

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

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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, check here... D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here...

Part II Basic Plan Information—enter all requested information

1a Name of plan: THIRD FEDERAL SAVINGS RETIREMENT PLAN
1b Three-digit plan number (PN): 003
1c Effective date of plan: 07/01/1996
2a Plan sponsor's name (employer, if for a single-employer plan): THIRD FEDERAL SAVINGS AND LOAN ASSOCIATION OF CLEVELAND
2b Employer Identification Number (EIN): 34-0573493
2c Plan Sponsor's telephone number: 216-441-6000
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, Date, and Name. Rows include 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 checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	432
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.....	6a(1)	205
	6a(2)	205
	6b	113
	6c	96
	6d	414
	6e	2
	6f	416
	6g(1)	0
	6g(2)	0
h	0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1I 3H

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

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

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

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

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 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 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> 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

▶ **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>THIRD FEDERAL SAVINGS RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>THIRD FEDERAL SAVINGS AND LOAN ASSOCIATION OF CLEVELAND</u>	D Employer Identification Number (EIN) <u>34-0573493</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>01</u>	Day <u>01</u>	Year <u>2024</u>
2 Assets:			
a Market value	2a	<u>80358609</u>	
b Actuarial value	2b	<u>85733426</u>	
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	<u>108</u>	<u>25344836</u>	<u>25344836</u>
b For terminated vested participants	<u>99</u>	<u>9062232</u>	<u>9062232</u>
c For active participants	<u>228</u>	<u>27494250</u>	<u>27494250</u>
d Total	<u>435</u>	<u>61901318</u>	<u>61901318</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>0</u>	
b Expected plan-related expenses	6b	<u>240000</u>	
c Target normal cost	6c	<u>240000</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>DONALD H. DOWDY III</u> Type or print name of actuary <u>PRINCIPAL FINANCIAL GROUP</u> Firm name <u>PO BOX 9394</u> <u>DES MOINES, IA 50306-9394</u> Address of the firm	<u>09/09/2025</u> Date <u>23-06767</u> Most recent enrollment number <u>412-394-6351</u> Telephone number (including area code)
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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)	0	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)	0	0
10	Interest on line 9 using prior year's actual return of <u>10.86</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	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>5.07</u> %		0
	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		0
	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)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	138.50 %
15	Adjusted funding target attainment percentage	15	138.50 %
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	129.45 %
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		
			Totals ▶	18(b)		18(c)	

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 0
20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> 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		

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: %	2nd segment: %	<input checked="" 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 type="checkbox"/> Prescribed - combined	<input checked="" 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 240000
b Excess assets, if applicable, but not greater than line 31a			31b 240000
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	0		0
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 0
	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 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 0
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 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> 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 THIRD FEDERAL SAVINGS RETIREMENT PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 THIRD FEDERAL SAVINGS AND LOAN ASSOCIATION OF CLEVELAND	D Employer Identification Number (EIN) 34-0573493	

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) 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 15 50 99	ACTUARY	41216	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PRINCIPAL CUSTODY SOLUTIONS

51-0099493

(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?
18 21 50	CUSTODIAN	129753	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)

PRINCIPAL GLOBAL INVESTORS LLC

42-1479618

(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	INVESTMENT ADVISORY	148535	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)

CLEARSTEAD ADVISORS, LLC

1100 SUPERIOR AVE E
SUITE 700
CLEVELAND, OH 44114

(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 51	INVESTMENT ADVISORY	53044	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)

MEADEN & MOORE LTD

34-1818258

(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?
10 50	ACCOUNTANT	12300	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 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 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 THIRD FEDERAL SAVINGS RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 THIRD FEDERAL SAVINGS AND LOAN ASSOCIATION OF CLEVELAND	D Employer Identification Number (EIN) 34-0573493

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
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	581472	1813847
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2115293	145827
(2) U.S. Government securities	1c(2)	12510255	8997878
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	47635492	49639779
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(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)	17516095	16529916
(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	80358607	77127247
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		4582
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	4582
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	80358607	77122665

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)		
(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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	38455	
(B) U.S. Government securities.....	2b(1)(B)	100415	
(C) Corporate debt instruments.....	2b(1)(C)	2415604	
(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)		2554474
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	209199	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	31864482	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	32928782	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-2638123	
(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)		2616631
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1677881

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	4486007	
(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)		4486007
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)	41216	
(4) IQPA audit fees	2i(4)	12300	
(5) Investment advisory and investment management fees	2i(5)	201579	
(6) Bank or trust company trustee/custodial fees	2i(6)	129753	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	42968	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		427816
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4913823

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-3235942
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: **MEADEN & MOORE, LTD.**

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

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

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
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		1500000
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.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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 561261.

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

Part I	Distributions
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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): <u>42-1466678</u>		
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	13

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

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input checked="" type="checkbox"/> No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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 _____.

Structured Attachment Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Schedule SB, line 26a Schedule of Active Participant Data	2024 This Form is Open to Public Inspection
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Name of Plan	THIRD FEDERAL SAVINGS RETIREMENT PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	34-0573493	PN	003

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

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0
40 to 44	3	0	0	8	0	0
45 to 49	1	0	0	27	0	0
50 to 54	0	0	0	22	0	0
55 to 59	0	0	0	33	0	0
60 to 64	0	0	0	31	0	0
65 to 69	0	0	0	10	0	0
70 & Up	0	0	0	2	0	0

Name of Plan	THIRD FEDERAL SAVINGS RETIREMENT PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	34-0573493	PN	003

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0
45 to 49	1	0	0	0	0	0
50 to 54	13	0	0	6	0	0
55 to 59	14	0	0	28	0	0
60 to 64	10	0	0	6	0	0
65 to 69	1	0	0	0	0	0
70 & Up	1	0	0	0	0	0

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0
45 to 49	0	0	0	0	0	0
50 to 54	0	0	0	0	0	0
55 to 59	5	0	0	0	0	0
60 to 64	4	0	0	1	0	0
65 to 69	1	0	0	0	0	0
70 & Up	0	0	0	0	0	0

Name of Plan	THIRD FEDERAL SAVINGS RETIREMENT PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	34-0573493	PN	003

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

THIRD FEDERAL SAVINGS RETIREMENT PLAN

FINANCIAL STATEMENTS
WITH
INDEPENDENT AUDITOR'S REPORT

December 31, 2024

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INDEPENDENT AUDITOR'S REPORT

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

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

We have performed audits of the financial statements of Third Federal Savings Retirement Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions, Principal Bank as of and for the years ended December 31, 2024 and 2023 and Principal Life Insurance Company (Member Company of the Principal Financial Group) and Delaware Charter Guarantee (doing business as Principal Trust Company) for the year ended December 31, 2023 stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Third Federal Savings Retirement Plan and to meet our other ethical responsibilities, in

accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

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

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

Other Matter — Supplemental Schedules Required by ERISA

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

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

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



Meaden & Moore, Ltd.
Cleveland, Ohio

September 26, 2025

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

Third Federal Savings Retirement Plan

	December 31	
	<u>2024</u>	<u>2023</u>
ASSETS		
Receivable - Interest Income	\$ 711,509	\$ 581,472
Receivable - Unsettled Investment Sales	<u>1,102,338</u>	-
Total Receivables	1,813,847	581,472
Investments, at Fair Value:		
Money Market Fund	145,827	2,115,293
U.S. Government Securities	8,997,878	12,510,255
Corporate Debt Securities	49,639,779	47,635,492
Mutual Funds	<u>16,529,916</u>	<u>17,516,095</u>
Total Investments	<u>75,313,400</u>	<u>79,777,135</u>
LIABILITIES		
	<u>4,582</u>	-
Net Assets Available for Benefits	<u>\$ 77,122,665</u>	<u>\$ 80,358,607</u>

See accompanying notes.

