

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan... D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan...

Part II Basic Plan Information—enter all requested information

1a Name of plan FLAGSTAR FINANCIAL, INC. EMPLOYEE SAVINGS PLAN
1b Three-digit plan number (PN) 004
1c Effective date of plan 01/01/1992
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) FLAGSTAR FINANCIAL, INC. 102 DUFFY AVENUE HICKSVILLE, NY 11801
2b Employer Identification Number (EIN) 06-1377322
2c Plan Sponsor's telephone number 516-500-6686
2d Business code (see instructions) 522120

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for plan administrator, employer/plan sponsor, and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor PENTEGRA SERVICES INC. 701 WESTCHESTER AVENUE SUITE 320E WHITE PLAINS, NY 10604	3b Administrator's EIN 13-3745616 3c Administrator's telephone number 844-367-2848																				
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name NEW YORK COMMUNITY BANCORP, INC. c Plan Name NEW YORK COMMUNITY BANCORP, INC. EMPLOYEE SAVINGS PLAN	4b EIN 06-1377322 4d PN 004																				
5 Total number of participants at the beginning of the plan year	5 5830																				
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2), 6b, and 6c..... e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e..... g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;">6a(1)</td><td style="text-align: right;">4956</td></tr> <tr><td>6a(2)</td><td style="text-align: right;">7891</td></tr> <tr><td>6b</td><td style="text-align: right;">661</td></tr> <tr><td>6c</td><td style="text-align: right;">11159</td></tr> <tr><td>6d</td><td style="text-align: right;">19711</td></tr> <tr><td>6e</td><td style="text-align: right;">105</td></tr> <tr><td>6f</td><td style="text-align: right;">19816</td></tr> <tr><td>6g(1)</td><td style="text-align: right;">3346</td></tr> <tr><td>6g(2)</td><td style="text-align: right;">9778</td></tr> <tr><td>6h</td><td style="text-align: right;">1</td></tr> </table>	6a(1)	4956	6a(2)	7891	6b	661	6c	11159	6d	19711	6e	105	6f	19816	6g(1)	3346	6g(2)	9778	6h	1
6a(1)	4956																				
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6d	19711																				
6e	105																				
6f	19816																				
6g(1)	3346																				
6g(2)	9778																				
6h	1																				
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7																				

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2E 2F 2G 2J 2K 2T 3H

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

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

a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <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> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan FLAGSTAR FINANCIAL, INC. EMPLOYEE SAVINGS PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 FLAGSTAR FINANCIAL, INC.	D Employer Identification Number (EIN) 06-1377322	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

EMPOWER LIFE & ANNUITY INSURANCE CO

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 50 37 15	NONE	415956	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

CAPFINANCIAL PARTNERS LLC DBA CAPTR

4208 SIX FORKS RD STE 1700
RALEIGH, NC 27609

(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 50	NONE	98000	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"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>FLAGSTAR FINANCIAL, INC. EMPLOYEE SAVINGS PLAN</u>	B Three-digit plan number (PN) <u>004</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>FLAGSTAR FINANCIAL, INC.</u>	D Employer Identification Number (EIN) <u>06-1377322</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIDELITY FREEDOM INC CMGLD POOL D</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT</u>		
c EIN-PN <u>20-4659714-195</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10452480</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RELIANCE METLIFE GAC SERIES 25053 C</u>		
b Name of sponsor of entity listed in (a): <u>METLIFE STABLE VALUE</u>		
c EIN-PN <u>46-6625485-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>47701444</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIDELITY FREEDOM 2010 CMGLD POOL D</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT</u>		
c EIN-PN <u>20-4659714-197</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>950404</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIDELITY FREEDOM 2015 CMGLD POOL D</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT</u>		
c EIN-PN <u>20-4659714-198</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>897774</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIDELITY FREEDOM 2020 CMGLD POOL D</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT</u>		
c EIN-PN <u>20-4659714-199</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11712869</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIDELITY FREEDOM 2025 CMGLD POOL D</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT</u>		
c EIN-PN <u>20-4659714-200</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>35816801</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIDELITY FREEDOM 2030 CMGLD POOL D</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT</u>		
c EIN-PN <u>20-4659714-201</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>55708932</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY FREEDOM 2035 CMGLD POOL D		
b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT		
c EIN-PN 20-4659714-202	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 64749597
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY FREEDOM 2040 CMGLD POOL D		
b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT		
c EIN-PN 20-4659714-203	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 52141622
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY FREEDOM 2045 CMGLD POOL D		
b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT		
c EIN-PN 20-4659714-204	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 48419859
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY FREEDOM 2050 CMGLD POOL D		
b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT		
c EIN-PN 20-4659714-205	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41052840
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY FREEDOM 2055 CMGLD POOL D		
b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT		
c EIN-PN 20-4659714-206	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28047296
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY FREEDOM 2060 CMGLD POOL D		
b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT		
c EIN-PN 20-4659714-207	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14545816
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY FREEDOM 2065 CMGLD POOL D		
b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT		
c EIN-PN 20-4659714-208	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4463510
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS MID CAP GROWTH FUND CT		
b Name of sponsor of entity listed in (a): GREAT GRAY		
c EIN-PN 38-4126294-597	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1445728
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY GROWTH COMPY COMMINGLED PL		
b Name of sponsor of entity listed in (a): FIDELITY COLLECTIVE TRUST FUNDS		
c EIN-PN 04-3022712-135	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 135900469
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan FLAGSTAR FINANCIAL, INC. EMPLOYEE SAVINGS PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 FLAGSTAR FINANCIAL, INC.	D Employer Identification Number (EIN) 06-1377322

