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

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**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.

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**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 \_\_\_\_\_

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<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>PENTEGRA DEFINED CONTRIBUTION PLAN FOR FINANCIAL INSTITUTIONS</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>333</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF DIRECTORS OF PENTEGRA DEFINED CONTRIBUTION PLAN</b>	<b>D</b> Employer Identification Number (EIN) <b>13-6321489</b>	

**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

<b>AMERICAN BEACON ADVISORS</b>	<b>220 EAST LAE COLINAS BLVD SUITE 200 IRVING, TX 76155</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

<b>AMERICAN FUNDS</b>	<b>5300 ROBIN HOOD ROAD 5300 ROBIN HOOD ROAD NORFOLD, VA 23513-2430</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

<b>BLACKROCK INC.</b>	<b>50 HUDSON YARDS NEW YORK, NY 10001</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

<b>DODGE &amp; COX</b>	<b>PO BOX 219502 KANSAS CITY, MO 64121-9502</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

MFS  
30 DAN ROAD  
CANTON, MA 02021

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

PRINCIPAL GLOBAL ADVISORS  
801 GRAND AVE  
DES MOINES, IA 50392

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

T ROWE PRICE  
100 EAST PRATT STREET  
BALTIMORE, MD 21202

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

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

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

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

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

PENTEGRA RETIREMENT SERVICES

13-6321489

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	CONTRACT ADMIN	8842089	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)

RELIANCE TRUST COMPANY

58-1428634

(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?
21	TRUSTEE	49535	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)

GLOBAL RETIREMENT PARTNERS

4460 REDWOOD HWY  
SAN RAFAEL, CA 94903

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISORY-PLAN	45397	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)

CLIFTON LARSON ALLEN

41-0746749

(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	ACCOUNTING	29400	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)

CAMBRIDGE INVESTMENT RESEARCH, INC

116 JEFFERSON STREET  
RIPLEY, TN 68063

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISORY(PLAN	11140	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)

CUSO FINANCIAL SERVICES, LP

10150 MEANLEY DRIVE  
SAN DIEGO, CA 92131

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISORY (PLA	6342	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)

MCCONNELL VALDES LLC

66-0226027

(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?
29	LEGAL	1320	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)

STATE STREET GLOBAL ADVISORS

04-1867445

(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 19 51	INVESTMENT MGMT	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

CHARLES SCHWAB & CO., INC.

94-1737782

(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?
33	BROKERAGE ACCOUNT	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**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.

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2024</b>  <hr/> <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>PENTEGRA DEFINED CONTRIBUTION PLAN FOR FINANCIAL INSTITUTIONS</u>	<b>B</b> Three-digit plan number (PN)	<u>333</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF DIRECTORS OF PENTEGRA DEFINED CONTRIBUTION PLAN</u>	<b>D</b> Employer Identification Number (EIN) <u>13-6321489</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>INTL INDX NL SF CL C</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>90-0337987-168</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>52759387</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NASDAQ-100 INDEX (R) NL SF CLASS M</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>90-0337987-180</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>154149935</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>REIT INDX NL SF CL C</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>90-0337987-229</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>15735866</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL LARGE CAP VALUE (R) INDX NL</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>90-0337987-226</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>59330606</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL LARGE CAP GROWTH(R)NL SF CLM</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>SATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>90-0337987-228</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>145253390</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL SMALL CAP INDX NL SF CLK</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>04-0025081-096</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>63232684</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>S&amp;P 500(R) INDEX NL SF CL K</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>90-0337987-388</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>392439461</u>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: S&P MIDCAP INDEX NL SF CLM		
<b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
<b>c</b> EIN-PN 04-0025081-352	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 164091498
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2045 NL SF CLM		
<b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
<b>c</b> EIN-PN 90-0337987-494	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 115318872
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2020 NL SF CLM		
<b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
<b>c</b> EIN-PN 90-0337987-432	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23240211
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2025 NL SF CLM		
<b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
<b>c</b> EIN-PN 90-0337987-433	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 86223066
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2030 NL SF CLM		
<b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
<b>c</b> EIN-PN 90-0337987-434	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 182291662
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2060 NL SF CLM		
<b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS		
<b>c</b> EIN-PN 90-0337987-197	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22665176
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2035 NL SF CLM		
<b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
<b>c</b> EIN-PN 04-0025081-435	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 93916845
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2040 NL SF CLM		
<b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
<b>c</b> EIN-PN 90-0337987-436	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 62940596
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT INCOME NL SH CLM		
<b>b</b> Name of sponsor of entity listed in (a): STATE STSTATE STREET GLOBAL ADVISORS TRUST COMPANY		
<b>c</b> EIN-PN 90-0337987-440	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39865330
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2050 NL SF CLM		
<b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
<b>c</b> EIN-PN 90-0337987-438	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 48619346

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2065 NL SF CLM		
<b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
<b>c</b> EIN-PN 90-0337987-439	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8201354
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: U.S. BOND INDEX NL SF CL K		
<b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
<b>c</b> EIN-PN 90-0337987-462	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28017203
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: U.S. LONG GOVT BOND INDEX SF CL C		
<b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
<b>c</b> EIN-PN 32-6528132-051	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13624652
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: U.S. INFLATION PRO BOND INDX SF CL		
<b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
<b>c</b> EIN-PN 90-0337987-168	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8593172
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: STABLE VALUE FUND METLIFE SERIES 25		
<b>b</b> Name of sponsor of entity listed in (a): RELIANCE TRUST COMPANY		
<b>c</b> EIN-PN 58-1428634-013	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 218842979
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TARGET RETIREMENT 2055 NL SF CLM		
<b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
<b>c</b> EIN-PN 90-0337987-433	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34958369
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>PENTEGRA DEFINED CONTRIBUTION PLAN FOR FINANCIAL INSTITUTIONS</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>333</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF DIRECTORS OF PENTEGRA DEFINED CONTRIBUTION PLAN</b>	<b>D</b> Employer Identification Number (EIN) <b>13-6321489</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	991213	152994
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	0	0
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	0	0
<b>(3)</b> Other .....	<b>1b(3)</b>	0	0
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	52741449	57292354
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	26656674	27950441
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	1993361758	2034311660
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	119450577	136490314
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
<b>(15)</b> Other.....	<b>1c(15)</b>	4455577	4919624

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>	2411	0
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	2197659659	2261117387
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	0	0
<b>h</b> Operating payables.....	<b>1h</b>	0	0
<b>i</b> Acquisition indebtedness.....	<b>1i</b>	0	0
<b>j</b> Other liabilities.....	<b>1j</b>	1033763	836923
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	1033763	836923
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	2196625896	2260280464

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	42017268	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	67365062	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	19594806	
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		128977136
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	2811496	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	2050869	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		4862365
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	10121970	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		10121970
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		272097636
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		15283419
<b>c</b> Other income .....	<b>2c</b>		11881473
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		443223999

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	302363924	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		302363924
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		211864
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>	29400	
(2) Contract administrator fees .....	<b>2i(2)</b>	8842088	
(3) Recordkeeping fees .....	<b>2i(3)</b>	8365184	
(4) IQPA audit fees .....	<b>2i(4)</b>	34896	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	141492	
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>	1320	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		17414380
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		319990168

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		123233831
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		59579263

**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: CLIFTONLARSONALLEN LLP

(2) EIN: 41-0746749

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	302853
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>e</b> Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	<input type="checkbox"/>	<input type="checkbox"/>	

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
FRIEND BANK 401(K) PLAN	63-0191010	001
STATE DEPT FEDERAL CREDIT UNION 401(K) PLAN	53-0197045	003
ROCK MOUNTAIN BANK AND TRUST RETIREMENT PLAN	84-0725524	001
ADP TOTALSOURCE RETIREMENT SAVINGS PLAN	59-2452823	001

**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 \_\_\_\_\_.

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
CEDAR SECURITY BANK 401(K) PLAN	47-0672448	001
SALAL CREDIT UNION 401(K) PLAN	91-0593941	002

**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 \_\_\_\_\_.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>PENTEGRA DEFINED CONTRIBUTION PLAN FOR FINANCIAL INSTITUTIONS</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>333</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF DIRECTORS OF PENTEGRA DEFINED CONTRIBUTION PLAN</u>	<b>D</b> Employer Identification Number (EIN) <u>13-6321489</u>	

<b>Part I</b>	<b>Distributions</b>
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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): 84-1455663

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

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

3	
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<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

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

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

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

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

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

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

<b>Part III</b>	<b>Amendments</b>
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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.....  Increase  Decrease  Both  No

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

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

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

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

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

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

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

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

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

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

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

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

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

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

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

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

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

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

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

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

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

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

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

**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 \_\_\_\_\_.

<b>SCHEDULE MEP (Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</small>	<b>MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION</b>  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)  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>PENTEGRA DEFINED CONTRIBUTION PLAN FOR FINANCIAL INSTITUTIONS</b>	<b>B</b> Three-digit Plan number (PN)..... ▶	<b>333</b>
<b>C</b> Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF <b>ERIC WIETSMA, PRESIDENT</b>	<b>D</b> Administrator's EIN <b>38-3784887</b>	

**Part I Type of Multiple-Employer Pension Plan.** All multiple-employer pension plans must complete.

**1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).**

- a**  association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b**  professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c**  pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d**  other multiple-employer pension plan (Describe) \_\_\_\_\_ (Complete Part II)

**Part II Participating Employer Information.**

**2** All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

<b>2a</b> Name of Participating Employer <b>FEDERAL HOME LOAN BANK OF BOSTON</b>	<b>2b</b> EIN <b>04-6002575</b>	<b>2c</b> Percentage of Total Contributions for the Plan Year <b>5.71</b>	<b>2d</b> Aggregate Account Balances Attributable to Participating Employer <b>115744176</b>
<b>2a</b> Name of Participating Employer <b>MILFORD FEDERAL SAVINGS &amp; LOAN ASSOC</b>	<b>2b</b> EIN <b>04-1620675</b>	<b>2c</b> Percentage of Total Contributions for the Plan Year <b>0.46</b>	<b>2d</b> Aggregate Account Balances Attributable to Participating Employer <b>13914962</b>

**CAUTION** Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

<b>2e</b> Does the plan include any individuals not participating through an employer or who are individual working owners?	<b>2e</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>2f</b> If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	<b>2f</b>	
<b>2g</b> If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	<b>2g</b>	

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

**Schedule MEP (2024)  
v. 240311**

**Part II Participating Employer Information (Continued).**

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

**Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WINDSOR FEDERAL SAVINGS & LOAN ASSOC	06-0592775	1.18	16118681
WINTER HILL BANK	04-1980523	0.32	10251471
AROOSTOOK COUNTY FS & LA	01-0021085	0.26	3041557
SEE ATTACHED	04-1953450	0.00	0

**CAUTION** Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

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<b>Part III</b>	<b>Pooled Employer Plan Information</b>
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**Line 3.** All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

**3a** Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44).....  Yes  No

**3b** If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

ACK ID \_\_\_\_\_

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Employer ID No: 13-6321489  
Plan Number: 333

Financial Statements with Supplemental Schedules and Independent  
Auditors' Report

**PENTEGRA DEFINED CONTRIBUTION PLAN FOR  
FINANCIAL INSTITUTIONS**

As of December 31, 2024 and 2023, and  
for the year ended December 31, 2024

# PENTEGRA DEFINED CONTRIBUTION PLAN FOR FINANCIAL INSTITUTIONS

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All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.



