

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>MASPETH FEDERAL SAVINGS & LOAN ASSOCIATION PENSION TRUST</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>MASPETH FEDERAL SAVINGS & LOAN ASSOCIATION</u></p> <p><u>56-18TH 69TH STREET</u> <u>MASPETH, NY 11378-0207</u></p>	<p>1c Effective date of plan <u>12/01/1954</u></p> <p>2b Employer Identification Number (EIN) <u>11-1553555</u></p> <p>2c Plan Sponsor's telephone number <u>718-335-1300</u></p> <p>2d Business code (see instructions) <u>522120</u></p>

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.	07/11/2025	TERESA PIKNER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

<p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p style="color: blue;">MASPETH FEDERAL SAVINGS & LOAN ASSOCIATION</p> <p style="color: blue;">56-18TH 69TH STREET MASPETH, NY 11378-0207</p>	<p>3b Administrator's EIN 11-1553555</p> <p>3c Administrator's telephone number 718-335-1300</p>
<p>4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:</p> <p>a Sponsor's name</p> <p>c Plan Name</p>	<p>4b EIN</p> <p>4d PN</p>
<p>5 Total number of participants at the beginning of the plan year</p>	<p>5 218</p>
<p>6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).</p>	
<p>a(1) Total number of active participants at the beginning of the plan year</p>	<p>6a(1) 172</p>
<p>a(2) Total number of active participants at the end of the plan year</p>	<p>6a(2) 158</p>
<p>b Retired or separated participants receiving benefits</p>	<p>6b 7</p>
<p>c Other retired or separated participants entitled to future benefits</p>	<p>6c 45</p>
<p>d Subtotal. Add lines 6a(2), 6b, and 6c</p>	<p>6d 210</p>
<p>e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits</p>	<p>6e 0</p>
<p>f Total. Add lines 6d and 6e</p>	<p>6f 210</p>
<p>g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)</p>	<p>6g(1)</p>
<p>g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)</p>	<p>6g(2)</p>
<p>h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested</p>	<p>6h 1</p>
<p>7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)</p>	<p>7</p>

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1C

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

<p>9a Plan funding arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>	<p>9b Plan benefit arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<p>a Pension Schedules</p> <p>(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information – Small Plan)</p> <p>(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u> 0 </u></p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>
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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 _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

▶ **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 <u>MASPETH FEDERAL SAVINGS & LOAN ASSOCIATION PENSION TRUST</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>MASPETH FEDERAL SAVINGS & LOAN ASSOCIATION</u>	D Employer Identification Number (EIN) <u>11-1553555</u>	
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 <u>10</u> Day <u>01</u> Year <u>2023</u>		
2	Assets:		
	a Market value	2a	<u>12066763</u>
	b Actuarial value	2b	<u>12066763</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>7</u>	<u>386280</u>
	b For terminated vested participants	<u>42</u>	<u>1043548</u>
	c For active participants	<u>176</u>	<u>10196642</u>
	d Total	<u>225</u>	<u>11626470</u>
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	<u>5.15 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>842660</u>
	b Expected plan-related expenses	6b	<u>36630</u>
	c Target normal cost	6c	<u>879290</u>

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

SIGN HERE		
	Signature of actuary	<u>07/09/2025</u>
	<u>STEVE SCHUMPP, ASA, EA</u>	Date
	Type or print name of actuary	<u>23-07734</u>
	<u>THE BENEFIT PRACTICE</u>	Most recent enrollment number
	Firm name	<u>203-517-3537</u>
	<u>1055 WASHINGTON BOULEVARD</u> <u>SUITE 610</u> <u>STAMFORD, CT 06901</u>	Telephone number (including area code)
	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	445961	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	445961	0
10	Interest on line 9 using prior year's actual return of <u>4.89</u> %	21807	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		1043928
	b(1) 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>5.35</u> %		55850
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		1099778
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	467768	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	95.82 %
15	Adjusted funding target attainment percentage	15	95.82 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	102.08 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
03/13/2025	1050000	0					
			Totals ▶	18(b)	1050000	18(c)	0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	952494

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
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items				
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
26 Demographic and benefit information				
a 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 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				
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28 Unpaid minimum required contributions for all prior years				28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)				30 0

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c).....				31a 879290
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	505905		46331	
b Waiver amortization installment	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 925621
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
36 Additional cash requirement (line 34 minus line 35).....				36 925621
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				37 952494
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 26873
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 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 checked="" type="checkbox"/> 2021				

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

A Name of plan MASPETH FEDERAL SAVINGS & LOAN ASSOCIATION PENSION TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MASPETH FEDERAL SAVINGS & LOAN ASSOCIATION	D Employer Identification Number (EIN) 11-1553555	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

BROMPTON SERVICES

27-2237989

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	67837	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)

BLOOMBERG FINANCE

06-1818168

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	32025	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)

JANNEY MONTGOMERY SCOTT

ONE WHITEHALL STREET 3RD FLOOR
NEW YORK, NY 10004-3602

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	30394	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)

THE BENEFIT PRACTICE

56-0906609

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	PENSION ACTUARIAL	30000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

A Name of plan MASPETH FEDERAL SAVINGS & LOAN ASSOCIATION PENSION TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MASPETH FEDERAL SAVINGS & LOAN ASSOCIATION	D Employer Identification Number (EIN) 11-1553555

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a 150443	278701
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1) 0	1050000
(2) Participant contributions	1b(2)	
(3) Other	1b(3) 0	0
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1) 545175	138690
(2) U.S. Government securities	1c(2) 8574807	9410449
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B) 2796338	2815274
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13) 0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	12066763	13693114
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	12066763	13693114