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Third Federal Savings Retirement Plan

	Year Ended December 31	
	<u>2024</u>	<u>2023</u>
Investment Income:		
Net unrealized/realized appreciation (depreciation)	\$ (1,085,792)	\$ 6,444,870
Dividends and interest	2,763,673	1,587,403
Other Income	<u>-</u>	<u>43,683</u>
Total Investment Income	1,677,881	8,075,956
Deductions from Net Assets Attributed to:		
Benefits paid to participants	4,486,007	4,489,291
PBGC premiums	43,531	43,008
Administrative expenses	<u>384,285</u>	<u>192,887</u>
Total Deductions	<u>4,913,823</u>	<u>4,725,186</u>
Net Increase (Decrease)	(3,235,942)	3,350,770
Net Assets Available for Benefits:		
Beginning of Year	<u>80,358,607</u>	<u>77,007,837</u>
End of Year	<u>\$ 77,122,665</u>	<u>\$ 80,358,607</u>

See accompanying notes.

NOTES TO FINANCIAL STATEMENTS

Third Federal Savings Retirement Plan

1 Description of Plan

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

General:

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

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

Eligibility:

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

Contributions:

The Company is required annually to contribute an amount to the Plan which is actuarially determined. The Company's contributions to the Plan for 2024 and 2023 met the minimum funding requirements of ERISA.

Pension Benefits:

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

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

Death Benefit:

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

NOTES TO FINANCIAL STATEMENTS

Third Federal Savings Retirement Plan

2 Summary of Significant Accounting Policies

Basis of Accounting:

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

Investment Valuation and Income Recognition:

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

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

Use of Estimates:

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

Actuarial Present Value of Accumulated Plan Benefits:

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

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

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

Administrative Fees:

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

NOTES TO FINANCIAL STATEMENTS

Third Federal Savings Retirement Plan

2 Summary of Significant Accounting Policies, Continued

Payment of Benefits:

Benefit payments to participants are recorded upon distribution.

Plan Termination:

The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA and its related regulations. Subsequent to year end, the Company approved a resolution to terminate the Plan, however, termination is not yet finalized. When the Plan terminates, the net assets of the Plan will be allocated among the participants and beneficiaries of the Plan in the order provided by ERISA.

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

Risks and Uncertainties:

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

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

Subsequent Events:

Management evaluates subsequent events occurring subsequent to the date of the financial statements in determining and the accounting for and disclosure of transactions and events that affect the financial statements. Subsequent events have been evaluated through September 26, 2025, which is the date the financial statements were available to be issued.

NOTES TO FINANCIAL STATEMENTS

Third Federal Savings Retirement Plan

3 Tax Status

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

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken uncertain tax positions that more-likely-than-not would not be sustained upon examination by applicable taxing authorities. The Plan administrator has analyzed tax positions taken by the Plan and has concluded that, as of December 31, 2024, there are no uncertain tax positions taken, or expected to be taken, that would require recognition of a liability or that would require disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. However, currently no audits for any tax periods are in progress.

4 Fair Value Measurements

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

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

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

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

	Investments at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Money Market Fund	\$ 145,827	\$ -	\$ -	\$ 145,827
Mutual Funds	16,529,916	-	-	16,529,916
Corporate Debt Securities	-	49,639,779	-	49,639,779
U.S. Government Securities	1,549,951	7,447,927	-	8,997,878
Investments at Fair Value	<u>\$18,225,694</u>	<u>\$57,087,706</u>	<u>\$ -</u>	<u>\$75,313,400</u>

NOTES TO FINANCIAL STATEMENTS

Third Federal Savings Retirement Plan

4 Fair Value Measurements, Continued

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

While the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

5 Accumulated Plan Benefits

The actuarial present value of accumulated benefits as of January 1, 2024 was determined by consulting actuaries and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment between the valuation date and the expected date of payment (by means of decrements for withdrawal due to death and termination of employment).

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

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

	January 1, 2024
Actuarial present value of accumulated plan benefits:	
Vested benefits	
Participants currently receiving payments	\$ 23,836,003
Other participants	34,874,421
	<u>\$ 58,710,424</u>

NOTES TO FINANCIAL STATEMENTS

Third Federal Savings Retirement Plan

5 Accumulated Plan Benefits, Continued

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

Actuarial present value of accumulated plan benefits at January 1, 2023	\$ 60,652,740
Increase (decrease) during the period attributable to:	
Benefits accumulated and Plan experience	(959,472)
Benefits paid	(4,489,291)
Increase for interest due to decrease in the discount period	<u>3,506,447</u>
Net decrease	<u>(1,942,316)</u>
Actuarial present value of accumulated plan benefits at January 1, 2024	<u>\$ 58,710,424</u>

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

The mortality assumption was updated to reflect the most recent Pri-2012 total dataset base rate mortality table projected generationally using the using the Principal Mortality Improvement Scale (Principal 2023).

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

Mortality Basis: Based on Pri-2012 total dataset base rate mortality table projected generationally using the using the Principal Mortality Improvement Scale (Principal 2023).

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

Interest Rate: 6.00%

6 Information Prepared and Certified by Custodians

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate by the custodians of the Plan:

	<u>2024</u>	<u>2023</u>
Investments, at fair value	\$ 75,313,400	\$ 79,777,135
Net unrealized/realized appreciation (depreciation)	\$ (1,085,792)	\$ 6,444,870
Interest and dividends	\$ 2,763,673	\$ 1,587,403

NOTES TO FINANCIAL STATEMENTS

Third Federal Savings Retirement Plan

7 Party-in-Interest Transactions

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

Principal provides certain administrative services to the Plan pursuant to a service agreement between the Company and Principal. Principal receives revenue from certain investment sub-advisors in connection with services provided to the Plan. The revenue is used to offset administrative fees owed to Principal for its administrative services to the Plan. If the revenue received by Principal exceeds the required amount under the Plan's service agreement, the excess is used to pay administrative expenses of the Plan.

