Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

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

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
THE RETIREMENT PLAN FOR EMPLOYEES OF PENTAGON FEDERAL CREDIT UNION

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 02/01/1963

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
PENTAGON FEDERAL CREDIT UNION
PENFED

7940 JONES BRANCH DRIVE
MCLEAN, VA 22102

2b Employer Identification Number (EIN) 53-0197038

2c Plan Sponsor's telephone number 703-838-1309

2d Business code (see instructions) 522130

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2026	JULIA MORENO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	508
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	177
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	159
b	Retired or separated participants receiving benefits	**6b**	147
c	Other retired or separated participants entitled to future benefits	**6c**	172
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	478
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	14
f	Total. Add lines **6d** and **6e**.	**6f**	492
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
THE RETIREMENT PLAN FOR EMPLOYEES OF PENTAGON FEDERAL CREDIT UNION

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
PENTAGON FEDERAL CREDIT UNION

D Employer Identification Number (EIN)
53-0197038

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	82060231
b Actuarial value	**2b**	84841745

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	154	22073456	22073456
b For terminated vested participants	177	13951882	13951882
c For active participants	177	41506199	42800774
d Total	508	77531537	78826112

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.35 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	2577209
b Expected plan-related expenses	**6b**	600000
c Target normal cost	**6c**	3177209

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

09/15/2026
Date

DAVID REID
Type or print name of actuary

26-06971
Most recent enrollment number

CBIZ
Firm name

215-587-0700
Telephone number (including area code)

1845 WALNUT STREET
10TH FLOOR
PHILADELPHIA, PA 19103-4755
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	20724595
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	4895020
9	Amount remaining (line 7 minus line 8)	0	15829575
10	Interest on line 9 using prior year's actual return of -1.53 %	0	-242192
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		5721550
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.08 %		41988
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		-74894
c	Total available at beginning of current plan year to add to prefunding balance		5688644
d	Portion of (c) to be added to prefunding balance		5688644
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	21276027

Part III Funding Percentages

14	Funding target attainment percentage	14	80.64 %
15	Adjusted funding target attainment percentage	15	107.63 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	92.72 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	5.07 %	5.31 %	5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

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

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	3177209
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	15260394	1479987
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	4657196

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	4657196	4657196

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan	**B** Three-digit plan number (PN) ▶	
THE RETIREMENT PLAN FOR EMPLOYEES OF PENTAGON FEDERAL CREDIT UNION		001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
PENTAGON FEDERAL CREDIT UNION	53-0197038	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

CBIZ

31-1582098

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17	NONE	217005	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILMINGTON TRUST COMPANY

81-2721934

(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	32471	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
THE RETIREMENT PLAN FOR EMPLOYEES OF PENTAGON FEDERAL CREDIT UNION

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
PENTAGON FEDERAL CREDIT UNION

D Employer Identification Number (EIN)
53-0197038

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE:	WTC-CIF ENDURING ASSETS		
b Name of sponsor of entity listed in (a):	WELLINGTON TRUST COMPANY, NA		
c EIN-PN 04-2767481-130	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE:	WTC-CIF GLOBAL RESEARCH EQUITY		
b Name of sponsor of entity listed in (a):	WELLINGTON TRUST COMPANY, NA		
c EIN-PN 04-2767481-028	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE:	WTC-CIF II DOWNSIDE ALPHA OPPORTUNI		
b Name of sponsor of entity listed in (a):	WELLINGTON TRUST COMPANY, NA		
c EIN-PN 04-6913417-164	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE:	WTC-CIF II US INVESTMENT GRADE CORP		
b Name of sponsor of entity listed in (a):	WELLINGTON TRUST COMPANY, NA		
c EIN-PN 04-6913417-120	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	26670247
a Name of MTIA, CCT, PSA, or 103-12 IE:	WTC-CIF II OPPORTUNISTIC FIXED INCO		
b Name of sponsor of entity listed in (a):	WELLINGTON TRUST COMPANY, NA		
c EIN-PN 04-6913417-236	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE:	WTC-CTF ULTRA SHORT DURATION		
b Name of sponsor of entity listed in (a):	WELLINGTON TRUST COMPANY, NA		
c EIN-PN 45-3928836-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3202470
a Name of MTIA, CCT, PSA, or 103-12 IE:	WTC CIF II US INTERMEDIATE TREASURY		
b Name of sponsor of entity listed in (a):	WELLINGTON TRUST COMPANY, NA		
c EIN-PN 04-6913417-172	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0