Part I	Asset and Liability Statement
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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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	95	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1673372	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	217123840	405
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	12268114	20287201
(9) Value of interest in common/collective trusts	1c(9)	34680193	554007441
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	104932937	297705988
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	174226240	45756216
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation.....	1e	0	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	544904791	917757251
Liabilities			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	44859	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	44859	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	544859932	917757251

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)	26392709	
(B) Participants.....	2a(1)(B)	64964347	
(C) Others (including rollovers).....	2a(1)(C)	16173037	
(2) Noncash contributions.....	2a(2)	0	107530093
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	0	
(B) U.S. Government securities.....	2b(1)(B)	0	
(C) Corporate debt instruments.....	2b(1)(C)	0	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	1418206	
(F) Other.....	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1418206
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	1124164	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	10879720	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		12003884
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	81675257	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	203780388	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-122105131
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)	0	
(B) Other.....	2b(5)(B)	-608278	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-608278

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	88602288
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	33345468
c Other income	2c	0
d Total income. Add all income amounts in column (b) and enter total	2d	120186530

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	171924059
(2) To insurance carriers for the provision of benefits	2e(2)	0
(3) Other	2e(3)	0
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	171924059
f Corrective distributions (see instructions)	2f	0
g Certain deemed distributions of participant loans (see instructions)	2g	793549
h Interest expense	2h	0
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	0
(2) Contract administrator fees	2i(2)	0
(3) Recordkeeping fees	2i(3)	472125
(4) IQPA audit fees	2i(4)	0
(5) Investment advisory and investment management fees	2i(5)	98000
(6) Bank or trust company trustee/custodial fees	2i(6)	0
(7) Actuarial fees	2i(7)	0
(8) Legal fees	2i(8)	0
(9) Valuation/appraisal fees	2i(9)	0
(10) Other trustee fees and expenses	2i(10)	0
(11) Other expenses	2i(11)	0
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	570125
j Total expenses. Add all expense amounts in column (b) and enter total	2j	173287733

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	-53101203
l Transfers of assets:		
(1) To this plan	2l(1)	425998522
(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: **KPMG LLP**

(2) EIN: **13-5565207**

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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4778
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	150000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	

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

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

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

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

SCHEDULE R (Form 5500) <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.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
--	---	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>FLAGSTAR FINANCIAL, INC. EMPLOYEE SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶	<u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FLAGSTAR FINANCIAL, INC.</u>	D Employer Identification Number (EIN) <u>06-1377322</u>	

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

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

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

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 84-1455663

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3	
---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <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 _____.

**FLAGSTAR FINANCIAL, INC.
EMPLOYEE SAVINGS PLAN**

Financial Statements and Supplemental Schedules

December 31, 2024 and 2023

(With Independent Auditors' Report)

**FLAGSTAR FINANCIAL, INC.
EMPLOYEE SAVINGS PLAN**

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* Schedules required by Form 5500, which are not applicable, have not been included.



KPMG LLP
345 Park Avenue
New York, NY 10154-0102

Independent Auditors' Report

To the Plan Participants and Plan Administrator,

The Audit Committee & the Pension and Investment Committee
Flagstar Financial, Inc. Employee Savings Plan:

Opinion

We have audited the financial statements of Flagstar Financial, Inc. Employee Savings Plan (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 plan benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for plan benefits for the years 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 plan benefits of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for plan benefits for the years then ended, in accordance with U.S. generally accepted accounting principles.