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1050000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		1050000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	658	
(B) U.S. Government securities	2b(1)(B)	176528	
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		177186
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	54597	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		54597
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	501437	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		501437
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	619442	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2402662

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	616056	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		616056
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	30000	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	130255	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		160255
j Total expenses. Add all expense amounts in column (b) and enter total	2j		776311

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1626351
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **BAKER TILLY US, LLP**

(2) EIN: **30-1413443**

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
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
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.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 542037.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

A Name of plan MASPETH FEDERAL SAVINGS & LOAN ASSOCIATION PENSION TRUST	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 MASPETH FEDERAL SAVINGS & LOAN ASSOCIATION	D Employer Identification Number (EIN) 11-1553555	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
---	----------	----------

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 11-1553555

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	10
--	----------	-----------

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

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

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

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

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. Increase Decrease Both No

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)	14a	
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)	14b	
c 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).....	14c	

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

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

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation.....

Part VII IRS Compliance Questions

21a 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? Yes No

21b 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).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 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 _____.

Maspeth Federal Savings & Loan Association Pension Trust

Financial Statements and
Supplementary Information

September 30, 2024 and 2023

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Independent Auditors' Report

To the Plan Administrator of
Maspeth Federal Savings & Loan Association Pension Trust

Opinion

We have audited the financial statements of Maspeth Federal Savings & Loan Association Pension Trust (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of September 30, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the statement of accumulated plan benefits as of September 30, 2023, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of September 30, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of September 30, 2023, and the related changes in its accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Other Matter - Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules, Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year), and Schedule H, Line 4(j) - Schedule of Reportable Transactions, as of or for the year ended September 30, 2024 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 (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information 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.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Baker Tilly US, LLP

Pittston, Pennsylvania
July 11, 2025

Maspeth Federal Savings & Loan Association Pension Trust

Statements of Net Assets Available for Benefits

September 30, 2024 and 2023

	2024	2023
Assets		
Cash	\$ 278,701	\$ 223,939
Investments		
Investments at fair value	12,364,413	11,842,824
Receivables		
Employer contributions	1,050,000	-
Total assets	13,693,114	12,066,763
Net assets available for benefits	\$ 13,693,114	\$ 12,066,763

See notes to financial statements

Maspeth Federal Savings & Loan Association Pension Trust

Statements of Changes in Net Assets Available for Benefits

Years Ended September 30, 2024 and 2023

	2024	2023
Additions		
Investment income		
Interest and dividends	\$ 231,783	\$ 116,683
Net appreciation in fair value of investments	1,120,879	629,306
Total investment income	1,352,662	745,989
Contributions		
Employer contributions	1,050,000	1,800,062
Total additions	2,402,662	2,546,051
Deductions		
Benefits paid to participants	616,056	2,730,159
Administrative expenses	160,255	153,425
Total deductions	776,311	2,883,584
Net increase (decrease)	1,626,351	(337,533)
Net assets available for benefits		
Beginning of year	12,066,763	12,404,296
End of year	\$ 13,693,114	\$ 12,066,763

See notes to financial statements

Maspeth Federal Savings & Loan Association Pension Trust

Statement of Accumulated Plan Benefits

September 30, 2023

Actuarial present value of accumulated plan benefits**Vested benefits**

Participants currently receiving payments	\$ 401,862
Other participants	12,920,524
Total vested benefits	13,322,386
Nonvested benefits	182,650
Total actuarial present value of accumulated plan benefits	\$ 13,505,036

See notes to financial statements

Maspeth Federal Savings & Loan Association Pension Trust

Statement of Changes in Accumulated Plan Benefits

Year Ended September 30, 2023

Actuarial present value of accumulated plan benefits at beginning of year	\$ 14,521,544
Increase (decrease) during the year attributable to:	
Benefits accumulated	1,120,235
Increase for interest	587,731
Benefits paid	(2,724,474)
Net decrease	(1,016,508)
Actuarial present value of accumulated plan benefits at end of year	\$ 13,505,036

See notes to financial statements

Maspeth Federal Savings & Loan Association Pension Trust

Notes to Financial Statements

September 30, 2024 and 2023

1. Description of Plan

The following description of the Maspeth Federal Savings & Loan Association Pension Trust (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory cash balance defined benefit plan established effective December 1, 1954, as restated October 1, 2017. The Plan covers all employees, excluding those covered by a collective bargaining agreement, nonresident aliens and leased employees, of Maspeth Federal Savings & Loan Association (the Company) who have completed 1,000 hours in a consecutive 12-month period and are age 21 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Pension Committee is responsible for oversight of the Plan. The Plan's Trustee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan's Pension Committee.

Participant Accounts

Effective December 1, 2006, the Plan was converted to a cash balance plan. Commencing December 1, 2006, each participant's account is equal to the sum of (1) the cash balance account on the last day of the previous Plan year, (2) interest credited on the cash balance account at the applicable interest rate, and (3) the theoretical contribution made on behalf of the participant for the current Plan year. The theoretical contribution as a percentage of compensation for each participant who was a participant prior to December 1, 2006 for each plan year, beginning with the plan year commencing on December 1, 2006, is as follows:

<u>Class of Employees</u>	<u>Rate (%)</u>
Senior Vice President	20.0
Vice President	15.0
Assistant Vice President and Junior Officers	12.5
All other participants	10.0

The theoretical contribution rate for each participant whose eligible date is December 1, 2006 or later is as follows:

<u>Class of Employees</u>	<u>Rate (%)</u>
Senior Vice President	15.0
Vice President	10.0
Assistant Vice President and Junior Officers	7.5
All other participants	5.0

Participants' hypothetical accounts also receive investment credits at the end of a specified time period, as required by the plan document. The interest credit is determined on the last day of each interest credit period and is equal to the 30-year Treasury Bonds minus 1%. As of September 30, 2024 and 2023, the interest rate was 3.94% and 3.02%, respectively.