a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF II US LONG STRIPS PORTFOLIO

b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA

c EIN-PN 04-6913417-182	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28356468

a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF SC OPPS

b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA

c EIN-PN 02-0586111-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4891522

a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF II US RESEARCH EQUITY

b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA

c EIN-PN 04-6913417-201	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10048564

a Name of MTIA, CCT, PSA, or 103-12 IE: WTC CIF II GLOBAL RESEARCH EQUITY

b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA

c EIN-PN 04-6913417-185	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10065459

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
THE RETIREMENT PLAN FOR EMPLOYEES OF PENTAGON FEDERAL CREDIT UNION

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PENTAGON FEDERAL CREDIT UNION

D Employer Identification Number (EIN)
53-0197038

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	149	46
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	16242	11491
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	82043840	83234730
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	82060231	83246267
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	82060231	83246267

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	0	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	668	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		668
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		2044822
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		4489096
d Total income. Add all **income** amounts in column (b) and enter total	2d		6534586
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5099074	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		5099074
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	217005	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	32471	
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		249476
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		5348550
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1186036
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] 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) [X] 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: CROWE LLP **(2)** EIN: 30-1506626

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		20000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 587046.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
THE RETIREMENT PLAN FOR EMPLOYEES OF PENTAGON FEDERAL CREDIT UNION

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PENTAGON FEDERAL CREDIT UNION

D Employer Identification Number (EIN)
53-0197038

Part I Distributions

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

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

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

EIN(s): 81-2721934

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** 9

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☒ Yes ☐ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

THE RETIREMENT PLAN FOR EMPLOYEES OF PENTAGON FEDERAL CREDIT UNION

FINANCIAL STATEMENTS

December 31, 2025 and 2024

THE RETIREMENT PLAN FOR EMPLOYEES OF PENTAGON FEDERAL CREDIT UNION
McLean Virginia

FINANCIAL STATEMENTS
December 31, 2025 and 2024

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
The Retirement Plan for Employees of Pentagon Federal Credit Union
McLean, Virginia

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

We have performed audits of the financial statements of The Retirement Plan for Employees of Pentagon Federal Credit Union (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 statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended and the statement of accumulated plan benefits as of December 31, 2024, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

(Continued)

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the 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.

(Continued)

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

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

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

Other Matter – Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2025 and Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

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

Crowe LLP

Crowe LLP

New York, New York
October 12, 2026

THE RETIREMENT PLAN FOR EMPLOYEES OF PENTAGON FEDERAL CREDIT UNION
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2025 and 2024

	2025	2024
ASSETS		
Investments, at fair value	$ 83,246,221	$ 82,060,082
Interest and dividends receivable	46	149
Total assets	83,246,267	82,060,231
Net assets available for benefits	$ 83,246,267	$ 82,060,231

See accompanying notes to financial statements

THE RETIREMENT PLAN FOR EMPLOYEES OF PENTAGON FEDERAL CREDIT UNION
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years Ended December 31, 2025 and 2024

	2025	2024
Additions		
Investment income		
Net appreciation in fair value of investments	$ 6,534,021	$ -
Interest and dividends	565	4,210
Total investment income	6,534,586	4,210
Contributions	-	5,877,000
Total additions	6,534,586	5,881,210
Deductions		
Net depreciation in fair value of investments	-	1,312,334
Benefits paid directly to participants and beneficiaries	5,099,074	10,008,608
Administrative expenses	249,476	369,563
Total deductions	5,348,550	11,690,505
Net increase (decrease) in net assets available for benefits	1,186,036	(5,809,295)
Net assets available for benefits, beginning of year	82,060,231	87,869,526
Net assets available for benefits, end of year	$ 83,246,267	$ 82,060,231