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 U.S. generally accepted accounting principles, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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



the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

Supplemental 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 of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) and Schedule H, Line 4a- Schedule of Delinquent Participant Contributions for the year ended December 31, 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 Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

KPMG LLP

New York, New York
June 27, 2025

FLAGSTAR FINANCIAL, INC.
EMPLOYEE SAVINGS PLAN

Statements of Net Assets Available for Plan Benefits

December 31, 2024 and 2023

	2024	2023
Assets:		
Investments at Fair Value (Note 3):		
Mutual funds	\$296,701,282	\$104,932,937
Common stock fund of employer	45,756,216	174,226,240
Collective trust funds	554,007,441	34,680,193
Money market fund	1,004,706	-
Total investments	897,469,645	313,839,370
Receivables:		
Notes receivable from participants	20,287,201	12,268,114
Contributions receivable	-	1,673,372
Due from broker (Note 1)	405	217,123,840
Total receivables	20,287,606	231,065,326
Non-interest-bearing cash	-	95
Total assets	\$917,757,251	\$544,904,791
Liabilities:		
Due to broker	\$-	\$44,859
Net assets available for plan benefits	\$917,757,251	\$544,859,932

See accompanying notes to financial statements.

FLAGSTAR FINANCIAL, INC.
EMPLOYEE SAVINGS PLAN

Statements of Changes in Net Assets Available for Plan Benefits
Years Ended December 31, 2024 and 2023

	2024	2023
Additions (deductions) to net assets attributed to:		
Investment income:		
Net (depreciation) appreciation in fair value of investments	\$(765,653)	\$63,770,981
Interest and dividends on investments and cash balances	12,483,497	19,400,645
Total investment income	11,717,844	83,171,626
 Interest on notes receivable from participants	 1,418,206	 437,894
 Contributions:		
Participant contributions	64,964,347	24,317,988
Employer contributions	26,392,709	9,632,477
Rollover contributions	16,173,037	106,519,469
Total contributions	107,530,093	140,469,934
Total additions	120,666,143	224,079,454
 Deductions from net assets attributed to:		
Benefits paid to participants	172,717,608	47,147,983
Dividends paid to participants	479,613	5,348,773
Administrative expenses	570,125	571,073
Total deductions	173,767,346	53,067,829
 Net (decrease) increase	 (53,101,203)	 171,011,625
 Transfer of assets into the Plan (Note 1)	 425,998,522	 -
 Net assets available for plan benefits at:		
Beginning of year	544,859,932	373,848,307
End of year	\$917,757,251	\$544,859,932

See accompanying notes to financial statements.

FLAGSTAR FINANCIAL, INC.
EMPLOYEE SAVINGS PLAN

Notes to Financial Statements

December 31, 2024 and 2023

(1) Description of the Plan

The following brief description of the Flagstar Financial, Inc. Employee Savings Plan (the “Plan”) is provided for general information purposes only. Effective October 28, 2024, New York Community Bancorp Inc. changed its name and trading symbol to Flagstar Financial, Inc. and “FLG” and at the same time, the name of the Plan was changed to Flagstar Financial, Inc. Employee Savings Plan.

(a) General

The Plan is a defined contribution plan sponsored by Flagstar Financial, Inc. (the “Bank” or “Plan Sponsor” or “Employer”). The Plan is administered by Empower Retirement LLC.

The Plan provides retirement benefits for the employees of the Bank and is subject to the requirements of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). The assets of all participants are held in the Plan and are collectively invested and reinvested by Empower Trust Company LLC (the “Trustee”).

Effective January 1, 2024, in connection with the acquisition of Flagstar Bank, N.A. by the Bank, the following entities became subsidiaries of the Bank and all employees of the subsidiaries became eligible to participate in the Plan: Flagstar Financial & Leasing, LLC; Flagstar Public Funding Corp., Flagstar Advisors, Inc., and Flagstar Bank, N.A., which were participants in the Flagstar 401(k) Plan. In 2024, all net assets available for plan benefits from the Flagstar Bank 401(k) plan were transferred to the Plan.