## INDEPENDENT AUDITORS' REPORT

Board of Directors and Plan Participants  
Pentegra Defined Contribution Plan for Financial Institutions  
White Plains, New York

### Report on the Audit of the Financial Statements

#### ***Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2024 Financial Statements***

We have performed an audit of the accompanying financial statements of Pentegra Defined Contribution Plan for Financial Institutions (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits – modified cash basis as of December 31, 2024, and the related statement of changes in net assets available for benefits – modified cash basis for the year then ended, and the related notes to the financial statements (2024 Financial Statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2024 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 audit 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 a certification from a qualified institution as of and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

#### ***Opinion on the 2024 Financial Statements***

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2024 Financial Statements section

- the amounts and disclosures in the 2024 financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting.
- the information in the 2024 financial statements referred to above 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 on the 2024 Financial Statements***

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2024 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. 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.

***Emphasis of Matter – Basis of Accounting***

We draw attention to Note 2 to the financial statements, which describe the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

***Responsibilities of Management for the 2024 Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting as described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible 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.

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

***Auditors' Responsibilities for the Audit of the 2024 Financial Statements***

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2024 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

Board of Directors and Plan Participants  
Pentegra Defined Contribution Plan for Financial Institutions

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

Our audit 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 2024 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 the modified cash basis of accounting.

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 the modified cash basis of accounting.

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 Matters***

***2024 Supplemental Schedules Required by ERISA***

The supplemental schedule of assets (held at year end) – modified cash basis and schedule of delinquent participant contributions – modified cash basis as of and for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified information.

Board of Directors and Plan Participants  
Pentegra Defined Contribution Plan for Financial Institutions


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).

**Auditors' Report on the 2023 Financial Statements**

We have audited the 2023 financial statements, and in our report dated September 18, 2024, we expressed an unmodified opinion on those 2023 financial statements prepared in accordance with the modified cash basis of accounting as described in Note 2, which is a basis of accounting other than accounting principles generally accepted in the United States of America.



**CliftonLarsonAllen LLP**

Baltimore, Maryland  
October 9, 2025

## PENTEGRA DEFINED CONTRIBUTION PLAN FOR FINANCIAL INSTITUTIONS

### Statements of Net Assets Available for Benefits – Modified Cash Basis

As of December 31, 2024 and 2023

(In thousands)

	<u>2024</u>	<u>2023</u>
ASSETS		
Cash	\$ 153	\$ 991
Investments - at fair value	2,233,014	2,170,009
Receivables		
Notes receivable from participants	27,950	26,657
Prepaid expense	-	2
Total receivables	<u>27,950</u>	<u>26,659</u>
Total assets	<u>2,261,117</u>	<u>2,197,659</u>
LIABILITIES		
Other liabilities	<u>837</u>	<u>1,033</u>
Total liabilities	<u>837</u>	<u>1,033</u>
Net asset available for benefits	<u><u>\$2,260,280</u></u>	<u><u>\$2,196,626</u></u>

The accompanying notes are an integral part of these financial statements.

# PENTEGRA DEFINED CONTRIBUTION PLAN FOR FINANCIAL INSTITUTIONS

## Statement of Changes in Net Assets Available for Benefits – Modified Cash Basis

For the year ended December 31, 2024

(In thousands)

### ADDITIONS:

#### Contributions:

Employers	\$ 42,017
Participants	67,365
Rollovers	19,595
Total contributions	<u>128,977</u>

#### Investment income:

Net change in appreciation in fair value of investments	287,381
Earnings on self directed brokerage accounts	2,069
Interest bearing cash	2,811
Dividends	10,122
Less asset based fees	(8,365)
Net investment gain	<u>294,018</u>

Interest on notes receivable from participants	2,051
Other income	9,812
Total income	<u>434,858</u>

### DEDUCTIONS:

Benefits paid to participants	302,364
Corrective distributions	212
Administrative fees	8,842
Other expenses	207
Total deductions	<u>311,625</u>

NET INCREASE IN NET ASSETS 123,233

### TRANSFERS OF ASSETS:

Transfers out of the plan	(59,579)
Net transfers of assets	<u>(59,579)</u>

TOTAL INCREASE IN NET ASSETS 63,654

### NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year	2,196,626
End of year	<u>\$ 2,260,280</u>

The accompanying notes are an integral part of this financial statement.

# **PENTEGRA DEFINED CONTRIBUTION PLAN FOR FINANCIAL INSTITUTIONS**

## **Notes to Financial Statements**

**December 31, 2024 and 2023**

**(Amounts in thousands)**

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### **1. DESCRIPTION OF THE PLAN**

The following description of the Pentegra Defined Contribution Plan for Financial Institutions (the "Plan") is provided for general information purposes only. Participants should refer to their respective Summary Plan Descriptions ("SPD") for more complete information.

#### **General**

The Plan is a multiple-employer, tax-exempt trusteed savings plan. The Board of Directors (the "Board") of the Plan controls and manages the operation and administration of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

#### **Contributions**

Participating employers may, at their option, elect the 401(k) feature of the Plan that permits participants to defer current federal income tax, and the income taxes of most states, on the amounts contributed to and earned on the 401(k) account. Employers may, at their option, elect the Roth feature which permits participants to contribute to the plan on an after-tax basis. If certain conditions are met, earnings on Roth accounts generally will not be subject to taxation. Employers may also, at their option, elect the after-tax savings feature, which permits participants to contribute to the plan on an after-tax basis. While the earnings on this account are taxable upon distribution, the basis in the account is tax-free upon distribution. These contributions are made in cash and are subject to certain Internal Revenue Code ("IRC") limitations. Certain participants who meet the eligibility requirements may contribute additional amounts (e.g., age 50 catch-up).

Contributions on behalf of each participant are invested in accordance with the participant's instructions, entirely in one fund or in any combination of funds in increments of 1%. If a participant fails to make an investment election, contributions by participants or on their behalf are invested in the Plan's Qualified Default Investment Option (State Street Global Advisors Target Retirement Fund Series).

The profit sharing feature offers employers the option of allowing participant-directed investments as described above or investing at the employer's discretion. Additional employer contributions may be made in accordance with the Plan at the employer's discretion, including, but not limited to, matching contributions.

Participants may also rollover balances from other qualified defined benefit or defined contribution plans or individual retirement accounts.

# **PENTEGRA DEFINED CONTRIBUTION PLAN FOR FINANCIAL INSTITUTIONS**

## **Notes to Financial Statements**

**December 31, 2024 and 2023**

**(Amounts in thousands)**

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An employer may elect automatic 401(k) elective deferrals on behalf of a participant in accordance with the Automatic Contribution Arrangement, with or without annual escalation. The automatic contributions would cease if the participant affirmatively elects to make contributions in a different amount or percentage or not to have deferrals made on his or her behalf. Automatic 401(k) elective deferrals will be invested in a qualified default investment alternative until a participant affirmatively indicates how such amounts shall be invested.

### **Participant Accounts**

Individual accounts are maintained for each plan participant. Participant accounts are credited with participant contributions, employer contributions, forfeitures, loan repayments and investment earnings and charged with withdrawals, administrative expenses, loan advances and investment losses. Allocations, if any, are based on participant account balances or compensation. Additions to the participant's account purchase units and are based on the unit values of the respective investment funds. Any distributions from the account result in a decrease in units. The difference between the value of a participant's account at the end of the previous day and the value at the end of the current day, net of all transactions occurring during the current day (contributions, withdrawals, etc.), is the amount of earnings (losses) credited to the participant's account. The total value of a participant's account is determined by multiplying the number of units in each investment fund by the unit value of such fund and aggregating the results. The benefit to which a participant is entitled, is their vested account balance. Employers select the vesting schedule that will apply to employer contributions made to the Plan.

### **Investments**

The Plan did not have any nonparticipant-directed investments as of December 31, 2024 and 2023. Generally, participants direct the investment of their contributions into various investment options offered by the Plan. Participants should refer to their SPD. The Plan offers a wide variety of investment options spanning the risk/return spectrum, including equity, fixed income, stable value, and target date funds. Plan assets are generally invested in common/collective trust funds ("CCTs") under one menu (Option I), and in CCTs and mutual funds under another menu (Option II). The investments are managed by State Street Global Advisors ("SSgA"), American Beacon Advisors, Inc., BlackRock Advisors, LLC, Capital Research and Management Company, Dodge and Cox, Massachusetts Financial Services Company ("MFS"), Principal Global Investors Trust Company, T. Rowe Price Associates, Inc., Reliance Trust Company and MetLife. In addition to the investment options managed by the listed advisors, employers, at their option, may offer expanded investment flexibility through the Personal Choice Retirement Account ("PCRA"). The PCRA is a self-directed brokerage feature that works in tandem

# **PENTEGRA DEFINED CONTRIBUTION PLAN FOR FINANCIAL INSTITUTIONS**

## **Notes to Financial Statements**

**December 31, 2024 and 2023**

**(Amounts in thousands)**

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with the other investment options, providing access to additional mutual funds and individual securities. It is administered through Charles Schwab and Company, Inc.

### **Vesting**

Participants are vested immediately in their contributions plus earnings thereon. Participants should refer to their respective SPD to determine the vesting schedule for employer contributions.