See accompanying notes to financial statements

THE RETIREMENT PLAN FOR EMPLOYEES OF PENTAGON FEDERAL CREDIT UNION
STATEMENT OF ACCUMULATED PLAN BENEFITS
December 31, 2024

Actuarial present value of accumulated plan benefits	
Vested benefits	
Participants currently receiving payments	$ 23,533,429
Active and terminated participants not receiving benefits	58,726,453
Total vested benefits	82,259,882
Nonvested benefits	566,167
Total actuarial present value of accumulated plan benefits	$ 82,826,049

See accompanying notes to financial statements

THE RETIREMENT PLAN FOR EMPLOYEES OF PENTAGON FEDERAL CREDIT UNION
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
Year ended December 31, 2024

Actuarial present value of accumulated plan benefits, beginning of year	$	83,852,695
Increase (decrease) during the year attributable to:		
Benefits accumulated		3,215,314
Increase for interest due to decrease in the discount period		3,942,420
Benefits paid		(10,008,608)
Change in actuarial assumptions		1,824,228
Net decrease		(1,026,646)
Actuarial present value of accumulated plan benefits, end of year	$	82,826,049

See accompanying notes to financial statements

NOTE 1 – DESCRIPTION OF PLAN

The following brief description of The Retirement Plan for Employees of Pentagon Federal Credit Union (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information regarding the Plan's provisions.

General: The Plan is a defined benefit pension plan covering employees of Pentagon Federal Credit Union (the "Credit Union"). The Plan has been in effect since February 1, 1963 and has been regularly amended to comply with federal and state legislation. The Plan was amended and restated on May 27, 2014, effective January 1, 2013, to modify the determination of the benefit amount as disclosed below under "Pension benefits" and to comply with the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Plan was amended again on December 9, 2014 to expand the definition of 'spouse' in accordance with IRS guidance. The Plan was further amended on November 26, 2016 effective December 31, 2016, to provide for the merger of participants of the AAFES Federal Credit Union Benefit plan into the Plan.

Employees of the Credit Union hired on or before December 31, 2006 became participants of the Plan the first day of the month following the attainment of age 21 and completion of one year of service. Employees employed as of December 31, 2006 were offered a one-time, irrevocable election to stop participating in the Plan as of January 1, 2007. Electing employees received enhanced Credit Union contributions in the Pentagon Federal Credit Union Thrift/Savings Plan, another Plan sponsored by the Credit Union, and ceased to accrue additional pension benefits in this Plan as of December 31, 2006 ("Freeze Date").

Individuals hired after December 31, 2006 are not eligible to participate in the Plan. Employees located in Puerto Rico are not covered under the Plan.

The Plan is administered by the Retirement & Benefit Plans Committee (the "Committee"). Members of the Committee are appointed by the Executive Management of the Credit Union. The Committee's responsibilities include, but are not limited to, oversight of the investment management decisions. The investment manager of the Plan is Wellington Trust Company, NA ("Wellington"). The trustee of the Plan is Wilmington Trust.

Pension Benefits: Pension benefits do not vest until an employee attains five years of service, at which time participants become 100% vested in the Plan. Monthly pension benefits are based upon the participant's highest average monthly compensation received during a five consecutive year period prior to retirement. Compensation received after December 31, 2006 is not included in the benefit calculation for employees electing not to continue to accrue pension benefits. Benefits will begin at the later of the participant's retirement or the attainment of age 65 if participant has terminated employment.

The benefits are calculated using the following formula:

The sum of (a) and (b) below times years of service up to a maximum of 35 years.

a) 1.35% of the projected 5-year average pay not in excess of the projected social security wage base.