Effective January 1, 2024, amendments to the Plan include the following: appointment of Empower Trust Company LLC (“Empower”) as successor trustee to Pentegra Trust Company (“PTC”, “Plan Administrator”); the appointment of Pentegra Services, Inc. as the 3(16) Plan Administrator in accordance with the Defined Contribution Fiduciary Service Agreement Institutional 3(16) Services Package; the transfer of the Flagstar Bank 401(k) Plan with and into the Plan (“Flagstar Merger”); and the engagement of CAPTRUST Financial Advisors as an investment advisor to the Plan.

In connection with the Bank’s assumption of certain assets, deposits and other liabilities of Signature Bridge Bank on March 20, 2023 (the “Signature Acquisition”), certain participants in the former Signature Bank Employee 401K Plan (the “Signature Plan”) became employees of the Bank and, effective July 17, 2023, became eligible to enroll in the Plan. Upon termination of the Signature Plan, the Signature Plan participants who are now employees of the Bank, were eligible to roll over their existing Signature Plan accounts balances to the Plan, including any outstanding Signature Plan loans.

(b) Eligibility

Effective January 1, 2023, there is no longer a minimum age requirement or period of eligible service requirement to be eligible to participate in the Plan. Additionally, effective January 1, 2024, employees compensated on an hourly basis are eligible to participate in the Plan.

(c) Contributions

Employee Contributions

Effective January 1, 2024, Participants may authorize the Bank to contribute to the Plan each pay period 1% to 60% of their pre-tax compensation (Before-Tax Contributions), Roth after-tax compensation (Roth Contributions) or a specific dollar value, subject to the maximum dollar limitations of the Internal Revenue Code (“IRC”). Prior to January 1, 2024, the maximum contribution amount Participants could reduce their pre-tax compensation each pay period by was up to 100%.

FLAGSTAR FINANCIAL, INC.
EMPLOYEE SAVINGS PLAN

Notes to Financial Statements

December 31, 2024 and 2023

Safe Harbor Matching Contributions

The Bank matches a portion of employee contributions up to a max of 5% of eligible pay. For the first 3% of eligible pay, the Plan will match 100% of such amount. For the next 2% of eligible pay the Plan will match 50% of such amount. In 2024 and 2023, the Bank contributed \$26.4 million and \$9.6 million, respectively, in matching contributions.

Employer Discretionary Contributions

The Employer may also make Discretionary Employer Contributions. No such contributions were made in 2024 or 2023.

(d) *Investment Options*

Participants are allowed to invest in one or more of the investment options. Participants may, at any time, change their investment elections or transfer between different investment options. As of December 31, 2024, and 2023, the Plan's investments consisted of mutual funds, money market funds, common stock of Flagstar Financial, Inc., and collective trust funds.

(e) *Participant Accounts*

Separate accounts are maintained for each participant to accumulate Employer, participant and rollover contributions. Participants' accounts are credited with contributions made on their behalf in accordance with participant directed salary deductions, employer contributions (if any), and Plan earnings and losses. Plan earnings and losses are allocated based on account balances and investment options, which the participant chooses. Each participant account was charged an administrative fee of \$39 per year during 2024 by Empower. In 2023, an administrative fee of 0.19% (19 basis points) was charged by PTC on assets held in all funds other than the investment funds of the stock fund. The administrative fee is included in administrative expenses on the Statements of Changes in Net Assets Available for Plan Benefits.

(f) *Vesting*

Participants are fully vested in their contribution accounts. The employer safe harbor matching contributions are also fully vested and nonforfeitable at all times.

Participants previously within the Flagstar Bank 401(k) Plan with matching contributions made on their behalf prior to January 1, 2024 ("Flagstar Pre 2023 Matching Contributions") generally become vested after having been employed by the Bank based on the following schedule:

Years of Service:	Percent Vested:
Less than 1 year	0%
1 year but less than 2	33%
2 years but less than 3	66%
3 or more years	100%

If participants are not fully vested and leave the Bank for any reason other than retirement, disability, or death, the unvested portion of the Flagstar Pre 2023 Matching Contributions and related earnings will be forfeited.

Forfeitures may be used to fund plan expenses or for reduction of future Employer contributions. Forfeitures applied to reduce employer match contributions were \$620,318 during 2024. No

FLAGSTAR FINANCIAL, INC.
EMPLOYEE SAVINGS PLAN

Notes to Financial Statements

December 31, 2024 and 2023

forfeitures were used during 2023. At December 31, 2024 and 2023, there were \$171,172 and \$0 unused forfeitures that were available.