### **Notes Receivable from Participants**

Employers may also, at their option, make available a loan program to their employees. This program, depending on the option elected by the employer, allows a participant to borrow from their account balance subject to limitations imposed by federal law. The balance in the participant's account secures the loans. The rate of interest for the term of the loan is established as of the loan date and shall bear interest rates comparable to the rates of interest in effect at a major banking institution (the Barron's Prime Rate plus one percent). Loan repayments of principal and interest are credited to participants' accounts. A one-time setup fee and an annual maintenance fee is charged to participant accounts. Loan defaults are classified as withdrawals and treated as taxable distributions. Participants should refer to their respective SPD for more complete information. As of December 31, 2024, participant loans have maturities through 2043 at interest rates ranging from 3.75 percent to 10 percent.

### **Payment of Benefits**

A participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in their account or a portion of their account, subject to limitations imposed by federal law or options elected by the participating employer. Participants should refer to their respective SPD for more information.

Participants are also eligible to make hardship withdrawals from their accounts in the event of certain financial hardships. In order to determine if a hardship exists, the Plan uses the facts and circumstances test as permitted by Internal Revenue Service ("IRS") regulations.

### **Transfers**

Transfers into the Plan represent participant accounts related to new employers coming into the Plan and transfers out of the Plan represent monies related to participant accounts whose employers are leaving the Plan.

### **Forfeited Accounts**

When participants terminate employment, the non-vested portion of the participant's account as defined by the Plan, represents a forfeiture. The Plan document permits the

# **PENTEGRA DEFINED CONTRIBUTION PLAN FOR FINANCIAL INSTITUTIONS**

## **Notes to Financial Statements**

**December 31, 2024 and 2023**

**(Amounts in thousands)**

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use of forfeitures to reduce future employer contributions, offset plan administrative expenses or be reallocated among eligible participants for the Plan year. However, if a participant is reemployed and fulfills certain requirements, as defined in the Plan document, the account will be reinstated. At December 31, 2024 and 2023, forfeitures totaled \$1,250 and \$1,086, respectively. During the year ended December 31, 2024, forfeitures of \$966 were used to offset employer contributions or allocated to eligible participants and \$27 were used to offset administrative fees.

## **2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

### **Basis of Accounting**

The accompanying financial statements of the Plan are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Under that basis, certain additions are recognized when received and certain deductions are recognized when paid. Investments are stated at fair value. The modified cash basis of accounting differs from accounting principles generally accepted in the United States of America primarily because the effects of outstanding contributions and outstanding expenses are not included in the financial statements.

### **Cash**

The Plan's cash is in noninterest-bearing checking account that is used to process client activity, outside vendor transactions and administrative expenses. The Plan maintains deposits with high quality institutions in amounts that are in excess of the Federal Deposit Insurance Corporation limits of \$250; however, the Plan has not experienced any losses in such accounts and does not believe it is exposed to any significant credit risk.

### **Use of Estimates**

The preparation of financial statements in conformity with the modified cash basis of accounting requires plan management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

### **Risk and Uncertainties**

The Plan provides various investment options to its participants. Investment securities in general are exposed to various risks, such as interest rate, credit risk and overall market volatility. Due to the level of risk associated with a majority of the investment options, management believes it is reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect participants' account balances, the amounts reported in the Statements of Net Assets

# **PENTEGRA DEFINED CONTRIBUTION PLAN FOR FINANCIAL INSTITUTIONS**

## **Notes to Financial Statements**

**December 31, 2024 and 2023**

**(Amounts in thousands)**

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Available for Benefits – Modified Cash Basis, and the related notes to the financial statements (Note 3).

### **Income Recognition**

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividend income is recorded on the ex-dividend date.

Asset based fees charged to the Plan include fees for recordkeeping and administrative services, trustee and custodial services and investment management expenses, and are reflected as component of net investment income on the Statement of Changes in Net Assets Available for Benefits - Modified Cash Basis.

Realized gains or losses on investment transactions are recorded as the difference between proceeds received and cost. Cost is generally determined on the average cost basis for CCTs and the identified cost method for the mutual funds. Net appreciation or depreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

### **Investment Valuation**

The Plan's investments are stated at fair value. Fair value of a financial instrument is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. A more detailed description of the individual types of securities and fair value measurement methods can be found in Note 3.

### **Notes Receivable from Participants**

Notes receivable from participants are measured at their unpaid principal balances plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when incurred. No allowance for credit losses has been recorded as of December 31, 2024 and 2023. In accordance with IRS regulations, if a repayment is missed, the loan is treated as a distribution at the end of the quarter following the quarter in which the repayment was missed.

### **Administrative Income**

Administrative income includes asset-based fees, flat base fees, per participant fees and transactional fees that are charged to employers or participants and are used to pay for administrative expenses of the Plan.

# **PENTEGRA DEFINED CONTRIBUTION PLAN FOR FINANCIAL INSTITUTIONS**

## **Notes to Financial Statements**

**December 31, 2024 and 2023**

**(Amounts in thousands)**

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### **Administrative Expenses**

Total administrative expenses include administrative fees, professional fees, transactional fees and board of director expenses that are paid by the Plan or charged against the Plan's assets.

Fiduciary liability insurance premiums aggregating \$227 and board of director fees aggregating \$108 in 2024 were billed directly to and paid by participating employers and are not reflected in the Plan's financial statements.

### **Payment of Benefits**

Benefit payments to participants are recorded upon distribution.

## **3. CERTIFICATION OF INVESTMENT INFORMATION**

Empower Trust Company, the qualified institution of the Plan, has supplied the Plan administrator with a certification as to the completeness and accuracy of all investment information and notes receivable from participants reflected on the accompanying statement of net assets available for benefits – modified cash basis as of December 31, 2024, the statement of changes in net assets available for benefits – modified cash basis for the year ended December 31, 2024, and the supplemental schedule of assets (held at end of year) - modified cash basis as of December 31, 2024.

## **4. FAIR VALUE MEASUREMENTS**

ASC 820, Fair Value Measurements and Disclosures, provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value, as follows: Level 1, which refers to securities valued using unadjusted quoted prices from active markets for identical assets; Level 2, which refers to securities not traded on an active market but for which observable market inputs are readily available; and Level 3, which refers to securities valued based on significant unobservable inputs. Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

### **Asset Valuation Techniques**

Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. There have been no changes in the methodologies used at December 31, 2024 and December 31, 2023.

The following is a description of the valuation methodologies used for assets measured at fair value:

# **PENTEGRA DEFINED CONTRIBUTION PLAN FOR FINANCIAL INSTITUTIONS**

## **Notes to Financial Statements**

**December 31, 2024 and 2023**

**(Amounts in thousands)**

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Self-Directed Brokerage Account - Valued at quoted market prices except for the fixed income investments that may be valued using pricing models maximizing the use of observable inputs for similar securities. The Self-Directed Brokerage Account consists common stocks, mutual funds and fixed income investments.

Mutual Funds - Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. The funds are required to publish their daily NAV and to transact at that price.

Cash Series U.S. Government Fund - The Cash Series U.S. Government Fund invests in U.S. government securities and in repurchase agreements collateralized by U.S. government securities. NAV is a readily determinable fair value and is the basis for current transactions. Participant transactions (Purchases and Sales) may occur daily.

U.S. Government Money Market Fund - The fund invests exclusively in high-quality, short-term securities that are issued or guaranteed by the U.S. government or by U.S. government agencies and instrumentalities. NAV is a readily determinable fair value and is the basis for current transactions. Plan transactions (Purchases and Sales) may occur daily.

Common/Collective Trust Funds - Valued at NAV of units of the bank collective trust. NAV is a readily determinable fair value and is the basis for current transactions. Participant transactions (Purchases and Sales) may occur daily.

The following tables set forth by level within the fair value hierarchy a summary of the Plan's investments measured at fair value on a recurring basis at December 31, 2024 and 2023.

# PENTEGRA DEFINED CONTRIBUTION PLAN FOR FINANCIAL INSTITUTIONS

## Notes to Financial Statements

December 31, 2024 and 2023

(Amounts in thousands)

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	2024 Total
Self-directed brokerage account	\$ 4,747	\$ 173	\$ -	\$ 4,920
Common/collective trust funds	-	2,034,312	-	2,034,312
Mutual funds	136,490	-	-	136,490
Cash series, U.S. government fund	-	55,861	-	55,861
U.S. Government Money Market Fund	1,431	-	-	1,431
Investments, at fair value	<u>\$ 142,668</u>	<u>\$ 2,090,346</u>	<u>\$ -</u>	<u>\$ 2,233,014</u>
	<b>Quoted Prices in Active Markets for Identical Assets (Level 1)</b>	<b>Significant Other Observable Inputs (Level 2)</b>	<b>Significant Unobservable Inputs (Level 3)</b>	<b>2023 Total</b>
Self-directed brokerage account	\$ 4,203	\$ 252	\$ -	\$ 4,455
Common/collective trust funds	-	1,993,362	-	1,993,362
Mutual funds	119,451	-	-	119,451
Cash series, U.S. government fund	-	52,741	-	52,741
Investments, at fair value	<u>\$ 123,654</u>	<u>\$ 2,046,355</u>	<u>\$ -</u>	<u>\$ 2,170,009</u>

### Transfers Between Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the Plan's policy is to recognize significant transfers between levels at the beginning of the reporting period.

We evaluate the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2024, there were no transfers between levels.

### Securities Lending

There is no direct securities lending by the Plan; however certain investment funds permit securities lending. Should there be a default on loaned securities, the funds are generally reimbursed for the amount of the default. In certain market circumstances, there is the possibility that the funds may impose withdrawal restrictions. As of December 31, 2024

# **PENTEGRA DEFINED CONTRIBUTION PLAN FOR FINANCIAL INSTITUTIONS**

## **Notes to Financial Statements**

**December 31, 2024 and 2023**

**(Amounts in thousands)**

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and 2023, there were no withdrawal restrictions. In addition, there were no losses allocated to participants as a result of the loss of collateral with respect to securities lending programs as of and for the years ended December 31, 2024.

### **5. EXEMPT PARTIES-IN-INTEREST TRANSACTIONS**

The Board is comprised of executive officers of participating employers in the Plan and as such are participants in the Plan. Pentegra Services Inc. ("PSI"), a participating employer in the Plan, entered into a five-year service agreement effective December 31, 2018 whereby PSI provides administrative services to the Plan. This agreement outlines the fees that PSI charges the Plan and as such, the Plan and PSI are related parties. The agreement has remained in effect pursuant to automatic one-year renewals. For the year ended December 31, 2024, the Plan incurred \$8,842 in administrative expenses charged by PSI.

