                                                                                      | 6a                         | 0                         |                          |
| b      | Expected plan-related expenses                                                                                                                                                                   | 6b                         | 43000                     |                          |
| c      | Target normal cost                                                                                                                                                                               | 6c                         | 43000                     |                          |

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

|                                          |                 |                                        |
|------------------------------------------|-----------------|----------------------------------------|
| <div>SIGN<br/>HERE</div>                 | <div>DHD.</div> | <div>08/29/2024</div>                  |
| Signature of actuary                     |                 | Date                                   |
| Donald H. Dowdy III                      |                 | 2306767                                |
| Type or print name of actuary            |                 | Most recent enrollment number          |
| Principal Financial Group                |                 | 412-394-6351                           |
| Firm name                                |                 | Telephone number (including area code) |
| PO Box 9394<br>Des Moines, IA 50306-9394 |                 |                                        |
| Address of the firm                      |                 |                                        |

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

|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 0                     | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>-18.88</u> % .....                                                                               | 0                     | 0                      |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 0                      |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.46</u> % ..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 0                      |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 129.45 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 129.45 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 149.09 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

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

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ►</b>          |                                   |                                 | <b>18(b)</b>             |                                   | <b>18(c)</b>                    |

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

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

**20** Quarterly contributions and liquidity shortfalls:

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

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

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

|                                                 |                                                |                                                           |                                                                |
|-------------------------------------------------|------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------|
| <b>21</b> Discount rate:                        |                                                |                                                           |                                                                |
| <b>a</b> Segment rates:                         | 1st segment:<br>%                              | 2nd segment:<br>%                                         | 3rd segment:<br>%                                              |
|                                                 |                                                |                                                           | <input checked="" type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....     |                                                | <b>21b</b>                                                | 0                                                              |
| <b>22</b> Weighted average retirement age ..... |                                                | <b>22</b>                                                 | 65                                                             |
| <b>23</b> Mortality table(s) (see instructions) | <input type="checkbox"/> Prescribed - combined | <input checked="" type="checkbox"/> Prescribed - separate | <input type="checkbox"/> Substitute                            |

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

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

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

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

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

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6c).....                                                                                                                                           | <b>31a</b>          | 43000              |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 43000              |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 0                   | 0                  |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....                                                           | <b>34</b>           | 0                  |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                   | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   | <b>37</b>           | 0                  |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36)                                                                                                                             | <b>38a</b>          | 0                  |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

|                |                                                                                             |
|----------------|---------------------------------------------------------------------------------------------|
| <b>Part IX</b> | <b>Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b> |
|----------------|---------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Schedule SB, Line 22 - Description Of Weighted Average Retirement Age  
Third Federal Savings Retirement Plan  
EIN 34-0573493 Plan No. 003

The weighted average retirement age is weighted by the expected percentage of active participants retiring at each age. The retirement rate reflects only those participants who meet retirement eligibility. An active participant working past assumed retirement age is expected to retire at current age.