Plus:

b) 1.85% of the projected 5-year average pay in excess of the projected social security wage base.

However, a different formula is used for those participating in the Plan as of January 1, 1992 if it produces a higher accrued benefit than the above formula. Benefits under this formula are equal to:

(Continued)

NOTE 1 – DESCRIPTION OF PLAN (Continued)

a) 2% of the average monthly earnings multiplied by the participants' years of service up to a maximum of 25 years, plus.

b) 1% of the average monthly earnings multiplied by the participants' years of service in excess of 25 years, but not in excess of 35 years, less.

c) 2% of the participants' primary Social Security benefits multiplied by their years of service up to a maximum of 25 years.

Participants of the Plan prior to February 1, 1976 cannot receive a lower benefit than they would have been entitled to under the pension benefit calculation effective at that date, which generally provided a lower benefit.

Benefit payments for the value of any pension benefits payable under the Plan up to $1,000 are distributed in a lump sum. The participants receiving benefit payments greater than $1,000, but not more than $5,000, have the option of receiving the distribution as a lump sum or as a direct rollover. The direct rollover distribution will automatically be made in the form of a direct rollover to an individual retirement account. Retiring participants may select from various payment options, including lump sums and various monthly forms of distribution, which are factored into the calculation of the payment amount.

Early retirement is available if the participant is 55 years old and has 10 years of service. Early retirees receive the normal retirement benefit, as defined, reduced 1/3% per month for each month retired before age 65.

If after 5 years of service, a participant dies prior to termination of employment, the participant’s eligible beneficiary is entitled to 50% of the participant’s monthly accrued benefit.

If a participant dies or is disabled prior to termination of employment and prior to completing 5 years of service, the participant or the eligible spouse or beneficiary is not entitled to a deferred vested benefit as outlined in the Plan document.

If after 5 years of service, a participant dies after termination of employment, the eligible spouse or beneficiary will be entitled to a deferred vested benefit at the later of the date of death or when the participant would have reached age 65. If the participant completes 10 years of service before termination, the eligible benefit may commence on the date the participant would have reached age 55.

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The accompanying financial statements have been prepared in conformity with accounting principles generally accepted in the United States of America on the accrual basis of accounting.

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

(Continued)

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES (Continued)

Risks and Uncertainties: The Plan invests in various investments. Investments are exposed to various risks such as interest rate, market, liquidity, and credit risks. Due to the risk associated with certain investments, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

Investment Valuation and Income Recognition: The Plan's investments are reported at fair value. Fair value is the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payments of Benefits: Benefit payments to participants are recorded upon distribution.

Administrative Expenses: Certain expenses for maintaining the Plan are paid by the Plan, unless otherwise paid by the Credit Union. Expenses that are paid by the Credit Union are excluded from these financial statements.

NOTE 3 – FUNDING POLICY

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to make cash contributions to the Plan in amounts as determined by the Plan's independent actuary. The funding policy shall fix a minimum and a maximum contribution for each year. The Company satisfied the minimum funding requirements under ERISA for the years ended December 31, 2025 and 2024.

NOTE 4 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to the service employees have rendered to the Freeze Date or valuation date, depending on participants' elections as discussed in Note 1. Accumulated plan benefits include benefits expected to be paid to:

a) retired or terminated employees or their beneficiaries,

b) beneficiaries of employees who have died, and

c) present employees or their beneficiaries.

(Continued)

NOTE 4 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)

Benefits under the Plan are based on employees' five highest consecutive years of compensation during the last ten years of their credited service. The accumulated plan benefits for active employees are based on their average compensation during the five years ending on the date as of which the benefit information is presented. Benefits payable under all circumstances – retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary, CBIZ Retirement Plan Services, and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and probability of payment (by means of decrements such as for death, withdrawal, or retirement) between the valuation date and the expected date of payments.