(g) *Notes Receivable from Participants*

Participants may borrow from their account balance up to a maximum equal to the lesser of \$50,000 or 50% of the participant's vested account balance. Any loan must be repaid within a five-year period, except if the loan is made for the purpose of purchase or construction of the primary residence of the participant, then such loan may be repaid over a period not exceeding thirty years. The loans are secured by the balance in the participant's account and bear the prime rate of interest on the first day of the month in which the loan was made and fixed for the life of the loan. The interest rates on participant loans ranged from 2.25% to 9.50% and 2.25% to 9.00% at December 31, 2024 and December 31, 2023, respectively, with maturities up to 30 years.

In the event of a loan default, the amount of the outstanding balance will be deducted from any distributions. Loan default distributions will be treated as taxable income to the participant in the year of default.

(h) *Payment of Benefits*

Benefit payments begin at the participant's election after he or she ceases to be an employee due to disability, retirement, termination of employment or death. Under the Plan's provisions, withdrawals of funds other than at disability, retirement, termination of employment or death will be permitted subject to certain limitations, as defined. Participants may elect to receive benefits from several options available as set forth in the Plan.

Participants may elect to have allocated cash dividends declared on the employer common stock and received by the Trustee distributed in cash or elect to reinvest the dividends. For the years ended December 31, 2024 and 2023, common stock dividends of \$479,613 and \$5,348,773, respectively, were paid to Plan participants.

(i) *Due from Broker*

Effective January 1, 2024, the Plan Document was amended and restated to appoint Empower Trust Company, LLC as successor trustee to PTC. On December 29, 2023, \$217,123,840 assets of the Plan were transferred out of PTC, which were received by Empower in January 2024.

(2) Summary of Significant Accounting Policies

(a) *Basis of Presentation*

The accompanying financial statements of the Plan have been prepared on the accrual method of accounting.

(b) *Use of Estimates*

The preparation of financial statements in conformity with U.S. generally accepted accounting principles ("U.S. GAAP") requires management of the Plan to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein and the disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates and assumptions.

(c) *Investment Valuation and Income Recognition*

The Plan's investments are stated at fair value. Money market, mutual funds and common stock and

FLAGSTAR FINANCIAL, INC.
EMPLOYEE SAVINGS PLAN

Notes to Financial Statements

December 31, 2024 and 2023

the collective trust funds are valued using quoted market prices from national exchanges and/or inputs derived principally from or corroborated by observable market data. Investment transactions are recorded on a trade date basis. Dividend income is recognized on the ex-dividend date. Investment income is recorded on the accrual basis.

(d) *Notes Receivable from Participants*

Notes receivable from participants are equal to the outstanding principal balances plus accrued interest.

(e) *Contributions*

Contributions to the Plan from participants and, when applicable from the Bank, are recorded in the period the payroll deductions are made from Plan participants.

(f) *Payment of Benefits*

Benefits to participants or their beneficiaries are recorded when paid.

(g) *Administrative Expenses*

Administrative fees are charged to the Plan. All other administrative expenses of the Plan are paid by the Bank. Expenses directly related to the managing of the mutual funds (such as investment management fees, commissions, and other transaction costs) are charged against the assets of the applicable fund to which such expenses directly relate.

(3) Investments

Investments held by the Plan are reported at fair value.

U.S. GAAP sets forth a definition of fair value, establishes a consistent framework for measuring fair value, and requires disclosure for each major asset and liability category measured at fair value on either a recurring or non-recurring basis. U.S. GAAP also clarifies that fair value is an “exit” price, representing the amount that would be received when selling an asset, or paid when transferring a liability, in an orderly transaction between market participants. Fair value is thus a market-based measurement that should be determined based on assumptions that market participants would use in pricing an asset or liability. As a basis for considering such assumptions, U.S. GAAP establishes a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value as follows:

- Level 1 – Inputs to the valuation methodology are quoted prices (unadjusted) for identical assets or liabilities in active markets.
- Level 2 – Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument.
- Level 3 – Inputs to the valuation methodology are significant unobservable inputs that reflect a company’s own assumptions about the assumptions that market participants use in pricing an asset or liability.

A financial instrument’s categorization within this valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement.