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

Third Federal Savings Retirement Plan

EIN 34-0573493
Plan Number 003

December 31, 2024

(a)	(b) Identity of Issuer, 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
<u>Money Market Fund:</u>				
	Allspring	GOVERNMENT MONEY MARKET FUND	\$ 145,827	\$ 145,827
<u>U.S. Government Securities:</u>				
	U.S. Treasury	STRIPS STRIPPED PRINCIPAL - 1,250,000	423,913	341,163
	U.S. Treasury	STRIPS STRIPPED PRINCIPAL - 1,000,000	335,480	268,990
	U.S. Treasury	SEC STRIPPED DTD 02/15/08 02/15/2038 - 1,700,000	955,859	893,690
	U.S. Treasury	SEC STRIPPED DTD 02/17/09 08/15/2038 - 1,650,000	750,585	843,744
	U.S. Treasury	SEC STRIPPED DTD 05/15/20 05/15/2050 - 1,300,000	463,437	382,616
	U.S. Treasury	BOND DTD 11/15/19 11/15/2049 - 1,500,000	544,065	447,179
	U.S. Treasury	BOND DTD 02/16/21 02/15/2051 - 1,950,000	678,711	552,611
	U.S. Treasury	BOND DTD 11/15/21 11/15/2051 - 2,000,000	682,840	550,160
	U.S. Treasury	BOND ZERO CPN DTD 08/15/13 08/15/2043 - 1,700,000	667,676	692,869
	U.S. Treasury	BOND/NOTE STRIPPED ZERO DTD 08/15/07 05/15/2034 - 2,750,000	1,800,853	1,762,915
	U.S. Treasury	BOND/NOTE STRIPPED ZERO DTD 08/15/08 05/15/2038 - 3,000,000	1,666,140	1,557,960
	U.S. Treasury	SEC STRIPPED DTD 02/15/06 02/15/2034 - 1,085,000	747,847	703,981
			9,717,406	8,997,878
<u>Corporate Debt Securities:</u>				
	Corporate Debt	ABBOTT LABORATORIES DTD 11/22/16 4.900 11/30/2046 - 100,000	100,591	93,343
	Corporate Debt	ABBVIE INC DTD 05/14/15 4.700 05/14/2045 - 200,000	175,874	176,470
	Corporate Debt	ABBVIE INC DTD 05/21/20 4.250 11/21/2049 - 210,000	178,381	170,738
	Corporate Debt	ALABAMA POWER CO DTD 09/17/19 3.450 10/01/2049 - 200,000	147,048	141,158
	Corporate Debt	AMERICAN WATER CAPITAL DTD 05/14/2021 2.300% 06/01/2031 - 300,000	251,967	253,311
	Corporate Debt	AMGEN INC DTD 03/02/2023 5.650% 03/02/2053 - 225,000	225,884	216,623
	Corporate Debt	ANHEUSER-BUSCH COS LLC / ANHEUSER-BUSCH INBEV - 787,000	752,455	715,674
	Corporate Debt	APPLE INC DTD 02/08/21 2.375 02/08/2041 - 600,000	444,233	412,704
	Corporate Debt	APPLIED MATERIALS INC DTD 06/08/11 5.850 06/15/2041 - 125,000	136,493	129,636
	Corporate Debt	AQUA AMERICA INC DTD 04/26/19 4.276 05/01/2049 - 275,000	223,174	215,102
	Corporate Debt	ARCH CAPITAL GROUP LTD DTD 06/30/20 3.635 06/30/2050 - 240,000	173,978	171,005
	Corporate Debt	ASTRAZENECA PLC DTD 11/16/15 4.375 11/16/2045 - 200,000	185,206	171,504
	Corporate Debt	AT&T INC DTD 05/28/20 3.500 06/01/2041 - 895,000	689,790	685,812
	Corporate Debt	AT&T INC DTD 03/15/21 3.500 09/15/2053 - 635,000	424,849	427,571
	Corporate Debt	ATMOS ENERGY CORP DTD 10/10/2023 6.200% 11/15/2053 - 110,000	109,735	116,853
	Corporate Debt	BARCLAYS PLC DTD 09/13/2023 VAR CPN 09/13/2034 - 250,000	250,000	264,638
	Corporate Debt	BAT CAPITAL CORP DTD 08/15/18 3.557 08/15/2027 - 112,000	103,361	108,371
	Corporate Debt	BAT CAPITAL CORP DTD 08/02/2023 7.081% 08/02/2053 - 55,000	55,000	60,340
	Corporate Debt	BECTON DICKINSON AND CO DTD 06/06/17 4.669 06/06/2047 - 250,000	226,425	213,975
	Corporate Debt	BOEING CO DTD 05/04/20 5.705 05/01/2040 - 275,000	272,311	261,630
	Corporate Debt	BRISTOL MYERS SQUIBB CO DTD 11/13/2023 6.400% 11/15/2063 - 100,000	99,985	107,098
	Corporate Debt	BRISTOL-MYERS SQUIBB CO DTD 04/26/20 4.250 10/26/2049 - 250,000	219,163	201,953
	Corporate Debt	BROADCOM INC 144A PRIV PLCMT 3.419 04/15/2033 - 300,000	250,821	262,599
	Corporate Debt	BURLINGTN NORTH SANTA FE DTD 05/19/11 5.400 06/01/2041 - 245,000	243,976	240,818
	Corporate Debt	CENTENE CORP DTD 08/12/21 2.625 08/01/2031 - 275,000	221,460	226,457
	Corporate Debt	CENTERPOINT ENER HOUSTON DTD 03/11/21 3.350 04/01/2051 - 175,000	129,801	119,917
	Corporate Debt	CF INDUSTRIES INC DTD 03/11/14 5.375 03/15/2044 - 175,000	153,981	162,666
	Corporate Debt	CHARTER COMM OPT LLC/CAP DTD 07/06/17 3.750 02/15/2028 - 425,000	391,119	404,817
	Corporate Debt	CHARTER COMM OPT LLC/CAP DTD 03/04/21 3.900 06/01/2052 - 550,000	346,956	353,821
	Corporate Debt	CITIGROUP INC DTD 09/29/2022 VAR CPN 09/29/2026 - 300,000	302,103	301,617
	Corporate Debt	CITIGROUP INC DTD 03/17/2022 VAR CPN 03/17/2033 - 320,000	285,206	287,302
	Corporate Debt	CONSOLIDATED EDISON CO DTD 11/22/2023 5.900% 11/15/2053 - 85,000	84,222	86,106
	Corporate Debt	CONSTELLATION BRANDS INC DTD 07/26/21 2.250 08/01/2031 - 250,000	205,000	208,035
	Corporate Debt	COREBRIDGE FINANCIAL INC DTD 04/05/2023 4.400% 04/05/2052 - 355,000	279,417	285,186