Maspeth Federal Savings & Loan Association Pension Trust

Notes to Financial Statements

September 30, 2024 and 2023

Funding Policy

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. The minimum funding requirements of ERISA were met in 2024 and 2023.

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. Company contributions for the years ended September 30, 2024 and 2023 were \$1,050,000 and \$1,800,062, respectively.

Pension Benefits

Plan participants are entitled to their plan benefits after terminating employment with vested rights. Participants become vested in the Plan upon completion of at least three years of service or attainment of the normal retirement age (65). If employees terminate before rendering the required years of service, they forfeit the right to receive the portion of their accumulated plan benefits attributable to the Company's contributions. At normal retirement age, participants' benefits automatically become fully vested. Pension benefits are calculated as an amount equal to 75% of monthly compensation, reduced by one-fortieth for each year of credited service less than 40.

Upon election to receive pension benefits, employees may elect from one of the following options:

Employees may elect to receive their pension benefits as a life annuity payable monthly from retirement, or in the form of a joint and survivor annuity. For purposes of calculating the monthly life annuity under the cash balance plan, the cash balance account is projected to the participant's normal retirement date using interest at the applicable interest rate. The benefit that can be provided at normal retirement date by the cash balance account is determined by converting such projected cash balance account into a life annuity, utilizing the applicable actuarial assumptions and valuations.

Employees may elect to receive the value of their accumulated Plan benefits and their cash balance account as a lump-sum distribution upon retirement or termination. If a participant elects to receive such benefit at any time before the participant's normal retirement date, the amount of benefit is actuarially reduced for benefits accrued prior to December 1, 2006.

Death and Disability Benefits

If an active employee dies at age 55 or older, a death benefit equal to the value of the employee's accumulated pension benefit is paid to the employee's beneficiary. Active employees who become totally disabled receive annual disability benefits that are equal to the equivalent normal retirement benefit they have accumulated as of the time they become disabled. Disability benefits are paid until normal retirement age, at which time disabled participants will receive the normal retirement benefit computed as though they had been employed to normal retirement age, with their annual compensation remaining the same as at the time they became disabled.

2. Summary of Accounting Policies

Basis of Accounting

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

Maspeth Federal Savings & Loan Association Pension Trust

Notes to Financial Statements

September 30, 2024 and 2023

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Trustee determines the Plan's valuation policies utilizing information provided by the investment advisers. See Note 4 for discussion of fair value measurements.

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

Payment of Benefits

Benefits payments to participants are recorded upon distribution.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the Statements of Changes in Net Assets Available for Benefits. In addition, certain investment related expenses are included in net appreciation (depreciation) in fair value of investments in the Statements of Changes in Net Assets Available for Benefits.

Subsequent Events

Subsequent events were evaluated through July 11, 2025, the date the financial statements were available to be issued.

3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances, such as retirement, death, disability, and termination of employment, are included, to the extent they are attributable to employee service rendered to the valuation date.

Maspeth Federal Savings & Loan Association Pension Trust

Notes to Financial Statements

September 30, 2024 and 2023

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary and is that 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 (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The computations of the actuarial present value of accumulated plan benefits were made as of October 1, 2023. Had the valuation been performed as of September 30, there would be no material differences. The significant actuarial assumptions used in the valuation were:

- The accumulated value of Plan benefits is determined by adding the theoretical account balance (cash balance) and the present value of the accrued benefit that was earned as of November 30, 2006 (the day prior to the conversion of the traditional defined benefit plan to a cash balance plan).
- The mortality table used in converting the accrued benefits to present values was the 2023 Mortality Table for lump sum distributions.
- Retirement at normal retirement - age 65.
- Assumed rate of interest 4.5%.
- Salary increases - 4% per annum for cash balance portion.

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

4. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under authoritative guidance are described as follows:

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

Level 2 - Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

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

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

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

Maspeth Federal Savings & Loan Association Pension Trust

Notes to Financial Statements

September 30, 2024 and 2023

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at September 30, 2024 and 2023.

Interest-bearing cash: These investments are stated at cost, which approximates fair value.

Money market funds: Valued at the quoted net asset value (NAV) of shares held by the Plan at year-end.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

U.S. government securities: Valued using pricing models maximizing the use of observable inputs for similar securities.