FLAGSTAR FINANCIAL, INC.
EMPLOYEE SAVINGS PLAN

Notes to Financial Statements

December 31, 2024 and 2023

The following tables present the Plan's fair value hierarchy for those investments measured at fair value as of December 31, 2024, and 2023:

Description	Assets measured at fair value at Dec. 31, 2024	Fair value measurements at December 31, 2024 using		
		Quoted prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)
Mutual Funds	\$296,701,282	\$296,701,282	\$ -	\$ -
Common Stock	45,756,216	45,756,216	-	-
Collective Trust Funds	554,007,441	-	554,007,441	-
Money Market Fund	1,004,706	1,004,706	-	-
Total investments at fair value	<u>\$897,469,645</u>	<u>\$343,462,204</u>	<u>\$554,007,441</u>	<u>\$ -</u>

Description	Assets measured at fair value at Dec. 31, 2023	Fair value measurements at December 31, 2023 using		
		Quoted prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)
Mutual Funds	\$104,932,937	\$104,932,937	\$ -	\$ -
Common Stock	174,226,240	174,226,240	-	-
Collective Trust Fund: Reliance				
MetLife Stable Value Fund	34,680,193	-	34,680,193	-
Total investments at fair value	<u>\$313,839,370</u>	<u>\$279,159,272</u>	<u>\$34,680,193</u>	<u>\$ -</u>

The methods described above may produce a fair value that may not be indicative of the net realizable value or future fair values. Furthermore, while management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. There were no transfers between levels for the year ended December 31, 2024.

(4) Risks and Uncertainties

The Plan offers a number of investment options including common stock of Flagstar Financial, Inc. and a variety of investment funds, some of which are mutual funds, collective trust funds and money market funds. The investment funds include U.S. equities, international equities, and fixed income securities. Investment securities, in general, are exposed to various risks, such as interest, credit, and overall market volatility risk. Due to the level of risk associated with certain investment securities, it is 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 Plan Benefits and participant account balances.

The Plan invests indirectly in securities with contractual cash flows such as asset backed securities,

FLAGSTAR FINANCIAL, INC.
EMPLOYEE SAVINGS PLAN

Notes to Financial Statements

December 31, 2024 and 2023

collateralized mortgage obligations and commercial mortgage backed securities, including securities backed by subprime mortgage loans. The value, liquidity and related income of these securities are sensitive to changes in economic conditions, including real estate value, delinquencies or defaults, or both, and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates.

The Plan's exposure to a concentration of credit risk is limited by the diversification of investments across various participant-directed fund elections. Additionally, the investments within each participant-directed fund election are further diversified into varied financial instruments, with the exception of the common stock fund of the employer, which invests in a single security, the common stock of Flagstar Financial, Inc.

At December 31, 2024 and 2023, approximately 5% and 32%, respectively, of the Plan's net assets were invested in the common stock fund of the employer. The underlying value of the common stock is entirely dependent upon the performance of the employer and the market's evaluation of such performance. It is at least reasonably possible that changes in the fair value of the Flagstar Financial, Inc. common stock in the near term could materially affect participants account balances.

(5) Related Party Transactions (Parties-in-Interest)

Empower Retirement, LLC. is the record-keeper for the Plan. Empower Trust Company LLC is the trustee and custodian of the Plan for the year ended December 31, 2024, and Pentegra Trust Company was the trustee and Reliance Trust Company was the custodian of the Plan for the year ended December 31, 2023. The Plan invests in the common stock of the Plan Sponsor. These transactions qualify as parties-in-interest transactions.

Mutual fund operation expenses are paid from a fund's assets and are reflected in the fund's share/unit price and dividends.

CAPTRUST Financial Advisors is engaged as an investment advisor to the Plan.

KPMG LLP, the auditor of the Plan's financial statements, is also a party-in-interest as defined by ERISA.

(6) Income Tax Status

The Internal Revenue Service has determined and informed the Bank by a letter dated October 22, 2013, that the Plan is qualified and the trust established under the Plan is tax-exempt, under the appropriate sections of the IRC. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan is currently designed, and being operated, in compliance with the applicable requirement of the IRC. Therefore, they believe that the Plan was qualified, and the related trust was tax-exempt as of the financial statement date.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**FLAGSTAR FINANCIAL, INC.
EMPLOYEE SAVINGS PLAN**

Notes to Financial Statements

December 31, 2024 and 2023

(7) Plan Termination

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

(8) Non-exempt Transactions

During the 2024 Plan year, employee withholdings totaling \$4,778 were not remitted to the Plan within the appropriate time period by the Bank. These transactions constitute prohibited transactions as defined by ERISA. The Bank remitted the withholding in January and February 2025 with lost earnings.