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

Third Federal Savings Retirement Plan

EIN 34-0573493
Plan Number 003

December 31, 2024

(a)	(b) Identity of Issuer, 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
	Corporate Debt	CREDIT SUISSE GROUP AG 144A PRIV PLCMT 06/05/2026 - 650,000	591,799	642,259
	Corporate Debt	CSL FINANCE PLC DTD 04/27/2022 4.750% 04/27/2052 - 350,000	321,780	301,844
	Corporate Debt	CSX CORP DTD 11/15/18 4.750 11/15/2048 - 200,000	183,892	176,052
	Corporate Debt	DEVON ENERGY CORPORATION DTD 07/12/11 5.600 07/15/2041 - 200,000	183,020	184,850
	Corporate Debt	DTE ELECTRIC CO DTD 02/24/22 3.650 03/01/2052 - 275,000	213,540	201,204
	Corporate Debt	DUKE ENERGY IND LLC DTD 03/23/2023 5.400% 04/01/2053 - 200,000	199,986	189,442
	Corporate Debt	DUKE ENERGY OHIO INC DTD 01/08/19 4.300 02/01/2049 - 500,000	419,095	401,585
	Corporate Debt	ENBRIDGE INC DTD 06/28/21 2.500 08/01/2033 - 175,000	137,436	140,467
	Corporate Debt	ENERGY TRANSFER LP DTD 12/14/2022 5.550% 02/15/2028 - 375,000	378,049	380,693
	Corporate Debt	ENERGY TRANSFER PARTNERS DTD 03/12/15 5.150 03/15/2045 - 425,000	359,044	371,930
	Corporate Debt	ENTERPRISE PRODUCTS OPER DTD 07/08/19 4.200 01/31/2050 - 350,000	285,982	275,300
	Corporate Debt	EXXON MOBIL CORPORATION DTD 04/15/20 3.452 04/15/2051 - 125,000	96,620	87,624
	Corporate Debt	FLORIDA POWER & LIGHT CO DTD 09/10/14 4.050 10/01/2044 - 500,000	429,815	407,255
	Corporate Debt	GALLAGHER ARTHUR J & CO DTD 11/02/2023 6.750% 02/15/2054 - 330,000	354,587	365,366
	Corporate Debt	GILEAD SCIENCES INC DTD 11/17/14 4.500 02/01/2045 - 470,000	410,752	402,851
	Corporate Debt	GILEAD SCIENCES INC DTD 09/14/2023 5.550% 10/15/2053 - 125,000	120,329	122,665
	Corporate Debt	GOLDMAN SACHS GROUP INC DTD 01/26/17 3.850 01/26/2027 - 200,000	170,444	172,374
	Corporate Debt	INTEL CORP DTD 06/08/18 3.734 12/08/2047 - 225,000	173,653	148,388
	Corporate Debt	JPMORGAN CHASE & CO DTD 04/22/20 04/22/2041 - 850,000	651,335	630,122
	Corporate Debt	KIMCO REALTY CORP DTD 02/25/22 3.200 04/01/2032 - 275,000	229,958	241,326
	Corporate Debt	KLA CORP DTD 06/23/2022 4.950% 07/15/2052 - 225,000	219,006	204,494
	Corporate Debt	KRAFT HEINZ FOODS CO DTD 10/01/20 4.875 10/01/2049 - 145,000	131,625	123,945
	Corporate Debt	L3HARRIS TECHNOLOGIES INC DTD 07/31/2023 5.600% 07/31/2053 - 275,000	274,712	266,197
	Corporate Debt	LAM RESEARCH CORP DTD 03/04/19 4.875 03/15/2049 - 175,000	167,668	157,096
	Corporate Debt	LOCKHEED MARTIN CORP DTD 10/24/2022 5.900% 11/15/2063 - 150,000	168,230	156,543
	Corporate Debt	MARKEL CORP DTD 09/17/19 4.150 09/17/2050 - 200,000	156,810	151,854
	Corporate Debt	MASS MUTUAL LIFE INS CO DTD 12/02/2022 5.672% 12/01/2052 - 225,000	227,930	215,084
	Corporate Debt	METLIFE INC DTD 07/11/2022 5.000% 07/15/2052 - 325,000	300,736	293,654
	Corporate Debt	MICROSOFT CORP DTD 06/01/20 2.525 06/01/2050 - 275,000	189,736	169,235
	Corporate Debt	MID-AMERICA APARTMENTS DTD 03/07/19 3.950 03/15/2029 - 400,000	385,376	385,272
	Corporate Debt	MIDAMERICAN ENERGY CO DTD 02/01/17 3.950 08/01/2047 - 375,000	311,211	291,679
	Corporate Debt	NATIONAL AUSTRALIA BANK 144A PRIV PLCMT 2.332 08/21/2030 - 350,000	274,068	297,686
	Corporate Debt	NISOURCE INC DTD 03/24/2023 5.250% 03/30/2028 - 350,000	353,318	353,031
	Corporate Debt	NORFOLK SOUTHERN CORP DTD 08/02/2023 5.350% 08/01/2054 - 120,000	119,299	114,248
	Corporate Debt	NORFOLK SOUTHN CORP DTD 11/22/2023 5.950% 03/15/2064 - 125,000	124,651	128,170
	Corporate Debt	NORTHROP GRUMMAN CORP DTD 02/08/2023 4.950% 03/15/2053 - 140,000	128,092	125,457
	Corporate Debt	ONCOR ELECTRIC DELIVERY DTD 03/30/11 5.250 09/30/2040 - 325,000	324,061	315,660
	Corporate Debt	ORACLE CORP DTD 07/07/16 4.000 07/15/2046 - 925,000	714,964	711,852
	Corporate Debt	ORACLE CORP DTD 02/06/2023 5.550% 02/06/2053 - 375,000	358,070	354,296
	Corporate Debt	PACIFIC GAS & ELECTRIC DTD 07/02/20 4.500 07/01/2040 - 200,000	156,048	172,660
	Corporate Debt	PACIFIC GAS & ELECTRIC DTD 01/06/2023 6.750% 01/15/2053 - 275,000	282,001	299,621
	Corporate Debt	PACIFICORP DTD 04/08/20 3.300 03/15/2051 - 250,000	167,818	162,288
	Corporate Debt	PECO ENERGY CO DTD 09/15/14 4.150 10/01/2044 - 125,000	99,759	102,809
	Corporate Debt	PECO ENERGY CO DTD 08/23/2022 4.375% 08/15/2052 - 100,000	83,862	78,480
	Corporate Debt	PFIZER INVT ENTERPRISES DTD 05/19/2023 5.110% 05/19/2043 - 150,000	149,705	140,808
	Corporate Debt	PFIZER INVT ENTERPRISES DTD 05/19/2023 5.340% 05/19/2063 - 325,000	327,522	298,331
	Corporate Debt	PPL ELECTRIC UTILITIES DTD 05/11/17 3.950 06/01/2047 - 100,000	83,776	78,495
	Corporate Debt	PUBLIC SERVICE COLORADO DTD 09/11/12 3.600 09/15/2042 - 500,000	393,269	382,090
	Corporate Debt	PUBLIC SERVICE ELECTRIC MED TERM NOTE - 300,000	221,109	204,474
	Corporate Debt	RIO TINTO FIN USA PLC DTD 03/09/2023 5.125% 03/09/2053 - 100,000	99,768	92,485
	Corporate Debt	ROYAL BK SCOTLND GRP PLC DTD 05/22/20 05/22/2028 - 275,000	251,391	263,013
	Corporate Debt	RTX CORPORATION DTD 11/08/2023 6.400% 03/15/2054 - 100,000	99,625	108,757
	Corporate Debt	SOUTHERN CAL EDISON DTD 01/13/22 3.450 02/01/2052 - 450,000	323,975	304,353
	Corporate Debt	T-MOBILE USA INC DTD 02/15/21 3.000 02/15/2041 - 525,000	382,872	374,399