Certificates of deposit: Valued at cost, which approximates fair value.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2024 and 2023:

Assets at Fair Value as of September 30, 2024	Level 1	Level 2	Level 3	Total
Interest-bearing cash	\$ 13,247	\$ -	\$ -	\$ 13,247
Money market funds	78,560	-	-	78,560
Mutual funds	23,896	-	-	23,896
Common stocks	2,815,274	-	-	2,815,274
U.S. government securities	22,987	9,410,449	-	9,433,436
Total assets in the fair value hierarchy	2,953,964	9,410,449	-	12,364,413
Total investments at fair value	\$ 2,953,964	\$ 9,410,449	\$ -	\$ 12,364,413

Maspeth Federal Savings & Loan Association Pension Trust

Notes to Financial Statements

September 30, 2024 and 2023

Assets at Fair Value as of September 30, 2023	Level 1	Level 2	Level 3	Total
Money market funds	\$ 123,877	\$ -	\$ -	\$ 123,877
Common stocks	2,796,338	-	-	2,796,338
U.S. government securities	79,195	8,574,807	-	8,654,002
Certificates of deposit	268,607	-	-	268,607
Total assets in the fair value hierarchy	3,268,017	8,574,807	-	11,842,824
Total investments at fair value	\$ 3,268,017	\$ 8,574,807	\$ -	\$ 11,842,824

5. Related-Party and Party in Interest Transactions

The Plan's investments are administered by the Trustee of the Plan. Contributions are held and managed by Oppenheimer & Co. Inc., JPMorgan Chase Bank, N.A., and Janney Montgomery Scott LLC, who invest cash received, interest and dividend income. The Trustee of the Plan makes distributions to participants. These transactions are party in interest transactions under ERISA.

As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers. Additionally, certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

6. Plan Termination

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

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

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all 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.

Maspeth Federal Savings & Loan Association Pension Trust

Notes to Financial Statements

September 30, 2024 and 2023

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

7. Tax Status

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated December 26, 2018, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC.

Plan management is required to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

8. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

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

Maspeth Federal Savings & Loan Association Pension Trust

EIN: 11-1553555 PN: 001

Schedule SB, Line 26 – Schedule of Active Participant Data

Attained Years of Credited Service

Age	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	Total
Under 25	4	8									12
25 to 29	5	18	1								24
30 to 34	5	3	5	2							15
35 to 39	5	4	1		1						11
40 to 44	2	5	6	3	3						19
45 to 49	1	5	4	5	2	4	1				22
50 to 54		1	6	4	4	2	1	4			22
55 to 59		4	2	4		5	4		3		22
60 to 64		3	2	5	1	3	2	2	1	1	20
65 to 69			3			3	1	1			8
70 & up							1				1
Total	22	51	30	23	11	17	10	7	4	1	176

Maspeth Federal Savings & Loan Association Pension Trust

EIN: 11-1553555 PN: 001

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

A. Funding Method

The valuation method is the actuarial cost method prescribed under Section 430 of the Internal Revenue Code.

Under this method, the following terms are used:

The Funding Target is the sum of the present value of all benefits accrued or earned under the plan as of the beginning of the plan year.

The Applicable Funding Target is equal to the Funding Target multiplied by the applicable transition percentage under the Worker, Retiree, and Employer Recovery Act of 2008.

The Target Normal Cost is the sum of the present value of all benefits which are expected to accrue or be earned under the plan during the plan year.

The Carryover Balance maintained by the plan was set equal to the Credit Balance, if any, in the Funding Standard Account as of the final day of the 2007 plan year. It is decreased when used to reduce the minimum required contribution in succeeding plan years. The unused portion is adjusted to reflect the rate of return on plan assets in those succeeding plan years.

The Prefunding Balance is the accumulation of discounted contributions in excess of the minimum funding requirement for 2008 and later plan years. It is decreased when used, and adjusted for return on plan assets, similarly to the Carryover Balance.

The Funding Shortfall is equal to the Funding Target, less the Actuarial Value of Assets, reduced by the Prefunding Balance and the Carryover Balance.

The Adjusted Funding Shortfall is equal to the Applicable Funding Target, less the Actuarial Value of Assets, reduced by the Prefunding Balance and the Carryover Balance.

A Shortfall Amortization Base is established for a plan year equal to the Adjusted Funding Shortfall less the present value of the existing Shortfall Amortization Installments and Waiver Amortization Installments, if any. Under some circumstances, no Shortfall Amortization Base may need to be established and/or prior Shortfall Amortization Bases may be eliminated.

A Shortfall Amortization Installment is the amount necessary to amortize the Shortfall Amortization Base over the 15-plan-year period beginning with the plan year it is established. Before the American Rescue Plan Act (ARPA), plans were generally required to amortize any Shortfall Amortization Base over a 7-plan-year period. Effective with the 2021 plan year, the ARPA allowed the plan sponsor to eliminate all prior amortization installments and reamortize the Funding Shortfall over a period of 15 years. A 15-year period is then be used for any new Shortfall Amortization Installments established in future plan years. The sponsor may have chosen to reamortize in the 2020 or 2021 plan years but was required to do so by the 2022 plan year.

Maspeth Federal Savings & Loan Association Pension Trust

EIN: 11-1553555 PN: 001

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

B. Actuarial Assumptions

Interest:

For minimum funding:

Segment rates prescribed under ARPA for plan years beginning in 2023.

<u>Discount period</u>	<u>Segment rate</u>
0 to 5 years	4.75%
5 to 20 years	5.00%
20 years or longer	5.74%

For maximum deductible:

Segment rates prescribed by the IRS in Section 430(h)(2)(C) for the month of October 2023.

<u>Discount period</u>	<u>Segment rate</u>
0 to 5 years	3.82%
5 to 20 years	4.59%
20 years or longer	4.63%

For recommended maximum:

Segment rates prescribed by the IRS in Section 417(e) for the month of October 2023 as limited by Section 415(b) if applicable.

<u>Discount period</u>	<u>Segment rate</u>
0 to 5 years	5.77%
5 to 20 years	6.14%
20 years or longer	6.19%

For ASC 960:

4.50% per annum.