### **6. PLAN TERMINATION**

The Board shall have the right to amend or terminate the Plan or trust agreement subject to the provisions set forth in ERISA, at any time in whole or in part, for any reason, and without the consent of any participating employer or participant, and each employer by its adoption of the Plan and trust agreement shall be deemed to have delegated this authority to the Board. No amendment, however, shall impair such rights of payment as the participant would have had, if such amendment had not been made, with respect to contributions made by them or on their behalf to the Plan. The Board of each participating employer reserves the right at any time, at its sole discretion, to terminate participation by that participating employer, subject to the provisions of ERISA.

### **7. FEDERAL INCOME TAX STATUS**

The IRS has determined and informed the Plan by letter dated November 14, 2014 that the Plan and related trust are designed in accordance with the applicable regulations of the IRC. It is the view of the Plan administrator and the Plan's counsel that the Plan continues to be designed and operated in compliance with the applicable requirements of the IRC and the Plan and related trust continue to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The modified cash basis of accounting requires plan management to evaluate if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

# **PENTEGRA DEFINED CONTRIBUTION PLAN FOR FINANCIAL INSTITUTIONS**

## **Notes to Financial Statements**

**December 31, 2024 and 2023**

**(Amounts in thousands)**

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### **8. LITIGATION**

In 2020, two class action lawsuits (consolidated by the court into one action) were filed against the Plan's board of directors and PSI claiming, among other allegations, that the Plan paid excessive fees. The Plan's Board, while admitting no wrongdoing or liability with respect to any of the allegations or claims made in this matter, is in the process of resolving the case as the parties have agreed to a settlement in the amount of \$48.5 million and additional non-monetary relief which has been preliminarily approved by the court. Following the court's final approval of the settlement agreement, the settlement amount will be used for payments to class representatives, settlement administration costs, attorneys' fees, taxes, and other fees and expenses, with the remaining funds distributed to class members based on the terms of the settlement agreement. The preliminarily approved settlement agreement provides for the settlement amount to be allocated to class members based on their account balances during the class period with current participants receiving their settlement payments directly into their Plan accounts, and former participants receiving their payments by check or rollover to a qualified retirement account.

### **9. SUBSEQUENT EVENTS**

The Plan evaluated for disclosure any subsequent events through September xx, 2025, the date the financial statements were available to be issued. The Plan's Board, while admitting no wrongdoing or liability with respect to any of the allegations or claims made in this matter, is in the process of resolving the case as the parties have agreed to a settlement in the amount of \$48.5 million and additional non-monetary relief on July 2025 which has been preliminarily approved by the court. The basis of accounting is the modified basis of accounting; therefore, the net settlement amount (i.e., the settlement amount less permissible payments, fees, taxes, and expenses) to be deposited into the participants' accounts will be recorded for the Plan as other income for accounting purposes when the settlement agreement receives final approval from the court and the settlement amount is subsequently deposited into the Plan.

### **10. NONEXEMPT PROHIBITED TRANSACTIONS**

During the year ended December 31, 2024, there were instances where participating employers failed to timely remit employee 401(k) deferral contributions and loan repayments to the Plan for certain payroll periods within the time frame prescribed by the Department of Labor. These are deemed prohibited transactions in accordance with ERISA and the IRC.

**SUPPLEMENTAL SCHEDULES**

**PENTEGRA DEFINED CONTRIBUTION PLAN FOR FINANCIAL INSTITUTIONS**

**Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)  
– Modified Cash Basis  
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
	State Street Global Advisors	S&P 500 (R) Index NL SF CL K	**	\$ 392,439,461
	Reliance Trust Company	Stable Value Fund, MetLife Series 25053 CL 0	**	218,842,979
	State Street Global Advisors	Target Retirement 2030 NL SF Class M	**	182,291,662
	State Street Global Advisors	S&P MidCap Index NL SF Class M	**	164,091,498
	State Street Global Advisors	Nasdaq-100 Indx (R) NL SF CL Class M	**	154,149,935
	State Street Global Advisors	Russell LargeCap Growth(R) Indx NL SF CL C	**	145,253,390
	State Street Global Advisors	Target Retirement 2045 NL SF Class M	**	115,318,872
	State Street Global Advisors	Target Retirement 2035 NL SF Class M	**	93,916,845
	State Street Global Advisors	Target Retirement 2025 NL SF Class M	**	86,223,066
	State Street Global Advisors	Russell Small Cap Index NL SF Class K	**	63,232,684
	State Street Global Advisors	Target Retirement 2040 NL SF Class M	**	62,940,596
	State Street Global Advisors	Russell Large Cap Value(R) Indx NL SF CL C	**	59,330,606
	State Street Global Advisors	International Index Fund NL SF CL C	**	52,759,387
	State Street Global Advisors	Target Retirement 2050 NL SF Class M	**	48,619,346
	State Street Global Advisors	Target Retirement Income NL SF Class M	**	39,865,330
	State Street Global Advisors	Target Retirement 2055 NL SF Class M	**	34,958,369
	State Street Global Advisors	U.S. Bond Index NL SF Class K	**	28,017,203
	State Street Global Advisors	Target Retirement 2020 NL SF Class M	**	23,240,211
	State Street Global Advisors	Target Retirement 2060 NL SF CL M	**	22,665,176
	State Street Global Advisors	REIT Indx NL SF CL C	**	15,735,866
	State Street Global Advisors	U.S. Long Govt Bond Indx NL SF CL C	**	13,624,652
	State Street Global Advisors	U.S. Inflation Pro Bond Indx NL SF CL C	**	8,593,172
	State Street Global Advisors	Target Retirement 2065 NL SF Class M	**	8,201,354
	Total investments in common collective trust funds			2,034,311,660
	T. Rowe Price	T. Rowe Price Blue Chip Growth Fund I	**	56,331,676
	Principal Global Investors	Principal Midcap Fund R-6	**	23,105,112
	American Beacon Funds	American Beacon Large Cap Value Fund R6	**	17,194,280
	American Funds	American Funds EuroPacific Growth Fund R6	**	12,521,426
	MFS	MFS Massachusetts Investors Trust R6	**	10,052,217
	BlackRock Advisors, LLC	Blackrock Advantage Small Cap Core K	**	9,283,481
	Dodge and Cox	Dodge and Cox Income Fund X	**	8,002,122
	Total investments in mutual funds			136,490,314

See accompanying Independent Auditors' Report.

**PENTEGRA DEFINED CONTRIBUTION PLAN FOR FINANCIAL INSTITUTIONS**

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)  
– Modified Cash Basis  
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
	State Street Global Advisors	Cash Series US Government Fund	**	\$ 55,860,948
	JPMorgan Chase	U.S. Govt Money Market Fund - Inst Shares - Fund 3915	**	1,431,406
	Charles Schwab and Company Inc.	Self Directed Brokerage Account	**	4,919,624
	Total Investments at fair value			<u>\$ 2,233,013,952</u>
*	Notes Receivable from participants	Loans - interest rates 3.75% to 10%, maturity dates 2023 through 2043	**	<u>\$ 27,950,441</u>
	Total			<u><u>\$ 2,260,964,393</u></u>

\* Party-in-interest.

\*\* Cost information not required for participant directed investments.

See accompanying Independent Auditors' Report.

**PENTEGRA DEFINED CONTRIBUTION PLAN FOR FINANCIAL INSTITUTIONS**

Form 5500, Schedule H, Part IV, Line 4a - Schedule of Delinquent Participant

Contributions – Modified Cash Basis

Year Ended December 31, 2024

Participant Contributions Transferred Late to Plan	Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check here if Late Participant Loan Repayments are Included <input checked="" type="checkbox"/> Yes	\$302,852	\$0	\$0	\$0

See accompanying Independent Auditors' Report.