The significant actuarial assumptions used by the Plan's actuary in the valuation as of December 31, 2024 were as follows:

1)	Mortality	Pri-2012 mortality table with MP 2021
2)	Retirement age	65
3)	Discount rate	5% annually

For the year ended December 31, 2024, the actuarial present value of accumulated Plan benefits decreased by $1,026,646.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. An actuarial valuation of the Plan's accumulated plan benefits as of December 31, 2025 has not yet been completed.

NOTE 5 – CERTIFIED INVESTMENTS

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments held at December 31, 2025 and 2024, and net appreciation (depreciation) in fair value of investments and interest and dividends for the years then ended, was obtained by management and agreed to or derived from information certified as complete and accurate by Wilmington Trust (the Trustee of the Plan).

(Continued)

NOTE 6 – FAIR VALUE MEASUREMENTS

Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurements) and gives the lowest priority to unobservable inputs (Level 3 measurements). The three levels of inputs within the fair value hierarchy are defined as follows:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

The following presents the valuation methods and assumptions used by the Plan to estimate the fair values of investments.

Money Market Fund: The fair values of money market fund investments are determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1 inputs). The fair values of these investments are based upon the closing net asset value per share of the fund on the day of the valuation as reflected on a national securities exchange.

Collective Trusts: The fair values of participation units held in collective trust are based on the net asset values per unit as reported by the fund managers. The collective trust provides for daily redemptions by the Plan at reported net asset values per share. As these investments have been measured at fair value by management, using net asset per share (or its equivalent) as a practical expedient, these values are also not presented in a fair value hierarchy.

The methods described above may produce a fair value estimate that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

(Continued)

NOTE 6 – FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024.

	Fair Value Measurements at December 31, 2025 Using			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Money market fund	$ 11,491	$ -	$ -	$ 11,491
Total	$ 11,491	$ -	$ -	11,491
Collective trust funds measured at net asset value per share ("NAV")*				83,234,730
Total investments at fair value				$ 83,246,221

	Fair Value Measurements at December 31, 2024 Using			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Money market fund	$ 16,242	$ -	$ -	$ 16,242
Total	$ 16,242	$ -	$ -	16,242
Collective trust funds measured at net asset value per share ("NAV")*				82,043,840
Total investments at fair value				$ 82,060,082

* Investments measured at fair value using net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the hierarchy tables for such investments are intended to permit reconciliation of the fair value hierarchy to the investments at fair value line item presented in the statements of net assets available for benefits.

NOTE 7 – PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under Department of Labor (“DOL”) regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

(Continued)

NOTE 7 – PARTY-IN-INTEREST TRANSACTIONS (Continued)

Certain Plan investments are shares of investment funds managed by Wellington. Wellington is the Investment Manager as defined by the Plan therefore these transactions qualify as exempt party-in-interest transactions and are exempt from the prohibited transactions rules under ERISA.

Certain Plan investments are shares of money market funds issued by Wilmington Trust, the trustee of the Plan therefore these transactions as well as any direct or indirect expenses paid for by the Plan, qualify as exempt party-in-interest transactions and are exempt from the prohibited transaction rules under ERISA.

NOTE 8 – TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated March 26, 2014, that the Plan and related trust were designed in accordance with the applicable regulations of the Internal Revenue Code ("IRC"). Although the Plan has been amended and restated since receiving the determination letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the federal or state taxing authorities. The plan administrator has analyzed the tax positions by the Plan, and has concluded that as of December 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2022.

NOTE 9 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Credit Union has the right to discontinue its contributions at any time and terminate the Plan subject to the provisions of ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

2) Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") (a U.S. government agency) up to the applicable limitations

3) All other vested benefits (that is, vested benefits not insured by the PBGC)

4) All non-vested benefits

(Continued)

NOTE 9 – PLAN TERMINATION (Continued)

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations.

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

NOTE 10 – SUBSEQUENT EVENTS

The Company has evaluated subsequent events for recognition and disclosure through October 12, 2026, the date which the financial statements were available to be issued.