Mortality:

For funding:

Pre-retirement: 2023 Mortality Tables prescribed by the IRS under Section 430(h)(3) for Non-Annuitants, Males and Females, respectively.

Post-retirement (Annuity Distributions): 2023 Mortality Tables prescribed by the IRS under Section 430(h)(3) for Annuitants, Males and Females, respectively.

Maspeth Federal Savings & Loan Association Pension Trust

EIN: 11-1553555 PN: 001

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Post-retirement (Lump Sum Distributions): 2023 Mortality Tables prescribed by the IRS under Section 430(h)(3) for Lump Sum Distributions.

For ASC 960:

Pre-retirement: None presumed.

Post-retirement: 2023 Mortality Tables prescribed by the IRS under Section 430(h)(3) for Lump Sum Distributions.

Turnover:	None.
Retirement:	The later of attained age or normal retirement age.
Salary:	4.00% per annum.
Lump Sum Election Percentage:	100.00%
Compensation Limit Indexation:	0.00% per annum.
Social Security:	N/A.
Spouse's Benefit:	Based on actual data. When actual data is not available, it is assumed that male (female) participants are 3 years older (younger) than their spouses, and that spouses are of the opposite sex.
Married Percentage:	80% of participants are assumed to be married.
Disability:	None assumed.
Expenses:	\$36,630.
C. Valuation of Assets:	The actuarial value of assets is the market value.

Maspeth Federal Savings & Loan Association Pension Trust

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 11-1553555 Plan Number: 001

Year Ended September 30, 2024

	(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
Single Transactions									
	Federal Government	Federal Farm Cr Bks, 3.875% due 01/19/27	\$ 774,233	\$ -	\$ -	\$ -	\$ 774,233	\$ 774,233	\$ -
	Federal Government	Federal Farm Cr Bks, 0.230% due 1/19/24	-	750,000	-	-	750,000	750,000	-
Total Single Transactions			\$ 774,233	\$ 750,000	\$ -	\$ -	\$ 1,524,233	\$ 1,524,233	\$ -
Series Transactions									
	Dreyfus Govt Cash Mgmt	Fds Instl Shs 289	\$ 901,749	\$ -	\$ -	\$ -	\$ 901,749	\$ 901,749	\$ -
	Dreyfus Govt Cash Mgmt	Fds Instl Shs 289	-	945,128	-	-	945,128	945,128	-
Total Series Transactions			\$ 901,749	\$ 945,128	\$ -	\$ -	\$ 1,846,877	\$ 1,846,877	\$ -

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

▶ 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 Maspeth Federal Savings & Loan Association Pension Trust		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Maspeth Federal Savings & Loan Association		D Employer Identification Number (EIN) 11-1553555	
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 <u>10</u> Day <u>01</u> Year <u>2023</u>			
2 Assets:			
a Market value.....	2a	12,066,763	
b Actuarial value.....	2b	12,066,763	
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.....	7	386,280	386,280
b For terminated vested participants.....	42	1,043,548	1,043,548
c For active participants.....	176	10,196,642	10,675,072
d Total.....	225	11,626,470	12,104,900
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	5.15%	
6 Target normal cost			
a Present value of current plan year accruals.....	6a	842,660	
b Expected plan-related expenses.....	6b	36,630	
c Target normal cost.....	6c	879,290	

Statement by Enrolled Actuary

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

SIGN HERE		<u>07/09/2025</u>
	Signature of actuary	Date
Steve Schumpp, ASA, EA		2307734
	Type or print name of actuary	Most recent enrollment number
The Benefit Practice		203-517-3537
	Firm name	Telephone number (including area code)
1055 Washington Boulevard Suite 610 Stamford CT 06901		
	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

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

Schedule SB (Form 5500) 2023
v. 230728

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	879,290	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	505,905	46,331	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	925,621	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	925,621	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	952,494	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	26,873	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 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 checked="" type="checkbox"/> 2021
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Maspeth Federal Savings & Loan Association Pension Trust
EIN: 11-1553555 PN: 001
Schedule SB, Line 19 – Discounted Employer Contributions

<u>Date</u>	<u>Amount</u>	<u>Plan Year</u> <u>Applied</u>	<u>Applicable</u> <u>Rate</u>	<u>Discounted</u> <u>Amount</u>	
3/13/2025	179,755	2023	9.13%	158,390	(1)
3/13/2025	179,755	2023	8.26%	160,234	(2)
3/13/2025	179,755	2023	7.40%	162,100	(3)
3/13/2025	179,755	2023	6.53%	164,008	(4)
3/13/2025	330,980	2023	5.15%	307,762	

Total: 1,050,000

Total: 952,494

-
- (1) 10.15% to the quarterly due date of 1/15/24, 5.15% from 1/15/24 to 10/1/23.
 - (2) 10.15% to the quarterly due date of 4/15/24, 5.15% from 4/15/24 to 10/1/23.
 - (3) 10.15% to the quarterly due date of 7/15/24, 5.15% from 7/15/24 to 10/1/23.
 - (4) 10.15% to the quarterly due date of 10/15/24, 5.15% from 10/15/24 to 10/1/23.

Maspeth Federal Savings & Loan Association Pension Trust

EIN: 11-1553555 PN: 001

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

Each participant is assumed to retire at the latest of the following:

- (a) Age 65
- (b) The 5th anniversary of participation.
- (c) End of Plan Year

The Weighted Average Retirement Age is obtained by averaging the assumed retirement age of each active participant. Such Weighted Average Retirement Age for the 2023 Plan Year is 65.