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
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Third Federal Savings Retirement Plan

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December 31, 2024

(a)	(b) Identity of Issuer, 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
	Corporate Debt	TAKE-TWO INTERACTIVE SOFTWARE DTD 04/14/2023 4.95% 03/28/2028 - 500,000	498,980	499,740
	Corporate Debt	UBS GROUP AG SNR NTS DTD 09/22/2023 VAR CPN 09/22/2034 - 225,000	225,000	235,352
	Corporate Debt	UNION ELECTRIC CO DTD 04/01/2022 3.900% 04/01/2052 - 250,000	202,878	191,453
	Corporate Debt	UNION PACIFIC CORP DTD 09/09/2022 4.950% 09/09/2052 - 350,000	345,244	320,551
	Corporate Debt	UNITED TECHNOLOGIES CORP DTD 06/01/12 4.500 06/01/2042 - 325,000	299,007	280,508
	Corporate Debt	UNITEDHEALTH GROUP INC DTD 05/18/20 2.750 05/15/2040 - 475,000	353,818	335,877
	Corporate Debt	UNITEDHEALTH GROUP INC DTD 05/20/2022 4.750% 05/15/2052 - 300,000	282,951	257,041
	Corporate Debt	VERIZON COMMUNICATIONS DTD 03/15/2022 2.355% 03/15/2032 - 675,000	546,473	559,778
	Corporate Debt	VERIZON COMMUNICATIONS DTD 11/20/20 2.650 11/20/2040 - 400,000	276,680	273,496
	Corporate Debt	VIACOM INC DTD 08/19/13 5.850 09/01/2043 - 175,000	144,597	152,070
	Corporate Debt	VMWARE INC DTD 08/02/21 1.800 08/15/2028 - 600,000	507,342	538,314
	Corporate Debt	WARNERMEDIA HOLDINGS INC DTD 03/15/2023 5.050% 03/15/2042 - 575,000	471,528	461,656
	Corporate Debt	WASTE MANAGEMENT INC DTD 11/17/20 2.500 11/15/2050 - 350,000	221,697	203,434
	Corporate Debt	WELLS FARGO & COMPANY MEDIUM TERM NOTE - 250,000	216,633	208,748
	Corporate Debt	WESTPAC BANKING CORP DTD 11/16/20 2.963 11/16/2040 - 250,000	167,090	177,918
	Corporate Debt	WILLIAMS PARTNERS LP DTD 06/27/14 4.900 01/15/2045 - 175,000	151,524	152,833
	Corporate Debt	ZOETIS INC DTD 08/20/18 4.450 08/20/2048 - 325,000	287,505	267,599
	Corporate Debt	ABBVIE INC DTD 02/26/2024 5.400% 03/15/2054 - 95,000	94,674	91,443
	Corporate Debt	AERCAP IRELAND CAP/GLOBA DTD 10/29/21 3.400 10/29/2033 - 250,000	208,354	212,905
	Corporate Debt	AERCAP IRELAND CAP/GLOBA DTD 10/29/21 3.850 10/29/2041 - 200,000	165,470	156,530
	Corporate Debt	AIB GROUP PLC MEDIUM TERM NOTE - 250,000	258,258	249,998
	Corporate Debt	ALTRIA GROUP INC DTD 09/16/16 3.875 09/16/2046 - 500,000	373,236	362,390
	Corporate Debt	AMERICAN HOMES 4 RENT DTD 06/26/2024 5.500% 07/15/2034 - 130,000	129,292	128,824
	Corporate Debt	AMGEN INC DTD 03/02/2023 5.600% 03/02/2043 - 750,000	743,770	729,098
	Corporate Debt	AMPHENOL CORP DTD 10/31/2024 5.375% 11/15/2054 - 100,000	98,429	95,061
	Corporate Debt	AON NORTH AMERICA INC DTD 03/01/2024 5.750% 03/01/2054 - 80,000	79,514	78,008
	Corporate Debt	ARTHUR J GALLAGHER & CO DTD 12/19/2024 5.550% 02/15/2055 - 70,000	69,563	67,209
	Corporate Debt	AT&T INC DTD 05/04/15 4.750 05/15/2046 - 250,000	218,780	217,008
	Corporate Debt	AT&T INC DTD 03/15/21 3.550 09/15/2055 - 550,000	378,666	369,925
	Corporate Debt	ATHENE HOLDING LTD DTD 03/22/2024 6.250% 04/01/2054 - 345,000	346,274	345,593
	Corporate Debt	ATMOS ENERGY CORP DTD 10/01/2024 5.000% 12/15/2054 - 75,000	74,466	67,555
	Corporate Debt	BANK OF AMERICA DTD 04/27/2022 VAR CPN 04/27/2033 - 365,000	345,034	346,867
	Corporate Debt	BANK OF AMERICA CORP DTD 10/25/2024 VAR CPN 10/25/2035 - 210,000	210,000	205,321
	Corporate Debt	BANK OF AMERICA CORP MED TERM NOTE - 675,000	467,566	468,605
	Corporate Debt	BANK OF AMERICA CORP DTD 07/21/21 07/21/2052 - 190,000	126,893	120,779
	Corporate Debt	BAT CAPITAL CORP DTD 02/20/2024 5.834% 02/20/2031 - 135,000	135,000	138,005
	Corporate Debt	BAT CAPITAL CORP DTD 08/15/18 4.540 08/15/2047 - 725,000	567,995	571,757
	Corporate Debt	BROADCOM INC DTD 07/12/2024 5.150% 11/15/2031 - 115,000	114,814	115,745
	Corporate Debt	BROADCOM INC 144A PRIV PLCMT 3.500 02/15/2041 - 450,000	347,895	351,419
	Corporate Debt	CHENIERE ENERGY INC DTD 03/19/2024 5.650% 04/15/2034 - 170,000	169,641	170,976
	Corporate Debt	CIGNA GROUP DTD 02/13/2024 5.600% 02/15/2054 - 215,000	211,005	201,360
	Corporate Debt	COMCAST CORP DTD 10/19/17 3.969 11/01/2047 - 775,000	613,473	587,280
	Corporate Debt	COMMONWEALTH BANK OF AUSTRALIA CONVERTIBLE - 250,000	261,290	252,713
	Corporate Debt	CONSTELLATION BRANDS INC DTD 02/07/18 4.100 02/15/2048 - 115,000	94,278	89,160
	Corporate Debt	CUMMINS INC DTD 02/20/2024 5.450% 02/20/2054 - 145,000	144,088	141,097
	Corporate Debt	CVS HEALTH CORP DTD 07/20/15 5.125 07/20/2045 - 660,000	621,088	554,506
	Corporate Debt	DEUTSCHE BANK DTD 09/11/2024 VAR CPN 09/11/2035 - 305,000	305,000	288,975
	Corporate Debt	DEUTSCHE BANK AG DTD 05/10/2024 5.414% 05/10/2029 - 225,000	225,000	228,344
	Corporate Debt	DIAMONDBACK ENERGY INC DTD 04/18/2024 5.750% 04/18/2054 195,000	192,266	182,994
	Corporate Debt	DIAMONDBACK ENERGY INC DTD 04/18/2024 5.900% 04/18/2064 - 125,000	119,620	117,341
	Corporate Debt	DT MIDSTREAM INC DTD 12/06/2024 5.800% 12/15/2034 - 75,000	74,959	75,528
	Corporate Debt	ENERGY TRANSFER LP DTD 01/25/2024 5.950% 05/15/2054 - 245,000	242,748	236,854
	Corporate Debt	ENTERPRISE PRODUCTS OPER DTD 02/15/12 4.850 08/15/2042 - 50,000	46,708	45,137
	Corporate Debt	ESSENTIAL UTILS INC DTD 01/08/2024 5.375% 01/15/2034 - 125,000	124,864	123,783