| (1)<br>Age | (2)<br>Expected<br>Active<br>Headcount | (3)<br>Retirement<br>Rate | (4)<br>Expected<br>Retirements<br>(2)*(3) | (5)<br>Weighted<br>Age<br>(1)*(4) |
|------------|----------------------------------------|---------------------------|-------------------------------------------|-----------------------------------|
| 55         | 93.7420                                | 0.0200                    | 1.8748                                    | 103.1162                          |
| 56         | 108.7571                               | 0.0200                    | 2.1751                                    | 121.8079                          |
| 57         | 118.4373                               | 0.0200                    | 2.3687                                    | 135.0185                          |
| 58         | 134.8920                               | 0.0200                    | 2.6978                                    | 156.4747                          |
| 59         | 152.9677                               | 0.0200                    | 3.0594                                    | 180.5019                          |
| 60         | 159.6192                               | 0.0500                    | 7.9810                                    | 478.8576                          |
| 61         | 162.3050                               | 0.0500                    | 8.1152                                    | 495.0302                          |
| 62         | 168.8111                               | 0.1000                    | 16.8811                                   | 1,046.6286                        |
| 63         | 164.4899                               | 0.1000                    | 16.4490                                   | 1,036.2861                        |
| 64         | 160.5661                               | 0.1000                    | 16.0566                                   | 1,027.6229                        |
| 65         | 150.9966                               | 0.5000                    | 75.4983                                   | 4,907.3890                        |
| 66         | 78.9703                                | 0.5000                    | 39.4851                                   | 2,606.0194                        |
| 67         | 41.1799                                | 0.2500                    | 10.2950                                   | 689.7636                          |
| 68         | 34.7093                                | 1.0000                    | 34.7093                                   | 2,360.2300                        |
| 69         | 2.0000                                 | 1.0000                    | 2.0000                                    | 138.0000                          |
| 70         | 1.0000                                 | 1.0000                    | 1.0000                                    | 70.0000                           |
| 71         | 0.0000                                 | 1.0000                    | 0.0000                                    | 0.0000                            |
| 72         | 0.0000                                 | 1.0000                    | 0.0000                                    | 0.0000                            |
| 73         | 1.0000                                 | 1.0000                    | 1.0000                                    | 73.0000                           |
| 74         | 1.0000                                 | 1.0000                    | 1.0000                                    | 74.0000                           |
| 75         | 0.0000                                 | 1.0000                    | 0.0000                                    | 0.0000                            |
| 76         | 1.0000                                 | 1.0000                    | 1.0000                                    | 76.0000                           |
| 77         | 1.0000                                 | 1.0000                    | 1.0000                                    | 77.0000                           |
| Total      |                                        |                           | 244.6465                                  | 15,852.7466                       |
| Average    |                                        |                           |                                           | 64.80                             |

Schedule SB, Part V - Summary of Plan Provisions  
Third Federal Savings Retirement Plan  
EIN 34-0573493 Plan No. 003

This report reflects the maximum benefit limits under Internal Revenue Code (IRC) Section 415 and maximum compensation limits under IRC Section 401 in effect on the first day of each plan year.

The following is a summary of plan provisions and does not alter the intent or meanings of the provisions contained in the contract or plan document. This report reflects the provisions of the plan signed 07/01/2013 through amendment number 2 signed 12/12/2017.

#### Plan eligibility

|            |                                                                                                                                                                      |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Age        | Attained age 21.                                                                                                                                                     |
| Service    | 1,000 hours of service.                                                                                                                                              |
| Class      | A participant of the plan before December 31, 2002.                                                                                                                  |
| Entry date | The earlier of the first day of the calendar quarter of the plan year coinciding with or following the date on which an employee meets the eligibility requirements. |

#### Normal retirement benefit

|                             |                                                                                                                                                                                                                                                                                                                                                                       |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Age                         | Attained age 65.                                                                                                                                                                                                                                                                                                                                                      |
| Form                        | Monthly annuity payable for life with continuance, upon his death, of a monthly benefit to his beneficiary for the remainder, (if any) of the ten-year term. (Optional forms may be elected in advance of retirement).                                                                                                                                                |
| Amount<br>(accrued benefit) | <p>The difference of (a) less (b):</p> <p>(a) 2.00% of average compensation multiplied by years of service</p> <p>(b) the accrued benefit as of June 30, 1996 under the FIRF plan for a participant who elected not to transfer this benefit at that date.</p> <p>No additional benefits shall accrue under the plan for any participant after December 31, 2011.</p> |

#### Post-retirement increase

|               |                                                                                                                                                                                                              |
|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Age           | Attained age 66.                                                                                                                                                                                             |
| Annual amount | 1.00% of the participant's annual retirement benefit multiplied by the number of years from the calendar year in which he attained age 65 to the current year at the end of which such increment is payable. |