Maspeth Federal Savings & Loan Association Pension Trust

EIN: 11-1553555 PN: 001

Schedule SB, Part V – Summary of Plan Provisions

DEFINITIONS:

Compensation: Participant's Wages for each Year of Service, as defined in Internal Revenue Code Section 3401(a).

Years of Credited Service: All years of participation with the employer from date of employment to termination of employment, or Normal Retirement Date, based on 1,000 hours equaling one year of service.

Normal Form of Annuity: Lifetime income with 120 payments guaranteed for the Defined Benefit Plan and Lump Sum for the Cash Balance Plan.

Normal Retirement Date: The first day of the October coinciding closer with the attainment of age 65, or 5 years of participation, if later.

PENSION BENEFITS:

Eligibility for Plan Participation: Attainment of age 21 and 1 year of service.

Benefit Formula: Before 11/30/2006, 75% of monthly compensation reduced for each year of service with the employer less than 40 years.

As of 12/1/2006, the cash balance benefit for each participant who was a participant prior to 12/01/2006 shall be as follows:

<u>Class of Employee</u>	<u>Theoretical Contribution as a Percent of Compensation</u>
Senior Vice President	20.0%
Vice President	15.0%
Assistant Vice President	12.5%
Junior Officers	12.5%
All Other Participants	10.0%

Maspeth Federal Savings & Loan Association Pension Trust

EIN: 11-1553555 PN: 001

Schedule SB, Part V – Summary of Plan Provisions

As of 12/01/2006 the new cash balance benefit for each participant whose entry date is 12/01/2006 or later shall be as follows:

<u>Class of Employee</u>	<u>Theoretical Contribution as a Percent of Compensation</u>
Senior Vice President	15.0%
Vice President	10.0%
Assistant Vice President	7.50%
Junior Officers	7.50%
All Other Participants	5.00%

Early Retirement:

Eligibility: N/A

Benefit formula: Same as normal retirement benefit.

Vesting:

Eligibility: Vesting schedule as follows:

Years of Service	Percentage
Less than 3	0%
3 or more	100%

Benefit Formula: Same as normal retirement benefit, based on service and compensation at date of termination, payable at Normal Retirement Date.

Pre-Retirement Death Benefit:

Eligibility: All married participants.

Benefit Formula: Actuarial equivalent of the accrued benefit, payable to the participant's surviving beneficiary.

Maspeth Federal Savings & Loan Association Pension Trust

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

EIN: 11-1553555 Plan Number: 001

September 30, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Oppenheimer & Co. Inc.	Interest bearing cash	\$ 12,866	\$ 12,866
	Federal Government	Federal Farm CR Bks, 3.875%, due 1/19/27	774,233	783,993
	Federal Government	Federal Farm Cr Bks, 0.230%, due 03/26/27	295,445	300,611
	Federal Government	Federal Farm Cr Bks, 3.875%, due 11/15/27	461,406	463,228
	Federal Government	Federal Home Loan Banks, 4.625%, due 03/10/28	265,098	273,385
	Federal Government	Federal Home Loan Banks, 4.500%, due 06/09/28	469,403	478,718
	Federal Government	Federal Farm Cr Bks, 4.320%, due 9/19/25	275,000	274,612
	Federal Government	Federal Home Loan Banks, 6.000%, due 10/10/28	380,000	380,224
	Federal Government	Federal Home Loan Banks, 0.520%, due 01/28/25	500,000	492,850
	Federal Government	Federal Home Loan Banks, 0.600%, due 02/18/25	500,000	491,705
	Federal Government	Federal Home Loan Banks, 0.600%, due 04/28/25	500,000	490,285
	Federal Government	Federal Home Loan Banks, 0.750%, due 05/12/25	500,000	488,980
	Federal Government	Federal Farm Cr Bks, 0.730%, due 05/19/25	260,000	254,283
	Federal Government	Federal Natl Mtg Assn, 0.520%, due 08/18/25	260,005	252,127
	Federal Government	Federal Home Loan Banks, 1.000%, due 01/22/26	505,000	486,487
	Federal Government	Federal Home Loan Banks, 1.000%, due 08/05/26	220,000	208,908
	Federal Government	Federal Home Loan Banks, 1.250%, due 10/26/26	500,000	474,880
	Federal Government	Federal Home Loan Banks, 1.850%, due 11/24/26	500,000	481,235
	Federal Government	Federal Farm Cr Bks, 3.875%, due 11/24/26	252,710	255,887
	Federal Government	Federal Home Loan Banks, 1.500%, due 12/17/26	300,000	285,444
	Federal Government	Federal Home Loan Banks, 4.500%, due 03/12/27	398,269	408,200