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
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(a)	(b) Identity of Issuer, 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
	Corporate Debt	FORD MOTOR COMPANY DTD 01/08/13 4.750 01/15/2043 - 125,000	102,544	98,543
	Corporate Debt	FORD MOTOR CREDIT CO LLC DTD 03/08/2024 6.125% 03/08/2034 - 200,000	195,946	195,678
	Corporate Debt	GA GLOBAL FUNDING TRUST DTD 09/23/2024 4.400% 09/23/2027 - 150,000	149,913	147,861
	Corporate Debt	GENERAL MTRS FINL CO DTD 04/04/2024 5.950% 04/04/2034 - 100,000	99,978	100,522
	Corporate Debt	GLENCORE FUNDING LLC DTD 04/04/2024 5.893% 04/04/2054 - 110,000	112,770	106,717
	Corporate Debt	GOLDMAN SACHS GROUP INC DTD 11/19/2024 VAR CPN 11/19/2045 - 285,000	285,000	275,242
	Corporate Debt	HCA INC DTD 08/12/2024 5.450% 09/15/2034 - 105,000	108,148	102,342
	Corporate Debt	HCA INC DTD 06/22/17 5.500 06/15/2047 - 550,000	517,759	499,395
	Corporate Debt	HCA INC. DTD 08/12/2024 5.950% 09/15/2054 - 85,000	88,182	80,842
	Corporate Debt	HEWLETT PACKARD ENTERPRISE CO DTD 09/26/2024 4.850% 10/15/2031 - 35,000	34,968	34,135
	Corporate Debt	HEWLETT PACKARD ENTERPRISE CO DTD 09/26/2024 5.600% 10/15/2054 - 320,000	315,129	301,216
	Corporate Debt	HOME DEPOT INC DTD 04/05/13 4.200 04/01/2043 - 300,000	266,310	253,710
	Corporate Debt	HSBC HOLDINGS PLC CONVERTIBLE - 300,000	300,369	303,498
	Corporate Debt	HUNTINGTON BANCSHARES DTD 02/02/2024 VAR CPN 02/02/2035 - 275,000	279,034	274,467
	Corporate Debt	HUNTINGTON BANCSHARES DTD 11/18/2024 VAR CPN 11/18/2039 - 105,000	105,000	104,864
	Corporate Debt	HYUNDAI CAPITAL AMERICA DTD 01/08/2024 5.400% 01/08/2031 - 75,000	74,732	74,975
	Corporate Debt	IBM INTL CAP PTE LTD DTD 02/05/2024 5.250% 02/05/2044 - 350,000	333,480	331,300
	Corporate Debt	INDIANAPOLIS PWR & LIGHT DTD 03/18/2024 5.700% 04/01/2054 - 375,000	381,429	368,220
	Corporate Debt	INTEL CORP DTD 02/21/2024 5.600% 02/21/2054 - 195,000	194,409	171,001
	Corporate Debt	INTL FLAVOR & FRAGRANCES DTD 09/26/18 5.000 09/26/2048 - 425,000	373,274	364,782
	Corporate Debt	JBS USA LUX DTD 11/15/2024 7.250% 11/15/2053 - 250,000	271,000	275,453
	Corporate Debt	JPMORGAN CHASE DTD 11/29/2024 VAR CPN 11/29/2045 - 160,000	160,000	156,184
	Corporate Debt	KBC GROUP NV DTD 10/16/2024 VAR CPN 10/16/2030 - 285,000	285,000	280,494
	Corporate Debt	KEY BANK MEDIUM TERM NOTE - 250,000	244,378	239,780
	Corporate Debt	KEYCORP DTD 02/28/2024 VAR CPN 03/06/2035 - 75,000	79,974	78,061
	Corporate Debt	KINDER MORGAN INC/DELAWA DTD 11/26/14 5.550 06/01/2045 - 290,000	275,179	271,034
	Corporate Debt	KKR GROUP FINAN CO VIII 144A PRIV PLCMT 3.500 08/25/2050 - 130,000	91,199	89,603
	Corporate Debt	MACQUARIE AIRFINANCE HLDGS LTD DTD 09/17/2024 5.150% 03/17/2030 - 60,000	59,989	58,610
	Corporate Debt	MARSH & MCLENNAN COS INC DTD 12/08/21 2.900 12/15/2051 - 350,000	232,432	217,483
	Corporate Debt	META PLATFORMS INC DTD 08/09/2024 5.550% 08/15/2064 - 180,000	179,222	175,469
	Corporate Debt	MICRON TECHNOLOGY INC DTD 01/12/2024 5.300% 01/15/2031 - 120,000	119,916	119,880
	Corporate Debt	MORGAN STANLEY MEDIUM TERM NOTE - 100,000	100,000	101,904
	Corporate Debt	MORGAN STANLEY MEDIUM TERM NOTE - 120,000	120,000	118,033
	Corporate Debt	MORGAN STANLEY DTD 07/24/12 6.375 07/24/2042 - 325,000	362,174	351,124
	Corporate Debt	MORGAN STANLEY DTD 11/20/2024 VAR CPN 11/19/2055 - 115,000	115,000	110,828
	Corporate Debt	MORGAN STANLEY BK DTD 01/18/2024 VAR CPN 01/16/2030 - 285,000	285,000	285,408
	Corporate Debt	MORGAN STANLEY BK DTD 11/01/2023 VAR CPN 11/01/2034 - 125,000	125,000	134,324
	Corporate Debt	MORGAN STANLEY BK DTD 01/18/2024 VAR CPN 01/18/2035 - 450,000	455,373	447,485
	Corporate Debt	NORTHERN STATES PWR WISCONSIN DTD 05/16/2024 5.650% 06/15/2054 - 40,000	39,854	39,935
	Corporate Debt	NORTHERN STATES PWR-MINN DTD 05/08/2023 5.100% 05/15/2053 - 200,000	196,558	185,020
	Corporate Debt	NORTHROP GRUMMAN CORP DTD 02/08/2023 4.950% 03/15/2053 - 210,000	199,676	187,669
	Corporate Debt	OCCIDENTAL PETE CORP DTD 07/26/2024 5.375% 01/01/2032 - 200,000	199,912	195,830
	Corporate Debt	OCCIDENTAL PETROLEUM COR DTD 09/15/19 6.600 03/15/2046 - 235,000	248,394	237,249
	Corporate Debt	ONEOK INC DTD 10/15/2023 5.150% 10/15/2043 - 270,000	245,948	241,458
	Corporate Debt	ONEOK INC DTD 03/01/2024 3.950% 03/01/2050 - 175,000	130,748	126,191
	Corporate Debt	OWENS CORNING DTD 05/31/2024 5.950% 06/15/2054 - 145,000	143,077	143,280
	Corporate Debt	PACIFICORP DTD 01/05/2024 5.800% 01/15/2055 - 95,000	94,429	92,316
	Corporate Debt	PNC FINANCIAL SERVICES DTD 05/14/2024 VAR CPN 05/14/2030 - 315,000	315,000	319,418
	Corporate Debt	PNC FINANCIAL SERVICES DTD 01/22/2024 VAR CPN 01/22/2035 - 50,000	50,000	50,578
	Corporate Debt	PNC FINANCIAL SERVICES DTD 07/23/2024 VAR CPN 07/23/2035 - 230,000	230,000	228,213
	Corporate Debt	SAUDI ARABIAN OIL CO MEDIUM TERM NOTE - 200,000	195,278	186,508
	Corporate Debt	SMURFIT KAPPA TREASURY DTD 04/03/2024 5.777% 04/03/2054 - 400,000	400,436	396,180
	Corporate Debt	SONOCO PRODS CO DTD 09/19/2024 5.000% 09/01/2034 - 170,000	169,084	161,204
	Corporate Debt	SOUTHWESTERN PUB SVC CO DTD 06/06/2024 6.000% 06/01/2054 - 355,000	358,039	358,845