#### Early retirement benefit

|         |                                                                                                                                                                                            |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Age     | Attained age 55.                                                                                                                                                                           |
| Service | Five years of vesting service.                                                                                                                                                             |
| Form    | Same as normal retirement benefit.                                                                                                                                                         |
| Amount  | Accrued benefit on early retirement date reduced 6% for each of the first five years and 4% each year between five and ten in which early retirement date precedes normal retirement date. |

#### Late retirement benefit

|        |                                                                                                                                                                                                   |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Age    | Not later than age 70.                                                                                                                                                                            |
| Form   | Same as normal retirement benefit.                                                                                                                                                                |
| Amount | The greater of the accrued benefit on late retirement date or the accrued benefit on normal retirement date increased by 0.8% per month that late retirement date follows normal retirement date. |

#### Termination benefit

|                    |                                                                                      |
|--------------------|--------------------------------------------------------------------------------------|
| Vesting percentage | 100% after five years of vesting service.                                            |
| Form               | Same as normal retirement benefit with income deferred until normal retirement date. |
| Amount             | Accrued benefit on date of termination multiplied by the vesting percentage.         |

#### Disability benefit

|             |                                                                          |
|-------------|--------------------------------------------------------------------------|
| Eligibility | Qualified for disability benefits under the Federal Social Security Act. |
| Form        | Deferred annuity payable at normal retirement date.                      |
| Amount      | Accrued benefit on date of disability.                                   |

#### Survivor annuity death benefit

|             |                                                                                                                                                                                                                                                                                                                      |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Eligibility | Qualified married participant fully or partially vested in an accrued benefit.                                                                                                                                                                                                                                       |
| Form        | Monthly annuity payable to spouse, deferred to participant's earliest retirement date if later than the date of death.                                                                                                                                                                                               |
| Amount      | If death occurs, the amount paid to the surviving spouse is equal to the amount that would have been paid had the participant terminated employment on the date of death and survived to his/her earliest retirement age, retired with a qualified joint and 50% survivor annuity in effect, then died the next day. |

## Definitions

### Average compensation

Average of annual compensation paid during each calendar year of employment during which the employee has been a participant and disregarding those years in which the participant is credited with fewer than 1,000 hours of service.

### FIRF plan

The Financial Institutions Retirement Fund and Comprehensive Retirement Program, as in effect on June 30, 1996, with respect to employees of Third Federal Savings and Loan Association of Cleveland.

### Optional forms of benefit payments

The optional forms of benefit payments are:

- Monthly annuity payable for life, or 10 years certain and life.
- Monthly annuity payable as a survivorship life annuity with survivorship percentages of 50 or 100.
- Single sum payment equal to the present value of the retirement benefit.

The optional form conversion basis is 7.00% interest and the mortality table in Revenue Ruling 95-6 for payments other than lump sums. The optional form conversion basis uses the applicable interest rate and applicable mortality table as set forth in Code Section 417 for lump sum payments. The applicable interest rate uses the second calendar month preceding the first day of each quarter of the plan year in which occurs the participant's pension commencement date.

## Changes in principal eligibility or benefit provisions

There have been no changes in principal eligibility or benefit provisions since the last valuation.

## Significant event

The enrolled actuary has not been made aware that any significant events have occurred during the year.

Schedule SB, Line 25 – Change in Method  
Third Federal Savings Retirement Plan  
EIN 34-0573493 Plan No. 003

A change in funding method has occurred since last year due to:  
a change in the valuation interest rate to use yield curve

This change is available under Code section 430 and does not need IRS approval.

Schedule SB, Line 24 – Change in Actuarial Assumptions  
Third Federal Savings Retirement Plan  
EIN 34-0573493 Plan No. 003

Certain non-prescribed assumptions have been changed since last year. These assumptions were changed to better reflect the anticipated experience of your plan. See the attachment, Part V – Statement of Actuarial Assumptions/Methods, for the rationale for each assumption.

The assumed asset return for the current year has increased from 5.50% to 6.25%. This rate is used in the calculation of the actuarial value of plan assets.