Maspeth Federal Savings & Loan Association Pension Trust

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

EIN: 11-1553555 Plan Number: 001

September 30, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Federal Government	Federal Home Loan Banks, 4.125%, due 06/11/27	\$ 517,499	\$ 526,729
	Federal Government	Federal Farm Cr Bks, 4.625%, due 08/23/27	406,346	416,194
	Federal Government	Federal Home Loan Banks, 4.125%, due 09/10/27	190,860	192,736
	Federal Government	Federal Home Loan Banks, 0.900%, due 11/18/24	250,000	248,748
	Federal Government	US Treasury Note, 2.125%, due 05/15/25	2,941	2,961
	Federal Government	US Treasury Note, 2.625%, due 12/31/25	1,990	1,970
	Federal Government	US Treasury Note, 2.000%, due 11/15/26	2,030	1,933
	Federal Government	US Treasury Note, 2.375%, due 05/15/27	2,926	2,908
	Federal Government	US Treasury Note, 2.875%, due 08/15/28	2,141	1,948
	Federal Government	US Treasury Note, 4.875Z%, due 10/31/28	3,035	3,145
	Federal Government	US Treasury Note, 3.250%, due 06/30/29	3,025	2,955
	Federal Government	US Treasury Note, 4.625%, due 04/30/31	1,023	1,056
	Federal Government	US Treasury Note, 4.125%, due 11/15/32	4,123	4,111
	Dreyfus Govt Cash Mgmt	Fds Instl Shs 289	78,560	78,560
	A O Smith	Common Stock	3,467	5,300
	Abbott Laboratories	Common Stock	7,084	9,577
	Abbvie Inc	Common Stock	6,992	9,084
	Accenture PLC Ireland	Common Stock	165	353
	Adobe Inc	Common Stock	29,380	36,245
	Advanced Drain System Inc	Common Stock	22,761	31,275
	Agilent Technologies Inc	Common Stock	34,599	35,487
	Air Products & Chemicals Inc	Common Stock	7,169	8,634
	Alcon Inc	Common Stock	5,135	8,706
	Alexandria Real Estate Equities Inc	Common Stock	10,889	7,608
	Alphabet Inc	Common Stock	23,754	36,321
	American Express Co	Common Stock	4,948	8,407
	American Tower Corp	Common Stock	6,343	6,047
	Ametek Inc New	Common Stock	25,502	31,938
	Amphenol Corp	Common Stock	23,530	37,662

Maspeth Federal Savings & Loan Association Pension Trust

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

EIN: 11-1553555 Plan Number: 001

September 30, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Analog Devices Inc	Common Stock	\$ 3,773	\$ 8,056
	Apollo Global	Common Stock	4,966	5,496
	Apple Inc	Common Stock	27,076	48,697
	ASML Holding NV	Common Stock	17,295	28,331
	Astrazeneca PLC ADR	Common Stock	7,126	7,713
	Autodesk Inc	Common Stock	28,945	38,016
	Automatic Data Processing Inc	Common Stock	99	277
	Berkley W R Corp	Common Stock	3,583	8,226
	Berkshire Hathaway Inc	Common Stock	9,276	13,348
	Booz Allen Hamilton Holding Corp	Common Stock	2,774	5,371
	Boston Scientific Corp	Common Stock	2,545	5,447
	Broadcom Inc	Common Stock	536	518
	Brown & Brown Inc	Common Stock	34,125	41,233
	Cadence Design Systems Inc	Common Stock	17,938	29,542
	Canadian National Railway Company	Common Stock	30,704	30,576
	CBOE Global Markets Inc	Common Stock	2,821	5,736
	Chevron Corp	Common Stock	9,765	10,162
	Chubb Ltd	Common Stock	4,938	10,959
	Cintas Corp	Common Stock	19,360	41,176
	Colgate-Palmolive	Common Stock	275	311
	CNH Industrial	Common Stock	5,573	5,017
	CME Group Inc	Common Stock	7,387	8,385
	CMS Energy Corp	Common Stock	331	424
	Comcast Corp	Common Stock	10,322	10,860
	Commerce Bancshares Inc	Common Stock	34,343	37,778
	Copart Inc	Common Stock	17,665	31,492
	Corteva Inc	Common Stock	3,684	5,291
	CRH PLC	Common Stock	4,587	5,843
	Diageo PLC ADR	Common Stock	6,532	5,614
	Diamondback Energy Inc	Common Stock	5,873	6,724
	Deckers Outdoor	Common Stock	34,697	37,311
	Eaton Corp PLC	Common Stock	292	331
	Elevance Health Inc	Common Stock	1,210	1,560
	Entergy Corp	Common Stock	3,082	5,922
	Equinix Inc	Common Stock	768	888
	Equity Lifestyle Properties Inc	Common Stock	33,999	38,167
	Factset Research Systems Inc	Common Stock	28,445	35,408
	Ferrari Nv	Common Stock	15,441	37,609
	Ferguson Enterprises Inc	Common Stock	4,551	4,766
	Fidelity National Information Services Inc	Common Stock	4,512	5,444