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	Corporate Debt	SUNOCO LOGISTICS PARTNER DTD 04/03/14 5.300 04/01/2044 - 140,000	126,748	125,219
	Corporate Debt	TEACHERS INSUR & ANNUITY 144A PRIV PLCMT 4.900 09/15/2044 - 175,000	165,678	156,247
	Corporate Debt	TOTAL CAPITAL INTL SA DTD 07/10/19 3.461 07/12/2049 - 200,000	153,730	140,552
	Corporate Debt	TRUIST FINANCIAL CORP MEDIUM TERM NOTE - 200,000	200,000	201,530
	Corporate Debt	UNITED AIRLNS PASS THRU ASSET BCKD SEC SER 2024-1 CL AA - 265,000	265,000	265,368
	Corporate Debt	UNITED TECHNOLOGIES CORP DTD 05/04/15 4.150 05/15/2045 - 175,000	149,970	141,129
	Corporate Debt	UNITEDHEALTH GROUP INC DTD 03/21/2024 5.375% 04/15/2054 - 125,000	124,643	117,231
	Corporate Debt	UNITEDHEALTH GROUP INC DTD 07/25/2024 5.750% 07/15/2064 - 110,000	109,337	106,883
	Corporate Debt	US BANCORP DTD 01/23/2024 VAR CPN 01/23/2030 - 225,000	225,000	226,859
	Corporate Debt	VALE OVERSEAS LIMITED DTD 06/28/2024 6.400% 06/28/2054 - 150,000	154,500	147,477
	Corporate Debt	VODAFONE GROUP PLC DTD 06/28/2024 5.750% 06/28/2054 - 485,000	479,951	467,768
	Corporate Debt	VULCAN MATERIALS CO DTD 11/20/2024 5.700% 12/01/2054 - 60,000	59,665	58,244
	Corporate Debt	WASTE MGMT INC DTD 11/04/2024 5.350% 10/15/2054 - 175,000	174,928	168,098
	Corporate Debt	WESTLAKE CHEMICAL CORP DTD 08/19/21 3.125 08/15/2051 - 405,000	260,630	251,946
	Corporate Debt	WESTPAC BANKING CORP CONVERTIBLE - 190,000	190,000	186,650
	Corporate Debt	XCEL ENERGY INC DTD 08/03/2023 5.450% 08/15/2033 - 150,000	154,623	148,793
			50,592,108	49,639,779
	<u>Mutual Funds:</u>			
	Fidelity	FIDELITY 500 INDEX FUND	5,493,697	7,156,886
	Fidelity	FIDELITY MID CAP INDEX FUND	1,760,234	1,989,700
	Goldman Sachs	GOLDMAN SACHS SMALL CAP VALUE	1,922,298	1,896,966
	Loomis Sayles	LOOMIS SAYLES SMALL CAP GROWTH FUND	1,792,417	1,873,845
	Transamerica	TRANSAMERICA INTL EQUITY CLASS R6	1,825,915	1,770,511
	Vanguard	VANGUARD INTERNATIONAL GROWTH FUND	2,116,418	1,842,008
			14,910,979	16,529,916
	Total Investments		\$ 75,366,320	\$ 75,313,400

* Party-in-interest to the Plan.

SCHEDULE OF REPORTABLE TRANSACTIONS

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

Third Federal Savings Retirement Plan

EIN 34-0573493

Plan Number 003

December 31, 2024

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
<i>Category (iii) - Series of transactions of the same issue in excess of 5% of plan assets</i>								
Allspring Govt Money Market Government Money Market Fund		<u>\$ 22,770,442</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 22,770,442</u>	<u>\$ 22,770,442</u>	<u>\$ -</u>
Allspring Govt Money Market Government Money Market Fund		<u>\$ -</u>	<u>\$ 24,739,902</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 24,739,902</u>	<u>\$ 24,739,902</u>	<u>\$ -</u>

Assumptions prescribed by law

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

Assumptions selected by actuary

Asset return 6.25% for the current plan year.
 The asset return is developed as a weighted average rate based on the target asset allocation of the plan and the long-term capital market assumptions. The calculated return is on an arithmetic mean basis. For details, see the Long-Term Capital Market Assumptions link.

Expected expense The expected expense included in target normal cost is an estimate based on prior year expenses paid from plan assets with an updated estimate of PBGC premiums.
 This is the best estimate available of upcoming year's expenses.

Retirement Active participants

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

All inactive participants are assumed to retire at age 65.

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

Disability None.

This plan does not offer a subsidized disability benefit; therefore, the disability assumption is built into the withdrawal assumption.

Marriage 75% married; husbands are 3 years older than wives.

This assumption does not have material impact on the results of this report and has been selected based on our best estimate of active workforce.