**PENTEGRA DEFINED CONTRIBUTION PLAN FOR FINANCIAL INSTITUTIONS**

**Employer ID No.: 13-6321489**

**Plan No.: 333**

**FORM 5500**

**Multiple-Employer Plan Participating Employer**

**FOR THE YEAR ENDED DECEMBER 31, 2024**

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FEDERAL HOME LOAN BANK OF BOSTON	04-6002575	5.71%	115,744,176.00
MILFORD FEDERAL SAVINGS & LOAN ASSOC	04-1620675	0.46%	13,914,962.00
WINDSOR FEDERAL SAVINGS & LOAN ASSOC	06-0592775	1.18%	16,118,681.00
WINTER HILL BANK	04-1980523	0.32%	10,251,471.00
AROOSTOOK COUNTY FS & LA	01-0021085	0.26%	3,041,557.00
WEBSTER FIRST FEDERAL CREDIT UNION	04-1953450	1.38%	25,166,597.00
NORTHFIELD SAVINGS BANK	03-0145560	1.63%	36,676,741.00
SHARON CREDIT UNION	04-2391206	1.83%	33,143,399.00
NEW HAMPSHIRE MUTUAL BANCORP	46-1671704	3.82%	52,468,433.00
FEDERAL HOME LOAN BANK OF NEW YORK	13-6400946	0.00%	54,366,995.00
PENTEGRA RETIREMENT SERVICES	13-6321489	3.22%	76,945,970.00
FIRST FS & LA OF MIDDLETOWN	14-0757620	0.13%	1,984,284.00
FRANKLIN BANK	21-0454410	0.41%	5,015,529.00
NVE BANK	22-0892830	0.33%	15,096,113.00
MASSENA SAVINGS & LOAN ASSOC	15-0379920	0.14%	1,723,772.00
MILLVILLE SAVINGS & LOAN ASSOC.	21-0515339	0.18%	2,101,817.00
1ST BANK OF SEA ISLE CITY	21-0624164	0.38%	11,083,623.00
JEFF BANK	14-0779859	0.75%	16,545,016.00
SCHUYLER SAVINGS BANK	22-1267395	0.13%	1,554,322.00
CARTHAGE FEDERAL SAVINGS AND LOAN ASSOC	15-0263165	0.29%	5,925,031.00
FIRST SOURCE FEDERAL CREDIT UNION	15-0535531	1.58%	19,990,994.00
UNITED SAVINGS BANK	23-0791885	0.24%	11,186,009.00
HUNTINGDON SAVINGS BANK PASA	23-1621575	0.03%	1,696,171.00
PA ASSOC OF COMMUNITY BANKERS	25-1672295	0.03%	1,268,072.00
SLOVENIAN S & LA ASSOC. OF CANONSBURG	25-0801560	0.12%	1,133,726.00
cfsbank	25-0400413	0.61%	7,990,142.00
FLEETWOOD BANK	23-0586213	0.21%	2,350,367.00
GREENVILLE SAVINGS BANK	25-0361790	0.24%	3,957,716.00
C&G SAVINGS BANK	23-0485486	0.35%	11,297,683.00
FIRST UNITED NATIONAL BANK	25-0494045	0.27%	6,052,221.00
FIRST FEDERAL SVGS & LN ASSN GREENE CTY	25-0523055	0.39%	5,478,675.00
Putnam County Bank	55-0662270	0.10%	-
JONESTOWN BANK & TRUST CO.	23-0739565	1.07%	15,714,114.00
ATLANTIC COMMUNITY BANKERS BANK	23-2217734	0.00%	5,103,457.00
Sharon Bank	23-1075613	0.28%	2,296,091.00
OFFICE OF FINANCE FHLB	13-6400979	0.00%	12,796,894.00
SECURITY FEDERAL BANK	57-0113015	1.53%	23,578,221.00
HOMEWOOD FEDERAL SAVINGS BANK	52-0736512	0.05%	1,233,377.00
FIRST SAVINGS & LOAN ASSOC. OF MEBANE	56-0319795	0.02%	2,191,284.00
COUNCIL OF FEDERAL HOME LOAN BANKS	54-1877922	0.15%	701,628.00
WAKE FOREST FEDERAL SAVINGS & LOAN ASSOC	56-0440967	0.00%	85,056.00
THE CLAXTON BANK	58-0196521	0.13%	1,605,651.00
TARBORO SAVINGS BANK, SSB	56-0424070	0.04%	523,113.00
ABBEVILLE FIRST BANK, SSB	57-0130830	0.12%	2,818,808.00
THE PEOPLES BANK	58-0643381	0.09%	1,829,755.00
FRIEND BANK	63-0191010	0.03%	227,693.00
CITIZENS BANK AND TRUST COMPANY	54-0169450	0.37%	10,011,175.00
STATE DEPARTMENT FEDERAL CREDIT UNION	53-0197045	0.31%	10,588,353.00
Belmont Federal Savings and	56-0138905	0.10%	1,265,368.00
JETSTREAM FEDERAL CREDIT UNION	59-0663622	0.35%	8,883,095.00
COMMERCE NATIONAL BANK & TRUST	16-1635422	0.28%	2,946,863.00
COASTAL BANK & TRUST	26-3754431	0.12%	1,002,204.00
LIBRARY OF CONGRESS	53-0201233	0.20%	4,131,898.00
PACIFIC NATIONAL BANK	59-2437764	1.01%	9,157,554.00
MEMBER ONE FEDERAL CREDIT UNION	54-0526784	1.43%	11,707,720.00
WASHINGTON GAS LIGHT	53-0201511	0.00%	782,862.00
LATINO COMMUNITY CREDIT UNION	56-2180770	1.68%	11,755,661.00
SURREY BANK & TRUST	56-6466868	0.01%	2,427,706.00

**PENTEGRA DEFINED CONTRIBUTION PLAN FOR FINANCIAL INSTITUTIONS**

**Employer ID No.: 13-6321489**

**Plan No.: 333**

**FORM 5500**

**Multiple-Employer Plan Participating Employer**

**FOR THE YEAR ENDED DECEMBER 31, 2024**

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
First Carolina Bank	20-0967347	2.17%	13,414,032.00
Brannen Banks of Florida, Inc.	59-2067268	0.43%	7,253,665.00
Beacon Community Bank	82-3377473	0.54%	3,010,239.00
Trivergent Trust Company, LLC	83-2278869	0.25%	2,893,593.00
Dogwood State Bank	31-1763452	1.88%	10,731,861.00
GREENVILLE FEDERAL	34-4249480	0.32%	5,998,203.00
HOME SAVINGS BANK OF WAPAKONETA	34-4264429	0.03%	1,817,716.00
GREENEVILLE FEDERAL BANK, FSB	62-0634326	0.25%	5,390,909.00
FIRST FEDERAL SAVINGS & LOAN	34-0347710	0.31%	8,896,048.00
VAN WERT FEDERAL SAVINGS BANK	34-4382025	0.23%	1,702,912.00
FIRST FEDERAL S&L ASSOCIATION OF DELTA	34-4233110	0.18%	3,261,704.00
FARMERS & MERCHANTS BANK	31-1038216	0.44%	5,820,273.00
WHITAKER BANK CORPORATION OF KENTUCKY	61-1208135	1.93%	44,606,880.00
BANK OF MAGNOLIA	34-0083490	0.08%	2,562,132.00
THE ROCKHOLD, BROWN & COMPANY BANK	31-4351147	0.00%	369,724.00
TNCONNECT CREDIT UNION	62-0262707	0.10%	3,113,414.00
LCNB CORPORATION	13-1564588	2.58%	23,948,744.00
FAIRFIELD FEDERAL SAVINGS & LOAN	31-4176480	0.23%	3,614,295.00
BANK OF RIPLEY	62-0340125	0.37%	9,753,566.00
Citizens Bank of Kentucky, Inc.	61-0335030	0.52%	11,459,802.00
The Peoples Savings Bank	34-4327700	0.13%	513,240.00
EATON FEDERAL SAVINGS BANK	38-0414093	0.57%	9,469,700.00
FIRST FEDERAL SAVINGS BANK	35-1116773	1.19%	21,530,042.00
RICHMOND MUTUAL BANCORPORATION	35-0309830	0.92%	18,414,653.00
FARMERS & MECHANICS FS&LA	35-0303170	0.00%	496,610.00
OLD MISSION BANK	38-3489563	0.00%	1,636,811.00
American Community Bank of Indiana	35-0144969	0.27%	4,735,189.00
EXCHANGE STATE BANK	38-0526280	0.00%	334,488.00
ISABELLA BANK CORPORATION	38-3568210	2.30%	41,100,683.00
OWEN COUNTY STATE BANK	35-0564480	0.41%	5,381,458.00
HILLSDALE COUNTY NATIONAL BANK	38-0650660	0.00%	4,943,048.00
ELEMENTS FINANCIAL FEDERAL CREDIT UNION	35-6022541	3.17%	55,629,181.00
Fort Financial Federal Credit Union	35-0868966	0.12%	1,922,059.00
GREAT MIDWEST BANK	39-0476365	0.91%	23,465,391.00
BEARDSTOWN SAVINGS, SB	37-0170560	0.05%	1,062,853.00
HOYNE SAVINGS BANK	36-1241755	0.43%	11,892,472.00
GUARDIAN SAVINGS BANK	37-0533190	0.01%	67,282.00
LIBERTY BANK FOR SAVINGS	36-1385954	0.73%	23,176,022.00
SECURITY BANK, s.b.	37-0509011	0.16%	2,977,083.00
ILLINOIS SERVICE F S & L A	36-1255545	0.00%	1,601,436.00
CENTRAL FEDERAL SAVINGS & LOAN ASSOC.	36-0882755	0.23%	9,690,740.00
WEST POINTE BANK	39-1827049	0.39%	15,443,588.00
COMMUNITY SAVINGS BANK	36-0939290	0.33%	8,608,688.00
MUTUAL FEDERAL BANK	36-1776229	0.15%	1,606,146.00
THE FIRST NATIONAL BANK OF RIVER	39-0280840	0.69%	18,057,946.00
Time Federal Savings Bank	39-0462655	0.80%	7,828,358.00
West Town Bank & Trust	36-1950478	0.59%	5,263,866.00
VIKING SAVINGS BANK	41-1368205	0.00%	156,307.00
NEW ERA BANK	43-0432620	0.34%	6,758,897.00
EXCHANGE STATE BANK	42-0239000	0.20%	7,011,192.00
KEARNEY TRUST COMPANY	44-0310650	0.25%	5,310,534.00
BANCSTAR, INC.	43-1261607	0.15%	4,740,896.00
SERVICE FIRST FEDERAL CREDIT UNION	46-0224713	0.28%	4,053,486.00
HEARTLAND BANK	42-0535090	0.46%	6,659,684.00
AMORY FS & LA	64-0113206	0.05%	454,592.00
NORTHEAST TEXAS TEACHERS FCU	75-1099272	0.05%	1,031,660.00
FIRST FEDERAL BANK OF LOUISIANA	72-0401264	0.93%	17,623,977.00
FIRST NATIONAL BANK OF FORT STOCKTON	74-1315027	0.05%	661,564.00