Effective January 2, 2026, the Plan was amended to freeze all future benefit accruals. Accordingly, participants will not earn additional pension benefits, and compensation and service after that date will not be considered in determining accrued pension benefits. Service after January 2, 2026 will continue to be recognized for purposes of vesting and early-retirement eligibility.

SUPPLEMENTAL INFORMATION

THE RETIREMENT PLAN FOR EMPLOYEES OF PENTAGON FEDERAL CREDIT UNION
SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

Name of plan sponsor: The Retirement Plan for Employees of Pentagon Federal Credit Union
Employer identification number: 53-0197038
Three-digit plan number: 001

(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 Value	(e) Current Value
*	Wellington Trust Company NA	CIF II US Research Eqty Ext Pfl	$ 9,728,827	$ 10,048,564
*	Wellington Trust Company NA	CTF II SC Opps	4,799,753	4,891,522
*	Wellington Trust Company NA	CIF Ultra Short Duration	3,202,886	3,202,470
*	Wellington Trust Company NA	Wellington CIF II Core BD Plus	31,589,924	26,670,247
*	Wellington Trust Company NA	CIF II US Long Strips Port	40,350,406	28,356,468
*	Wellington Trust Company NA	CIF II Global Research Equity	9,609,527	10,065,459
*	Wilmington Trust	US Government Money Market CL SLCT	11,491	11,491
	Total investments per Form 5500		$ 99,292,814	$ 83,246,221

*Represents a party-in-interest as defined by ERISA.

See Independent Auditor's Report.

THE RETIREMENT PLAN FOR EMPLOYEES OF PENTAGON FEDERAL CREDIT UNION
SCHEDULE H, LINE 4(j) – SCHEDULE OF REPORTABLE TRANSACTIONS
Year ended December 31, 2025

Name of plan sponsor: The Retirement Plan for Employees of Pentagon Federal Credit Union
Employer identification number: 53-0197038
Three-digit plan number: 001

	(a)	(b)	(c)	(d)	(e)	(f)	(g)
	Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
	Category i - Single Transaction in Excess of 5% of Plan Assets						
*	Wellington Trust Company	CIF Global RES, EQ	$ -	$ 10,160,500	$ 6,281,954	$ 10,160,500	$ 3,878,546
*	Wellington Trust Company	CIF II Global Research Eqty Ext Ptfl	10,160,500	-	10,160,500	10,160,500	-
	Category iii - Series of Transactions in Excess of 5% of Plan Assets						
*	Wellington Trust Company	CIF II Downside Alpha Opportunities	$ 426,009	$ -	$ 426,009	$ 426,009	$ -
			-	5,193,202	3,889,133	5,193,202	1,304,069
*	Wellington Trust Company	CIF Global RES, EQ	1,673,457	-	1,673,457	1,673,457	-
			-	14,843,536	9,412,437	14,843,536	5,431,099
*	Wellington Trust Company	WellingtonCTF Opp Fixed	338,954	-	338,954	338,954	-
			-	5,402,276	5,614,694	5,402,276	(212,418)
*	Wellington Trust Company	CIF II Global Research Eqty Ext Ptfl	10,174,330	-	10,174,330	10,174,330	-
			-	591,600	564,803	591,600	26,797
*	Wellington Trust Company	CIF II Research Equity	10,178,741	-	10,178,741	10,178,741	-
			-	464,700	449,914	464,700	14,786
*	Wellington Trust Company	CIF II US Long Strips Port	6,565,294	-	6,565,294	6,565,294	-
			-	3,017,964	4,289,643	3,017,964	(1,271,679)
*	Wellington Trust Company	CTF II SC Opps	5,331,325	-	5,331,325	5,331,325	-
			-	535,000	531,572	535,000	3,428

There were no Category (ii) or (iv) reportable transactions during the year.

*Represents a party-in-interest as defined by ERISA.

See Independent Auditor's Report.