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

Methods selected by plan sponsor

Asset method	<p>The asset valuation method is prescribed by law for plans that elect to use a value other than market value.</p> <p>For each of the preceding two years, an expected value of assets at the end of the year is compared to the end of year market value. The resulting gain or loss is recognized evenly over three plan years. The expected value includes contributions, distributions, any deducted administrative expenses and expected earnings (based on the lesser of the assumed interest rate or the maximum allowable rate). The deferred gains and losses are added to the current market value and then restricted to no more than 110% and no less than 90% of that market value.</p> <p>When actual returns exceed the assumed return, the actuarial value of assets will lag below market value. The lag and the smoothing effect are limited since the value must be within 10% of market value.</p>
Yield curve rates	<p>Full yield curve. Use the rates through the month of December.</p>
PBGC premium basis	<p>Variable rate premiums are calculated using census, market value of assets and interest rates in effect on the current valuation date. Interest rates are the full yield curve rates used for annual cost.</p>

Methods elected by actuary

Retirees	<p>Assets and liabilities for current and future retirees are included.</p>
Vested benefits	<p>A benefit is included in vested benefits if it meets the requirements under PBGC. The benefit is multiplied by the participant's vesting percentage applicable to each benefit on the valuation date.</p> <p>The following ancillary benefits are generally treated as nonvested: disability benefits payable to retirement age unless in pay status, pre-retirement death benefits in excess of the Survivor Annuity Death Benefit and post-retirement death benefits for non-retired participants except as noted in the Plan Provisions.</p> <p>For purposes of this valuation, all liability is considered fully vested.</p>

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

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

Mortality Based on Pri-2012 total dataset base rate mortality table projected generationally using the using the Principal Mortality Improvement Scale (Principal 2023).

Mortality base rates

Before benefit payment period
 Employee amount-weighted, male and female

During benefit payment period
 Retiree amount-weighted, male and female

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

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

Mortality improvement Principal 2023 MI scale is based on MIM-2021-v4 application tool issued by SOA in October 2023 with the following parameters:

Parameter	Principal 2023
Historical dataset	SSA
Whittaker-Henderson Graduation	Order 3
Interpolation Structure	Basic
Graduated MI data last year (“jumping off” point)	2017
H/D transition ultimate year by age/cohort	2029/2029
Weight placed on interpolation by cohort	50%
Initial Slope periods (constraint)	2016-2017 (0.000)
LTR	SSA LTR 2023
COVID-19 or Excess load	None ¹

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

See Mortality documentation for rationale and additional information.

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

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

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

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
55	78.9697	0.0200	1.5794	86.8666
56	89.2713	0.0200	1.7854	99.9838
57	102.3376	0.0200	2.0468	116.6648
58	112.1019	0.0200	2.2420	130.0383
59	128.6324	0.0200	2.5726	151.7862
60	146.7720	0.0500	7.3386	440.3159
61	148.0723	0.0500	7.4036	451.6204
62	150.2781	0.1000	15.0278	931.7241
63	144.8211	0.1000	14.4821	912.3729
64	141.8928	0.1000	14.1893	908.1138
65	135.2359	0.5000	67.6180	4,395.1678
66	73.1412	0.5000	36.5706	2,413.6593
67	37.2904	0.2500	9.3226	624.6147
68	27.8117	1.0000	27.8117	1,891.1935
69	1.0000	1.0000	1.0000	69.0000
70	1.0000	1.0000	1.0000	70.0000
71	1.0000	1.0000	1.0000	71.0000
72	0.0000	1.0000	0.0000	0.0000
73	0.0000	1.0000	0.0000	0.0000
74	1.0000	1.0000	1.0000	74.0000
75	0.0000	1.0000	0.0000	0.0000
76	0.0000	1.0000	0.0000	0.0000
77	1.0000	1.0000	1.0000	77.0000
Total			214.9905	13,915.1221
Average				64.72

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

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

Plan eligibility

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

Normal retirement benefit

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

Post-retirement increase

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

Early retirement benefit

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

Late retirement benefit

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

Termination benefit

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

Disability benefit

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

Survivor annuity death benefit

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

Definitions

Average compensation	Average of annual compensation paid during each calendar year of employment during which the employee has been a participant and disregarding those years in which the participant is credited with fewer than 1,000 hours of service.
FIRF plan	The Financial Institutions Retirement Fund and Comprehensive Retirement Program, as in effect on June 30, 1996, with respect to employees of Third Federal Savings and Loan Association of Cleveland.
Optional forms of benefit payments	<p>The optional forms of benefit payments are:</p> <ul style="list-style-type: none">• Monthly annuity payable for life, or 10 years certain and life.• Monthly annuity payable as a survivorship life annuity with survivorship percentages of 50 or 100.• Single sum payment equal to the present value of the retirement benefit. <p>The optional form conversion basis is 7.00% interest and the mortality table in Revenue Ruling 95-6 for payments other than lump sums. The optional form conversion basis uses the applicable interest rate and applicable mortality table as set forth in Code Section 417 for lump sum payments. The applicable interest rate uses the second calendar month preceding the first day of each quarter of the plan year in which occurs the participant's pension commencement date.</p>

Changes in principal eligibility or benefit provisions

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

Significant event

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

SCHEDULE SB (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> 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


▶ **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>THIRD FEDERAL SAVINGS RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>THIRD FEDERAL SAVINGS AND LOAN ASSOCIATION OF CLEVELAND</u>	D Employer Identification Number (EIN) <u>34-0573493</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>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>80358609</u>
	b Actuarial value	2b	<u>85733426</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>108</u>	<u>25344836</u>
	b For terminated vested participants	<u>99</u>	<u>9062232</u>
	c For active participants	<u>228</u>	<u>27494250</u>
	d Total	<u>435</u>	<u>61901318</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>0</u>
	b Expected plan-related expenses	6b	<u>240000</u>
	c Target normal cost	6c	<u>240000</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>09/09/2025</u> Date
	<u>Donald H. Dowdy III</u> Type or print name of actuary	<u>2306767</u> Most recent enrollment number
	<u>Principal Financial Group</u> Firm name	<u>412-394-6351</u> Telephone number (including area code)
	<u>PO Box 9394 Des Moines, IA 50306-9394</u> 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)	0	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)	0	0
10 Interest on line 9 using prior year's actual return of <u>10.86</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
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>5.07</u> %		0
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		0
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)	0	0

Part III	Funding Percentages	
14 Funding target attainment percentage	14	138.50 %
15 Adjusted funding target attainment percentage	15	138.50 %
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	129.45 %
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
				Totals ▶	18(b)	18(c)

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 0		
20 Quarterly contributions and liquidity shortfalls:			
a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> 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

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

21 Discount rate:

a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	<input checked="" 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) Prescribed - combined Prescribed - separate 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..... Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... Yes 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..... Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment... Yes 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	240000
b Excess assets, if applicable, but not greater than line 31a	31b	240000

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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	0
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	0
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. 2019 2020 2021