**PENTEGRA DEFINED CONTRIBUTION PLAN FOR FINANCIAL INSTITUTIONS**

**Employer ID No.: 13-6321489**

**Plan No.: 333**

**FORM 5500**

**Multiple-Employer Plan Participating Employer**

**FOR THE YEAR ENDED DECEMBER 31, 2024**

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TEXAS BANKERS ASSOCIATION	74-0602235	1.36%	16,982,484.00
RAYNNE BUILDING & LOAN ASSOC.	72-0296215	0.03%	1,807,405.00
FIFTH DISTRICT SAVINGS BANK	72-0184630	0.00%	1,642,518.00
CITY NATIONAL BANK	74-0560702	0.03%	2,545,160.00
STATE NATIONAL BANK OF BIG SPRING	75-0139735	0.49%	8,781,699.00
EAST TEXAS BANCSHARES, INC.	76-0151437	0.69%	10,928,935.00
COMMUNITY BANK HOLDINGS OF TEXAS, INC.	75-1652603	1.45%	20,832,444.00
EVANGELINE BANK & TRUST COMPANY	72-0180410	0.94%	13,526,866.00
TENSAS STATE BANK	72-0332815	0.22%	9,284,962.00
MERCHANTS & FARMERS BANK & TRUST	72-0258810	0.36%	4,078,228.00
STATE EMPLOYEES CREDIT UNION OF	85-6010733	1.08%	13,090,882.00
U.S. EAGLE FEDERAL CREDIT UNION	85-0102181	0.00%	2,870,996.00
CITIZENS SAVINGS BANK	72-0369226	1.23%	9,969,170.00
FIRST NATIONAL BANK OF LOUISIANA	72-0163429	0.46%	16,027,698.00
THE FIRST NATIONAL BANK OF EAGLE LAKE	74-0602058	0.16%	2,897,128.00
POWELL STATE BANK	75-0304380	0.03%	999,830.00
FALCON INTERNATIONAL BANK	74-2382841	0.97%	15,404,890.00
COMMUNITY BANCSHARES OF MISSISSIPPI	64-0606241	1.14%	11,337,111.00
Synergy Bank	72-1433422	1.18%	14,741,542.00
Farmers State Bank & Trust Company	72-0358475	0.25%	5,064,256.00
NEW FIRST NATIONAL BANK	74-0606995	0.69%	16,601,929.00
MUENSTER STATE BANK	75-0453080	0.14%	4,297,084.00
Progressive Bank	72-0769210	0.86%	14,410,498.00
First Federal Savings and Loan Association	64-0341960	0.24%	4,655,855.00
First National Bank of Huntsville	74-0702223	0.34%	5,833,661.00
MUTUAL SAVINGS ASSOC	48-0306560	0.46%	7,074,698.00
SAN LUIS VALLEY FEDERAL BANK	84-0312757	0.38%	5,371,056.00
ARGENTINE FEDERAL SAVINGS	48-0123640	0.05%	1,211,752.00
FIRST FLO CORPORATION	84-0725524	0.06%	461,570.00
LINDOE, INC	84-0530210	0.00%	344,275.00
KANSAS BANKERS SERVICES, INC.	48-1233705	0.40%	8,874,612.00
FIRST LIBERTY CAPITAL CORPORATION	84-0818995	0.06%	1,949,149.00
CEDAR SECURITY BANK	47-0672448	0.01%	-
CHISHOLM TRAIL FINANCIAL CORPORATION	48-0932878	0.24%	2,315,611.00
EQUITY BANK	48-0987182	4.29%	47,397,386.00
Central of Kansas, Inc.	48-0938215	1.98%	38,850,088.00
PBT Bancshares, Inc.	48-1034571	1.28%	15,205,192.00
Air Academy Federal Credit Union	84-0468072	1.20%	17,926,824.00
SUMMIT STATE BANK	94-2878925	1.53%	16,707,674.00
SEA WEST COAST GUARD FEDERAL CREDIT	94-1480396	0.31%	5,095,937.00
FRESNO COUNTY FEDERAL CREDIT UNION	94-1214416	1.05%	13,344,515.00
SCE FEDERAL CREDIT UNION	95-1766772	1.90%	29,101,723.00
MONTEREY CREDIT UNION	94-6198351	0.67%	24,262,344.00
BANK OF THE ROCKIES, N.A.	81-0135360	0.21%	3,526,663.00
SALAL CREDIT UNION	91-0593941	1.22%	5,837,664.00
FIRST NATIONAL BANK OF GILLETTE	83-0201987	0.40%	7,422,732.00
MOUNTAINCREST CREDIT UNION	91-0596314	0.18%	3,614,667.00
TRAILHEAD CREDIT UNION	93-0256725	0.26%	3,890,056.00
IRELAND BANK	82-0132840	0.44%	11,082,462.00
BIG HORN FEDERAL SAVINGS BANK	83-0105255	0.50%	11,625,529.00
NorthWest Plus Credit Union	91-0684272	0.31%	5,094,383.00
First FSB of America	13-6321489	0.00%	96,327.00
Augusta Federal Savings Bank	13-6321489	0.00%	1,802,091.00
Bay State Federal Bank	13-6321489	0.00%	40,408.00
Natick Federal Savings Bank	13-6321489	0.00%	1,011,520.00
The Guilford Savings Bank	13-6321489	0.00%	516,612.00
The Bank of Bennington	13-6321489	0.00%	135,871.00
Foxboro Federal Savings	13-6321489	0.00%	4,059,189.00

**PENTEGRA DEFINED CONTRIBUTION PLAN FOR FINANCIAL INSTITUTIONS**

Employer ID No.: 13-6321489

Plan No.: 333

**FORM 5500****Multiple-Employer Plan Participating Employer****FOR THE YEAR ENDED DECEMBER 31, 2024**

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
Revere Federal Savings	13-6321489	0.00%	36,645.00
Kennebec Savings Bank	13-6321489	0.00%	117,802.00
Albank, FSB	13-6321489	0.00%	1,144,651.00
Eastern Savings Bank	13-6321489	0.00%	335,348.00
Savings Institute Bank and Trust Company	13-6321489	0.00%	238,581.00
Ledyard National Bank	13-6321489	0.00%	505,419.00
Scituate FSB	13-6321489	0.00%	18,353.00
The Waldoboro Bank FSB	13-6321489	0.00%	206,953.00
Webster Bank, National Association	13-6321489	0.00%	377,885.00
First Federal Savings & Loan Association of Bath	13-6321489	0.00%	42,473.00
First Seacoast Bank	13-6321489	0.00%	6,251.00
Community Guaranty Savings Bank	13-6321489	0.00%	368,080.00
First Bank & Trust Company	13-6321489	0.00%	97,915.00
Id Savings Bank	13-6321489	0.00%	1,155,397.00
Peoples Federal Savings Bank	13-6321489	0.00%	70,707.00
Sirianni Mortgage Corporation	13-6321489	0.00%	312,443.00
Luzo Community Bank	13-6321489	0.00%	38,606.00
Colonial Federal Savings Bank	13-6321489	0.00%	1,779,948.00
Mutual Federal Savings Bank of Plymouth County	13-6321489	0.00%	200,633.00
Freedom Credit Union	13-6321489	0.00%	2,953,640.00
Adirondack Bank	13-6321489	0.00%	133,331.00
Canton Federal Savings & Loan Association	13-6321489	0.00%	35,091.00
The Jersey Bank For Savings	13-6321489	0.00%	107,007.00
OceanFirst Bank N.A.	13-6321489	0.00%	732,199.00
Hudson Valley Bank	13-6321489	0.00%	564,912.00
Palisade Savings Bank, FSB	13-6321489	0.00%	27,383.00
Lakeview Savings Bank	13-6321489	0.00%	29,139.00
Valley National Bank	13-6321489	0.00%	575,406.00
Blue Foundry Bank	13-6321489	0.00%	10,017,823.00
Monarch Savings Bank, FSB	13-6321489	0.00%	320,594.00
The Bank of Greene County	13-6321489	0.00%	34,979.00
Savings Bank Life Insurance Fund	13-6321489	0.00%	472,848.00
The Rome Savings Bank	13-6321489	0.00%	1,141,207.00
Investors Bank	13-6321489	0.00%	170,256.00
First RE Management Company, Inc.	13-6321489	0.00%	374,977.00
The Tupper Lake National Bank	13-6321489	0.00%	127,045.00
Kearny Bank	13-6321489	0.00%	31,417.00
Spencer Savings Bank	13-6321489	0.00%	1,388,126.00
Maple City Savings Bank	13-6321489	0.00%	89,748.00
Hopewell Valley Community Bank	13-6321489	0.00%	5,098.00
Enterprise Bank NJ	13-6321489	0.00%	94,504.00
Fort Lee Federal Savings Bank, FSB	13-6321489	0.00%	34,499.00
Crest Savings Bank	13-6321489	0.00%	139,332.00
Select Bank	13-6321489	0.00%	43,074.00
Pascack Community Bank	13-6321489	0.00%	40,581.00
Pinnacle Federal Credit Union	13-6321489	0.00%	373,333.00
First Hope Bank, N.A.	13-6321489	0.00%	2,867,589.00
USNY Bank	13-6321489	0.00%	152,743.00
Federal Home Loan Bank of Pittsburgh	13-6321489	0.00%	15,918,004.00
Integra Financial Corp	13-6321489	0.00%	774,583.00
Fiserv	13-6321489	0.00%	1,928,848.00
First Federal Savings & Loan Association	13-6321489	0.00%	189,305.00
Washington Financial Bank	13-6321489	0.00%	2,049,700.00
Fulton Bank	13-6321489	0.00%	959,682.00
Main Line Federal Savings Bank	13-6321489	0.00%	150,717.00
Fidelity Bank PaSB	13-6321489	0.00%	2,375,983.00
Dwelling House Savings & Loan Association	13-6321489	0.00%	336,765.00
Malvern Bank, National Association	13-6321489	0.00%	454,749.00