(9) Subsequent Events

The Plan evaluated subsequent events through June 27, 2025, the date on which the financial statements were issued. There have been no events that have occurred that would require adjustment to or disclosure in the financial statements.

**FLAGSTAR FINANCIAL, INC.
EMPLOYEE SAVINGS PLAN**

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

December 31, 2024

<u>Identity of issue</u>	<u>Description of investment</u>	<u>Number of shares/units</u>	<u>Current value</u>
Common stock of employer:			
*Flagstar Financial, Inc.	Common stock	4,904,203	\$45,756,216
Money Market funds:			
Dreyfus	GOVERNMENT CASH MGMT INSTL		1,004,706
Mutual funds:			
JPMorgan	EQUITY INCOME R6	1,322,994	31,672,476
MFS	NEW DISCOVERY VALUE R6	316,295	5,781,873
PGIM	TOTAL RETURN BOND R6	1,092,418	12,934,230
Principal	SMALLCAP GROWTH I R6	397,981	5,929,918
T. Rowe	PRICE OVERSEAS STOCK I	191,387	2,398,084
Vanguard	INSTITUTIONAL INDEX FUND	246,064	117,839,968
Vanguard	MID CAP INDEX I	626,539	45,242,371
Vanguard	SMALL CAP INDEX I	222,074	25,571,767
Vanguard	TOTAL BOND MARKET INDEX INST	2,389,190	22,649,517
Vanguard	TOTAL INTL STOCK INDEX INSTL	122,119	15,474,923
Victory	SYCAMORE ESTABLISHED VALUE R6	243,665	11,206,155
	Subtotal Mutual Funds		<u>296,701,282</u>
Collective trust funds:			
Fidelity	FREEDOM 2010 CMGLD POOL D	79,399	950,404
Fidelity	FREEDOM 2015 CMGLD POOL D	72,694	897,774
Fidelity	FREEDOM 2020 CMGLD POOL D	920,823	11,712,869
Fidelity	FREEDOM 2025 CMGLD POOL D	2,746,687	35,816,801
Fidelity	FREEDOM 2030 CMGLD POOL D	4,157,383	55,708,932
Fidelity	FREEDOM 2035 CMGLD POOL D	4,601,961	64,749,597
Fidelity	FREEDOM 2040 CMGLD POOL D	3,525,465	52,141,622
Fidelity	FREEDOM 2045 CMGLD POOL D	3,232,300	48,419,859
Fidelity	FREEDOM 2050 CMGLD POOL D	2,740,510	41,052,840
Fidelity	FREEDOM 2055 CMGLD POOL D	1,872,316	28,047,296
Fidelity	FREEDOM 2060 CMGLD POOL D	971,016	14,545,816
Fidelity	FREEDOM 2065 CMGLD POOL D	297,965	4,463,510
Fidelity	FREEDOM INC CMGLD POOL D	901,853	10,452,480
Fidelity	GROWTH COMPY COMMINGLED PL	1,921,126	135,900,469
MFS	MID CAP GROWTH FUND CT	85,628	1,445,728
Reliance MetLife	GAC SERIES 25053 CL M	428,123	47,701,444
	Subtotal Collective Trust Funds		<u>554,007,441</u>
Participant loans:			
*Participant loans	3,197 loans to participants with interest rates of 2.25% to 9.50% with maturities up to 30 years		20,287,201
			<u>\$917,756,846</u>

*Parties-in-interest as defined by ERISA.
See accompanying Independent Auditors' Report.

**FLAGSTAR FINANCIAL, INC.
EMPLOYEE SAVINGS PLAN**

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions

For the year ended December 31, 2024

Participant contributions transferred late to Plan	Total that constitute nonexempt prohibited transactions			Total fully corrected under VFCP and PTE 2002-51
	Contributions not corrected	Contributions corrected outside VFCP ^(a)	Contributions pending correction in VFCP	
Check here if late participant loan repayments are included				
\$4,778 for 2024 Plan year	\$-	\$4,778	\$-	\$-

- (a) During 2025, management identified late remittances of \$4,778 for the Plan year 2024. \$4,778 was remitted to the Plan in 2025 along with lost earnings.

See accompanying Independent Auditors' Report.