Maspeth Federal Savings & Loan Association Pension Trust

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

EIN: 11-1553555 Plan Number: 001

September 30, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	First American Financial Corp	Common Stock	\$ 3,763	\$ 5,809
	Freeport McMoran Inc	Common Stock	4,032	4,643
	Gaming & Leisure Properties Inc	Common Stock	34,807	38,690
	Garmin LTD	Common Stock	23,083	40,311
	General Dynamic Corp	Common Stock	139	302
	Gentex Corp	Common Stock	27,430	27,998
	Gilead Sciences Inc	Common Stock	34,038	41,082
	Goldman Sachs Group Inc	Common Stock	7,317	10,892
	Graco Inc	Common Stock	27,525	32,204
	Grupo Aeroportuario	Common Stock	34,410	34,456
	Hershey Company	Common Stock	30,926	33,370
	Home Depot Inc	Common Stock	244	405
	Honeywell Intl Inc	Common Stock	417	620
	Idacorp Inc	Common Stock	10,394	10,721
	IDEXX Laboratories Inc	Common Stock	32,200	33,345
	Illinois Tool Works Inc	Common Stock	30,458	33,807
	Infosys LTD ADR	Common Stock	30,360	42,224
	Jack Henry & Associates Inc	Common Stock	34,360	35,131
	Johnson & Johnson	Common Stock	9,449	10,858
*	JPMorgan Chase & Co	Common Stock	9,767	16,868
	KLA Corp	Common Stock	16,527	38,721
	Lamar Advertising Company	Common Stock	3,149	5,611
	LAM Research Corp	Common Stock	14,595	28,563
	Lattice Semiconductor Corp	Common Stock	34,343	23,988
	Linde PLC	Common Stock	163	477
	Lockheed Martin Corp	Common Stock	4,931	6,430
	Lowe's Companies Inc	Common Stock	3,702	8,938
	Lululemon Athletica Inc	Common Stock	34,194	25,778
	M&T Bank Corp	Common Stock	5,199	5,878
	Marathon Petroleum Corp	Common Stock	1,010	4,724
	Marsh & McLennan Cos Inc	Common Stock	32,124	37,033
	Mastercard Inc	Common Stock	25,252	35,554
	McDonalds Corp	Common Stock	8,102	9,135
	McKesson Corp	Common Stock	3,245	6,922
	Meta Platforms Inc	Common Stock	19,831	37,209
	Micochip Technology Inc	Common Stock	328	321
	Microsoft Corp	Common Stock	20,336	46,472
	Mid-America Apartment Communities	Common Stock	4,867	5,879
	Monolithic Power System Inc	Common Stock	22,850	46,225
	Monster Beverage Corp	Common Stock	31,598	31,667

Maspeth Federal Savings & Loan Association Pension Trust

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

EIN: 11-1553555 Plan Number: 001

September 30, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Moodys Corp	Common Stock	\$ 27,171	\$ 40,815
	Motorola Solutions Inc	Common Stock	33,920	43,164
	Mondelez International Inc	Common Stock	6,547	8,545
	Morgan Stanley	Common Stock	1,291	1,564
	Netease Inc	Common Stock	34,114	32,916
	Netflix Inc	Common Stock	34,119	38,301
	Nextera Energy Inc	Common Stock	108	507
	Nordson Corp	Common Stock	33,190	38,344
	Northrop Grumman Corp	Common Stock	364	528
	NVIDIA Corp	Common Stock	10,803	47,362
	NXP Semiconductors	Common Stock	27,847	33,361
	Old Dominion Freight Lines Inc	Common Stock	33,954	29,796
	Oracle Corp	Common Stock	784	1,022
	Otis Worldwide Corp	Common Stock	3,968	5,405
	Parker-Hannifin Corp	Common Stock	3,213	6,318
	Paychex Inc	Common Stock	27,014	37,305
	Pepsico Inc	Common Stock	6,598	7,822
	PNC Financial Services Group Inc	Common Stock	8,632	11,830
	Procter & Gamble Co	Common Stock	39,772	48,323
	Progressive Corp OH	Common Stock	3,606	9,389
	Qualcomm Inc	Common Stock	27,656	37,921
	Quays Inc	Common Stock	34,409	26,463
	Raymond James Financial Inc	Common Stock	423	490
	Regions Financial Corp	Common Stock	228	233
	RELX PLC ADR	Common Stock	22,020	38,585
	RESMED Inc	Common Stock	26,604	43,942
	RTX Corp	Common Stock	8,344	11,753
	S&P Global Inc	Common Stock	389	517
	Salesforce Inc	Common Stock	5,146	7,390
	Shell PLC	Common Stock	8,560	9,365
	Skyworks Solutions Inc	Common Stock	34,262	32,397
	Sun Communities Inc	Common Stock	5,527	5,676
	Southren Copper Corp	Common Stock	22,275	35,858
	Synopsys Inc	Common Stock	33,946	29,877
	Target Corp	Common Stock	345	312
	TE Connectivity LTD	Common Stock	42,882	42,882
	Teradyne Inc	Common Stock	32,494	41,920
	Thermo Fisher Scientific Inc	Common Stock	8,868	10,516
	Trane Technologic PLC	Common Stock	2,355	5,831
	Ulta Beauty Inc	Common Stock	7,844	7,782
	Union Pacific Corp	Common Stock	6,719	8,134

Maspeth Federal Savings & Loan Association Pension Trust

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

EIN: 11-1553555 Plan Number: 001

September 30, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Unitedhealth Group Inc	Common Stock	\$ 13,807	\$ 16,371
	Verisk Analytics Inc	Common Stock	29,740	40,442
	Vertex Pharmaceuticals Inc	Common Stock	26,433	39,067
	Visa Inc	Common Stock	28,047	37,848
	Walmart Inc	Common Stock	6,153	11,951
	XP Inc	Common Stock	18,687	24,579
	Zoetis Inc	Common Stock	2,323	2,735
	iShares	Short Treasury Bond ETF	23,820	23,896
	Janney Montgomery Scott LLC	Interest bearing cash	381	381
	Amgen	Common Stock	30,863	41,243
	Applied Materials	Common Stock	4,807	4,647
			\$ 11,783,703	\$ 12,364,413

*A party in interest as defined by ERISA.

Maspeth Federal Savings & Loan Association Pension Trust

EIN: 11-1553555 PN: 001

Schedule SB, Line 32 – Schedule of Amortization Bases

Type of <u>Base</u>	Present Value of Remaining <u>Installment</u>	Date Base <u>Established</u>	Amortization Period <u>Remaining</u>	Amortization <u>Installment</u>
Total Shortfall	\$ 505,905			\$ 46,331
Shortfall	505,905	October 1, 2023	15	46,331

Total Waiver	\$ -			\$ -
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