**PENTEGRA DEFINED CONTRIBUTION PLAN FOR FINANCIAL INSTITUTIONS**

Employer ID No.: 13-6321489

Plan No.: 333

**FORM 5500****Multiple-Employer Plan Participating Employer****FOR THE YEAR ENDED DECEMBER 31, 2024**

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
First FS&LA of Bucks County	13-6321489	0.00%	119,216.00
Willow Financial Bank	13-6321489	0.00%	162,835.00
BankPittsburgh	13-6321489	0.00%	149,508.00
Standard Bank, PaSB	13-6321489	0.00%	295,268.00
Washington Savings Bank	13-6321489	0.00%	839,579.00
Keystone Nazareth Bank and Trust Company	13-6321489	0.00%	2,942,367.00
Mid Penn Bank	13-6321489	0.00%	705,483.00
Asian Bank	13-6321489	0.00%	204,456.00
Allegheny Valley Bank of Pittsburgh	13-6321489	0.00%	738,736.00
Prosper Bank	13-6321489	0.00%	119,683.00
Federal Home Loan Bank of Atlanta	13-6321489	0.00%	1,357,151.00
First American FS & LA	13-6321489	0.00%	827,267.00
Federal Home Loan Mortgage	13-6321489	0.00%	3,800,297.00
Homebanc Mortgage Corporation	13-6321489	0.00%	3,099,093.00
Georgia League of Savings Institutions, Inc.	13-6321489	0.00%	769,474.00
Fortune Bancorp, Inc.	13-6321489	0.00%	928,265.00
Decatur Federal Savings & Loan	13-6321489	0.00%	1,479,099.00
Republic Security Bank - Unifirst Plan	13-6321489	0.00%	107,828.00
Peoples Savings Bank, SSB	13-6321489	0.00%	250,610.00
Baxley Federal Savings Bank	13-6321489	0.00%	3,715.00
Office of the Comptroller of the Currency	13-6321489	0.00%	109,056,694.00
Chase Federal Bank	13-6321489	0.00%	2,044,371.00
Citizens South Bank	13-6321489	0.00%	18,977.00
American Bankers Association	13-6321489	0.00%	5,879,528.00
Fraternity Federal Savings & Loan Association	13-6321489	0.00%	121,293.00
Charter Federal Savings Bank	13-6321489	0.00%	197,179.00
Century Financial Group, Inc.	13-6321489	0.00%	659,193.00
Harbor Federal Savings Bank	13-6321489	0.00%	2,525,125.00
Douglas Federal Bank	13-6321489	0.00%	1,030.00
Neighborhood Bank Corporation	13-6321489	0.00%	753,989.00
SouthBank A FSB	13-6321489	0.00%	170,450.00
The Bank of Currituck	13-6321489	0.00%	195,488.00
Firstsouth Bank	13-6321489	0.00%	1,597.00
Morris Plan Bank	13-6321489	0.00%	16,148.00
First Federal Bank of North Florida	13-6321489	0.00%	1,133,691.00
The Patapsco Bank	13-6321489	0.00%	1,006,756.00
First Community Bank of Palm Beach County	13-6321489	0.00%	1,037.00
Platinum Bank	13-6321489	0.00%	606.00
Community Bank of The South	13-6321489	0.00%	76,514.00
Florida Bank of Commerce	13-6321489	0.00%	-
Tri-Parish Bank	13-6321489	0.00%	157,227.00
Cherokee Bank	13-6321489	0.00%	3,728.00
Bristol Bank	13-6321489	0.00%	37,427.00
New Republic Savings Bank	13-6321489	0.00%	458,232.00
Landmark Financial Holding Company	13-6321489	0.00%	169,451.00
Select Bank & Trust	13-6321489	0.00%	6,228,911.00
Old Florida Bank	13-6321489	0.00%	827,596.00
Valley National Bank	13-6321489	0.00%	5,167,750.00
TrustAtlantic Financial Corporation	13-6321489	0.00%	789,721.00
Farmers State Bank	13-6321489	0.00%	322,239.00
First Carolina Bank	13-6321489	0.00%	29,248.00
Plantation Financial Corporation	13-6321489	0.00%	1,242.00
Taylorsville Savings Bank, SSB	13-6321489	0.00%	76,106.00
Georgia Central Bank	13-6321489	0.00%	67,426.00
Cardinal State Bank	13-6321489	0.00%	530,200.00
Parkway Bank	13-6321489	0.00%	223,547.00
American Bank and Trust	13-6321489	0.00%	79,705.00
Montgomery Bank & Trust	13-6321489	0.00%	79,575.00

**PENTEGRA DEFINED CONTRIBUTION PLAN FOR FINANCIAL INSTITUTIONS**

Employer ID No.: 13-6321489

Plan No.: 333

**FORM 5500****Multiple-Employer Plan Participating Employer****FOR THE YEAR ENDED DECEMBER 31, 2024**

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
Harrington Bank	13-6321489	0.00%	2,513.00
The Bank of Commerce	13-6321489	0.00%	1,153,968.00
First Century Bank, N.A.	13-6321489	0.00%	382,533.00
People's Community Bank	13-6321489	0.00%	224,307.00
Sound Banking Company	13-6321489	0.00%	269,541.00
First Reliance Bank	13-6321489	0.00%	-
Citizens Bank	13-6321489	0.00%	2,580.00
Sapelo National Bank	13-6321489	0.00%	10,653.00
Alamerica BancCorp, Inc.	13-6321489	0.00%	83,344.00
NorthWest Bank & Trust	13-6321489	0.00%	92,889.00
Highland Commercial Bank	13-6321489	0.00%	100,477.00
Select Bank & Trust	13-6321489	0.00%	273,763.00
Sun American Bank	13-6321489	0.00%	304,455.00
VantageSouth Bank	13-6321489	0.00%	58,483.00
Community Bank & Trust of Florida	13-6321489	0.00%	1,115,848.00
Capstone Bank	13-6321489	0.00%	553,849.00
Pilot Bancshares, Inc.	13-6321489	0.00%	2,829,381.00
KeySource Commercial Bank	13-6321489	0.00%	332,118.00
Department of Labor Federal Credit Union	13-6321489	0.00%	347,589.00
Marine Bank & Trust Company	13-6321489	0.00%	283,328.00
First Florida Bank	13-6321489	0.00%	232,724.00
Live Oak Banking Company	13-6321489	0.00%	452,979.00
Municipal Employees Credit Union of Baltimore, Inc.	13-6321489	0.00%	8,091,469.00
NAPUS Federal Credit Union	13-6321489	0.00%	299,687.00
Freedom First Federal Credit Union	13-6321489	0.00%	431,750.00
Southcoast Community Bank	13-6321489	0.00%	799,391.00
Entrust Financial Credit Union	13-6321489	0.00%	1,501,050.00
Skyline National Bank	13-6321489	0.00%	1,722,879.00
Mountain 1st Bank & Trust	13-6321489	0.00%	1,139,648.00
The Partnership Federal Credit Union	13-6321489	0.00%	339,078.00
Dade County Federal Credit Union	13-6321489	0.00%	604,874.00
Movement Bank	13-6321489	0.00%	204,342.00
nCino	13-6321489	0.00%	37,757.00
Cornerstone Bank	13-6321489	0.00%	324,750.00
Andrews Federal Credit Union	13-6321489	0.00%	4,465,566.00
Beach Bank	13-6321489	0.00%	1,656,657.00
Federal Home Loan Bank of Cincinnati	13-6321489	0.00%	36,290,573.00
First Federal Savings Bank	13-6321489	0.00%	90,448.00
Intrieve, Incorporated	13-6321489	0.00%	4,309,091.00
Cumberland Federal Savings Bank	13-6321489	0.00%	4,547,107.00
Your Community Bank	13-6321489	0.00%	176,757.00
LCNB Corp.	13-6321489	0.00%	38,615.00
Camco Financial Corp.	13-6321489	0.00%	174,416.00
First Federal Savings Bank of Maryville	13-6321489	0.00%	295,291.00
Lexington Federal Savings Bank	13-6321489	0.00%	837,023.00
Ameriana Bank of Ohio, FSB	13-6321489	0.00%	1,517,259.00
Athens Federal Community Bank	13-6321489	0.00%	470,859.00
Milton Federal Savings Bank	13-6321489	0.00%	81,018.00
Central Kentucky Federal Savings Bank	13-6321489	0.00%	265,336.00
Second National Bank (the Trumbull S&L Company)	13-6321489	0.00%	274,609.00
Fort Thomas Savings Bank, FSB	13-6321489	0.00%	121,509.00
Home City Financial Corporation	13-6321489	0.00%	566,537.00
Cincinnati Federal	13-6321489	0.00%	972,547.00
Community Savings	13-6321489	0.00%	-
First Federal Bank	13-6321489	0.00%	943,924.00
Warsaw Federal Savings And Loan Association	13-6321489	0.00%	85,926.00
Peoples Bancorp, Inc.	13-6321489	0.00%	400,580.00
Thomas C. Devore & Associates, Inc.	13-6321489	0.00%	51,405.00

**PENTEGRA DEFINED CONTRIBUTION PLAN FOR FINANCIAL INSTITUTIONS**

Employer ID No.: 13-6321489

Plan No.: 333

**FORM 5500****Multiple-Employer Plan Participating Employer****FOR THE YEAR ENDED DECEMBER 31, 2024**

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WinFirst Bank	13-6321489	0.00%	1,396,327.00
American Savings Bank	13-6321489	0.00%	124,208.00
Community Bank	13-6321489	0.00%	1,121.00
Ohio Bankers League	13-6321489	0.00%	258,232.00
Cooper State Bank	13-6321489	0.00%	860,436.00
Peoples State Bank	13-6321489	0.00%	83,341.00
Peoples Community Bank	13-6321489	0.00%	503,987.00
Jefferson County Federal Credit Union	13-6321489	0.00%	94,059.00
Town Square Bank	13-6321489	0.00%	34,625.00
First National Bank of Middle Tennessee	13-6321489	0.00%	111,953.00
CenterBank	13-6321489	0.00%	3,181.00
First National Bank of Bellevue	13-6321489	0.00%	195,451.00
National Bank of Ohio	13-6321489	0.00%	287,926.00
The Arlington Bank	13-6321489	0.00%	1,037,324.00
Commercial Savings Bank	13-6321489	0.00%	457,023.00
Peoples Savings And Loan Company	13-6321489	0.00%	11,184.00
Federal Home Loan Bank of Indianapolis	13-6321489	0.00%	12,300,708.00
National City Bank, Indiana North Central	13-6321489	0.00%	426,273.00
Fidelity Savings Bank FSB	13-6321489	0.00%	304,369.00
Union Federal Savings Bank	13-6321489	0.00%	251,201.00
Michigan League of Community Banks	13-6321489	0.00%	471,022.00
First Federal Savings Bank	13-6321489	0.00%	35,704.00
Workingmens Federal Savings Bank	13-6321489	0.00%	455,082.00
Citizens Financial Bank	13-6321489	0.00%	379,538.00
Indiana Community Bank Sb	13-6321489	0.00%	217,769.00
Home Loan Bank	13-6321489	0.00%	4,388.00
Security Federal Bank & Trust	13-6321489	0.00%	36,499.00
Central Holding & Desig. Sub.	13-6321489	0.00%	69,420.00
Ameriana Bank	13-6321489	0.00%	205,081.00
Crossroads Bank	13-6321489	0.00%	4,713.00
Our Community Bank	13-6321489	0.00%	148,045.00
First Federal Savings Bank	13-6321489	0.00%	13,071.00
Citizens First Savings Bank	13-6321489	0.00%	308,054.00
First Federal Savings & Loan Association	13-6321489	0.00%	42,846.00
Union Federal Savings & Loan Association	13-6321489	0.00%	33,426.00
First Savings Bank of Hegewisch	13-6321489	0.00%	1,465,245.00
United Fidelity Bank	13-6321489	0.00%	564,226.00
Old National Bancorp	13-6321489	0.00%	18,740.00
Lincoln Bank	13-6321489	0.00%	84,812.00
Homestead Savings Bank	13-6321489	0.00%	16,930.00
Monarch Community Bank	13-6321489	0.00%	13,316.00
Edgewater Bank	13-6321489	0.00%	275,822.00
Wolverine Bank, FSB	13-6321489	0.00%	228,897.00
Griffith Savings Bank	13-6321489	0.00%	131,123.00
3Rivers Federal Credit Union	13-6321489	0.00%	8,406.00
Nicolet National Bank	13-6321489	0.00%	3,061.00
Indiana Bankers Association	13-6321489	0.00%	-
INOVA Federal Credit Union	13-6321489	0.00%	502,699.00
Crestmark Bank	13-6321489	0.00%	4,831,088.00
Federal Home Loan Bank of Chicago	13-6321489	0.00%	22,522,699.00
Union Federal Savings and Loan Association	13-6321489	0.00%	349,624.00
On-line Financial Services, Inc.	13-6321489	0.00%	2,490,365.00
Home Federal Savings Bank	13-6321489	0.00%	97,111.00
Midland Federal Savings & Loan Association	13-6321489	0.00%	97,000.00
Pekin Community Bank	13-6321489	0.00%	32,562.00
Republic Bank of Chicago	13-6321489	0.00%	101,142.00
Manufacturers Bank	13-6321489	0.00%	968,737.00
Oakley Underwriting Agency. Inc.	13-6321489	0.00%	1,009,848.00