**FLAGSTAR FINANCIAL, INC.
EMPLOYEE SAVINGS PLAN**

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions

For the year ended December 31, 2024

Participant contributions transferred late to plan	Total that constitute nonexempt prohibited transactions			Total fully corrected under VFCP and PTE 2002-51
Check here if late participate loan repayments are included	Contribution not corrected	Contributions corrected outside VFCP ^(a)	Contributions pending corrected in VFCP	
	\$-	\$4,778	\$-	\$-

(a) Interest was remitted to the Plan in January 2025.

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

GA

New York Community Bancorp, Inc. Employee Savings Plan

01-JAN-24 to 31-DEC-24

10-JAN-25 20:19:19

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1FFICPD			9,994,982.70	10,452,479.80
1FF10CD			899,864.27	950,404.19
1FF15CD			848,759.78	897,774.37
1FF20CD			10,853,581.74	11,712,869.20
1FF25CD			33,010,201.09	35,816,800.45
1FF30CD			50,910,008.87	55,708,931.54
1FF35CD			58,282,023.05	64,749,596.74
1FF40CD			46,171,846.92	52,141,622.26
1FF45CD			42,553,086.64	48,419,858.81
1FF50CD			36,240,344.59	41,052,840.44
1FF55CD			24,691,355.60	28,047,295.89
1FF60CD			12,952,392.66	14,545,816.02
1FF65CD			4,055,354.91	4,463,509.76
1TROI3			2,454,517.07	2,398,083.67
1VTSNX			15,149,925.50	15,474,922.90
1NDVXX			5,684,222.78	5,781,872.99
1PCSMX1			5,658,617.79	5,929,917.55
1VSCIX			22,918,440.90	25,571,767.18
1MMCGCT			1,362,167.18	1,445,728.45
1VMCIX			40,272,566.38	45,242,370.73
1VEVRX			11,462,071.38	11,206,156.47
1FDGRCT			101,068,576.28	135,900,469.07
1OIEJX			30,856,073.29	31,672,475.83
1NSIDX			99,059,776.74	117,839,968.07
1PTRQX			13,090,653.50	12,934,230.59
1VBTIX			23,075,412.78	22,649,516.87
1METSVM			46,589,254.82	47,701,444.27
1ERNYC1			118,491,818.98	45,756,215.81
			868,657,898.19	896,464,939.92
PARTICIPANT LOANS	VARIOUS	2.250-9.500	20,265,610.64	20,287,201.04
FORFEITURES			1,004,705.55	1,004,705.54

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

GA

New York Community Bancorp, Inc. Employee Savings Plan

01-JAN-24 to 31-DEC-24

10-JAN-25 20:19:19

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
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LEGEND

INVESTMENT OPTION:

1FFICPD	Fidelity Freedom Inc Cmgld Pool D	1FF10CD	Fidelity Freedom 2010 Cmgld Pool D
1FF15CD	Fidelity Freedom 2015 Cmgld Pool D	1FF20CD	Fidelity Freedom 2020 Cmgld Pool D
1FF25CD	Fidelity Freedom 2025 Cmgld Pool D	1FF30CD	Fidelity Freedom 2030 Cmgld Pool D
1FF35CD	Fidelity Freedom 2035 Cmgld Pool D	1FF40CD	Fidelity Freedom 2040 Cmgld Pool D
1FF45CD	Fidelity Freedom 2045 Cmgld Pool D	1FF50CD	Fidelity Freedom 2050 Cmgld Pool D
1FF55CD	Fidelity Freedom 2055 Cmgld Pool D	1FF60CD	Fidelity Freedom 2060 Cmgld Pool D
1FF65CD	Fidelity Freedom 2065 Cmgld Pool D	1TROI	T. Rowe Price Overseas Stock I
1VTSNX	Vanguard Total Intl Stock Index Instl	1NDVVX	MFS New Discovery Value R6
1PCSMX1	Principal SmallCap Growth I R6	1VSCIX	Vanguard Small Cap Index I
1MMCGCT	MFS Mid Cap Growth Fund CT	1VMCIX	Vanguard Mid Cap Index I
1VEVRX	Victory Sycamore Established Value R6	1FDGRCT	Fidelity Growth Compy Commingled Pl
1OIEJX	JPMorgan Equity Income R6	1INSIDX	Vanguard Institutional Index Fund
1PTRQX	PGIM Total Return Bond R6	1VBTIX	Vanguard Total Bond Market Index Inst
1METSVM	Reliance Metlife GAC Series 25053 C1 M	1ERNYC1	FLG Flagstar Financial Inc. Common Stock

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

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year