SCHEDULE SB ATTACHMENT
Line 26a - Schedule of Active Participant Data

Plan Name: Retirement Plan for the Employees of Pentagon Federal Credit Union
EIN/PN: 53-0197038/001
Valuation Date: January 1, 2025

	Years of Credited Service										
Age	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & Over	Total
Under 25	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
25 to 29	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
30 to 34	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
35 to 39	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
40 to 44	- -	11 -	- -	- -	7 -	6 -	- -	- -	- -	- -	24 -
45 to 49	- -	4 -	3 -	1 -	1 -	13 -	7 -	- -	- -	- -	29 -
50 to 54	- -	2 -	3 -	- -	2 -	8 -	10 -	8 -	- -	- -	33 -
55 to 59	- -	- -	2 -	- -	2 -	14 -	8 -	9 -	5 -	- -	40 -
60 to 64	- -	2 -	1 -	- -	5 -	12 -	5 -	5 -	3 -	2 -	35 -
65 to 69	- -	1 -	- -	- -	1 -	6 -	2 -	2 -	1 -	3 -	16 -
70 & Over	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
Total	- -	20 -	9 -	1 -	18 -	59 -	32 -	24 -	9 -	5 -	177 -

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

Funding Discount Rates

IRS-Prescribed Three-Segment Rates, for the fourth month prior to the valuation date (September).

	Non-Stabilized	Limited to 25-Year Corridor
Segment 1:	5.07%	5.07%
Segment 2:	5.33%	5.31%
Segment 3:	5.36%	5.50%

The "Limited to 25 Year Corridor" rates are adjusted by the applicable maximum and applicable minimum percentages of the 25-year average segment rates, as set forth in the American Rescue Plan Act of 2021 ('ARPA-21') for use in Minimum Required Contribution calculations. The Maximum Recommended Contribution calculations use the rates from the "Non-Stabilized" column above.

Effective Interest Rate

The Effective Interest Rate (EIR) for the current Plan Year is 5.35%. For the prior Plan Year, the EIR was 5.08%.

The EIR is the single rate of interest which, if used to determine the Funding Target, would result in the same Funding Target determined using the Plan Sponsor's above-elected discount rates. The EIR is used to discount contributions for minimum funding requirements and to accumulate excess contributions to the end of the year.

Funding Expected Return on Assets

The Expected Return on Assets (EROA) used in the calculation of the Actuarial Value of Assets is the lesser of (a) or (b), below:

(a) The expected long-term rate of return on assets based on policy trust allocations; or

(b) The third segment rate in the IRS-prescribed three-segment rate assumption, based on the elections made by the Plan Sponsor for minimum funding purposes.

The results are as follows:

Plan Year	Assumption (a)	Seg. III (b)	EROA (smaller of (a) or (b))
2024	5.00%	5.59%	5.00%
2023	5.00%	5.74%	5.00%

Administrative Expenses

$600,000 is added to the Target Normal Cost for administrative expenses.

Expenses paid from the plan trust are estimated by reviewing historical fees paid from the trust and adjusting for PBGC premiums and other expenditures expected to be paid in this Fiscal Year.

Compensation Increase

Future compensation will increase at the rate of 5.00% per year, compounded annually.

The current assumption has been selected based on a review of plan experience for the period 2018 - 2023 and discussions with PenFed regarding future salary growth expectations.

Funding Mortality

§430(h) Generational Mortality Tables for the Current Plan Year.

Disability Mortality is assumed to be the same as that used for Healthy Retirees.

Distributions subject to §417(e) are valued in accordance with 1.430(d)-1(f)(4)(iii), and using the Applicable Mortality beginning with the expected date of benefit commencement.

Withdrawal Rates

The Sarason T-9 withdrawal table is used. Sample rates are shown below:

Age	Rate
25	17.3%
30	15.9%
35	13.8%
40	11.5%
45	8.8%
50	5.7%
55	2.8%
60	1.7%

The current assumption has been selected based on a review of plan experience for 2018-2023. Based on our experience with plans of a similar demographic composition and benefit structure these rates appear to be a reasonable expectation of future experience for this plan.