**PENTEGRA DEFINED CONTRIBUTION PLAN FOR FINANCIAL INSTITUTIONS**

Employer ID No.: 13-6321489

Plan No.: 333

**FORM 5500****Multiple-Employer Plan Participating Employer****FOR THE YEAR ENDED DECEMBER 31, 2024**

<b>2a Name of Participating Employer</b>	<b>2b EIN</b>	<b>2c Percentage of Total Contributions for the Plan Year</b>	<b>2d Aggregate Account Balances Attributable to Participating Employer</b>
Ottawa Savings Bank	13-6321489	0.00%	25,754.00
South End Savings, SB	13-6321489	0.00%	73,386.00
Illinois League of Financial Institutions	13-6321489	0.00%	170,645.00
First Federal Savings & Loan Association of Pekin	13-6321489	0.00%	16,689.00
BankPlus	13-6321489	0.00%	636,125.00
Mutual Federal Bank	13-6321489	0.00%	32,473.00
First Clover Leaf Bank	13-6321489	0.00%	155,816.00
Federal Home Loan Bank of Des Moines	13-6321489	0.00%	8,944,886.00
Financial Information Trust	13-6321489	0.00%	483,993.00
Roosevelt Bank	13-6321489	0.00%	3,065,453.00
First Federal Savings Bank of Fort Dodge	13-6321489	0.00%	20.00
St. Francois County Savings & Loan	13-6321489	0.00%	89,841.00
First Dakota National Bank	13-6321489	0.00%	5,313.00
Sentinel Federal Savings & Loan Association	13-6321489	0.00%	80,025.00
B&L Bank	13-6321489	0.00%	13,213.00
Boulevard Bank	13-6321489	0.00%	58,983.00
Public Service Bank, FSB	13-6321489	0.00%	-
Farm And Home Savings Association	13-6321489	0.00%	8,973.00
Vantus Bank	13-6321489	0.00%	9,348.00
First National Bank Mahanomen Twin Valley	13-6321489	0.00%	174,724.00
Trust Company of the Ozarks	13-6321489	0.00%	333,666.00
Security State Bank	13-6321489	0.00%	222,838.00
Endura Financial Federal Credit Union	13-6321489	0.00%	1,940,624.00
First Alliance Credit Union	13-6321489	0.00%	163,974.00
Federal Home Loan Bank of Dallas	13-6321489	0.00%	11,844,728.00
Teche Federal Bank	13-6321489	0.00%	1,345,030.00
First Federal Savings & Loan Assoc of Texarkana	13-6321489	0.00%	493,698.00
First American Savings Banc	13-6321489	0.00%	118,144.00
Fidelity Bank	13-6321489	0.00%	6,193,223.00
State-Investors Bank	13-6321489	0.00%	249,199.00
Community Bankers of Louisiana, Inc.	13-6321489	0.00%	217,409.00
Bank of New Orleans	13-6321489	0.00%	851,524.00
Home Federal Bank	13-6321489	0.00%	91,406.00
Century Next Bank	13-6321489	0.00%	2,574.00
Pedestal Bank	13-6321489	0.00%	99,072.00
Bank of Lecompte	13-6321489	0.00%	346,233.00
First National Bank of Eldorado	13-6321489	0.00%	147,487.00
First State Bank	13-6321489	0.00%	2,284,978.00
MBL Bank	13-6321489	0.00%	867,953.00
Eureka Homestead	13-6321489	0.00%	425,396.00
First National Bank in DeRidder	13-6321489	0.00%	160,182.00
Iberville Bank	13-6321489	0.00%	118,018.00
Citizens State Bank	13-6321489	0.00%	269,902.00
Richland State Bank	13-6321489	0.00%	650,631.00
First Financial Bank, NA	13-6321489	0.00%	7,091.00
Gibbsland Bank & Trust Company	13-6321489	0.00%	149,724.00
St. Landry Homestead FSB	13-6321489	0.00%	2,719,094.00
Sundown State Bank	13-6321489	0.00%	9,898.00
Comanche National Corporation	13-6321489	0.00%	285,985.00
St. Martin Bank & Trust Company	13-6321489	0.00%	1,177,110.00
Commerce BancShares, Inc.	13-6321489	0.00%	1,542,788.00
Bank of Gravett	13-6321489	0.00%	66,060.00
Credit Union of Texas	13-6321489	0.00%	14,991,626.00
CommunityBank of Texas, NA	13-6321489	0.00%	3,927,501.00
M C Bank & Trust Co.	13-6321489	0.00%	633,821.00
First State Bank of Texas	13-6321489	0.00%	310,620.00
Business Bank of Texas, N.A.	13-6321489	0.00%	47,720.00
Federal Home Loan Bank of Topeka	13-6321489	0.00%	11,470,028.00

**PENTEGRA DEFINED CONTRIBUTION PLAN FOR FINANCIAL INSTITUTIONS**

Employer ID No.: 13-6321489

Plan No.: 333

**FORM 5500****Multiple-Employer Plan Participating Employer****FOR THE YEAR ENDED DECEMBER 31, 2024**

<b>2a Name of Participating Employer</b>	<b>2b EIN</b>	<b>2c Percentage of Total Contributions for the Plan Year</b>	<b>2d Aggregate Account Balances Attributable to Participating Employer</b>
First American Savings Bank	13-6321489	0.00%	608,996.00
The Liberty Savings Association, FSA	13-6321489	0.00%	372,261.00
The Bankers Bank	13-6321489	0.00%	19,985.00
Osage Federal Bank	13-6321489	0.00%	37,781.00
High Plains Bank	13-6321489	0.00%	29,952.00
Community National Bank	13-6321489	0.00%	343,235.00
Bank of Western Oklahoma	13-6321489	0.00%	12,101.00
Valley State Bank	13-6321489	0.00%	62,144.00
BancCentral, National Association	13-6321489	0.00%	229,645.00
Premier Members Credit Union	13-6321489	0.00%	1,190,869.00
Cobalt Credit Union	13-6321489	0.00%	3,960,457.00
Altterra Bank	13-6321489	0.00%	77,188.00
Capital City Bank	13-6321489	0.00%	2,040,134.00
Federal Home Loan Bank of San Francisco	13-6321489	0.00%	10,367,131.00
Bay View Capital Corporation	13-6321489	0.00%	20,958,908.00
First Arizona Savings, a FSB	13-6321489	0.00%	745,898.00
International City Bank, NA (Flagship Division)	13-6321489	0.00%	149,767.00
First Federal S&L Assoc of San Gabriel Valley	13-6321489	0.00%	49,679.00
Xceed Financial Federal Credit Union	13-6321489	0.00%	1,861,937.00
Pan American Bank	13-6321489	0.00%	1,169,376.00
Altier Credit Union	13-6321489	0.00%	216,606.00
American River Bankshares	13-6321489	0.00%	5,899,343.00
Federal Home Loan Bank of Des Moines	13-6321489	0.00%	1,244,063.00
Western Security Bank	13-6321489	0.00%	2,953,225.00
United Savings Bank F A	13-6321489	0.00%	405,264.00
First Federal Savings & Loan Assoc of Port Angeles	13-6321489	0.00%	1,406,550.00
Empire Bank	13-6321489	0.00%	71,283.00
Cascade Federal Credit Union	13-6321489	0.00%	247,620.00
Utah Central Credit Union	13-6321489	0.00%	28,385.00
Former Thrift Plan Employer Z00	13-6321489	0.00%	3,177,326.00
Former Thrift Plan Employer Z02	13-6321489	0.00%	1,103,823.00
Former Thrift Plan Employer Z03	13-6321489	0.00%	2,127,792.00
Former Thrift Plan Employer Z04	13-6321489	0.00%	1,360,581.00
<b>TOTALS</b>		<b>100%</b>	<b>2,260,280,455.00</b>

**PENTEGRA DEFINED CONTRIBUTION PLAN FOR FINANCIAL INSTITUTIONS**

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)  
– Modified Cash Basis  
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
	State Street Global Advisors	Cash Series US Government Fund	**	\$ 55,860,948
	JPMorgan Chase	U.S. Govt Money Market Fund - Inst Shares - Fund 3915	**	1,431,406
	Charles Schwab and Company Inc.	Self Directed Brokerage Account	**	4,919,624
	Total Investments at fair value			<u>\$ 2,233,013,952</u>
*	Notes Receivable from participants	Loans - interest rates 3.75% to 10%, maturity dates 2023 through 2043	**	<u>\$ 27,950,441</u>
	Total			<u><u>\$ 2,260,964,393</u></u>

\* Party-in-interest.

\*\* Cost information not required for participant directed investments.

See accompanying Independent Auditors' Report.

**PENTEGRA DEFINED CONTRIBUTION PLAN FOR FINANCIAL INSTITUTIONS**

Form 5500, Schedule H, Part IV, Line 4a - Schedule of Delinquent Participant

Contributions – Modified Cash Basis

Year Ended December 31, 2024

Participant Contributions Transferred Late to Plan	Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check here if Late Participant Loan Repayments are Included <input checked="" type="checkbox"/> Yes	\$302,852	\$0	\$0	\$0

See accompanying Independent Auditors' Report.