Disability Incidence

None assumed.

Because very few disablements were observed in the past and the benefit for disabled participants is the same as that for regular vested terminated participants, there is no explicit disability assumption.

Retirement Rates

The retirement rates are as follows:

	Annual Rate of Retirement	
Age	Active	Vested Term
55	4.0%	20.0%
56	4.0%	12.0%
57	6.0%	5.0%
58	8.0%	5.0%
59	10.0%	5.0%
60	12.0%	7.5%
61	12.0%	7.5%
62	16.0%	7.5%
63	18.0%	20.0%
64	20.0%	20.0%
65	30.0%	100.0%
66	40.0%	100.0%
67	40.0%	100.0%
68	40.0%	100.0%
69	40.0%	100.0%
70	100.0%	100.0%

The current assumption for retirement from active employment and from vested terminated status has been selected based on a review of plan experience for 2018-2023. Based on our experience with plans of a similar demographic composition and benefit structure these rates appear to be a reasonable expectation of future experience for this plan.

Spousal Assumptions

85% of participants are assumed to be married.

Females are assumed to be 3 years younger than males.

Form of Payment

The form of payment for retiring active and vested terminated participants is assumed to be:

Single lump sum	75.00%
Life annuity	16.25%
100% joint & survivor annuity	6.25%
50% joint & survivor annuity	2.50%

The current assumption has been selected based on a review of plan experience for 2018 - 2023.

Lump Sum Conversion Basis

The lump sum basis (interest and mortality) is assumed to be equal to the actual basis used to determine lump sums as of the measurement date.

For participants hired prior to 2000, the greatest of:

PBGC basis:	2025 Plan Year PBGC lump sum rates (2.25% immediate, 4.00% deferred) and UP-1984 mortality with a 2-year setback
GATT basis:	2025 Plan Year GATT rate (4.54%) and GATT mortality
PPA basis:	2025 Funding segment rates and 2025 417(e) mortality table

For participants hired after 1999, the greater of the GATT basis and the PPA basis as shown above.

The interest rate and mortality assumptions used to value the Target Liability for determining the lump sum distributions are prescribed by law.

Changes in funding assumptions since the prior valuation

In accordance with federal law, the discount rates for funding and PBGC purposes were updated from the discount rates disclosed in the 2024 Actuarial Valuation Report to the discount rates shown above.

The retirement rates, withdrawal rates, form of payment assumption, and salary scale were changed from those disclosed in the 2024 Actuarial Valuation Report to those shown above based on a study of plan experience during 2018 - 2023.

The lump sum conversion basis was updated to the actual basis used to determine lump sums during the 2025 Plan Year.

The assumed plan-related administrative expenses added to Target Normal Cost changed from $1,200,000 for 2024 to $600,000 for 2025, but there is no change to the method of how this amount is determined.

Actuarial Cost Method	The Pension Protection Act (PPA) requires the calculation of the Target Liability and Target Normal Cost. The Target Liability represents the present value of benefits accumulated as of the valuation date. The present value is calculated by projecting future payments of the accrued benefit, adjusting for probability of receipt according to demographic assumptions, and discounting the payments back to the valuation date using the segment interest rates. Payments expected within five years of the valuation date are discounted using the first segment rate, payments expected at least five but within 20 years of the valuation date are discounted using the second segment rate, and payments expected at least 20 years from the valuation date are discounted using the third segment rate. The calculation of the Target Normal Cost is identical, except that the future payment stream is based on the benefit expected to accrue during the plan year.
Asset Method	We used financial data submitted by the trustee as of the valuation date without further audit. We have reviewed the information for internal consistency, and we have no reason to doubt its substantial accuracy.
Funding Actuarial Value of Assets Method	The Actuarial Value of Assets is determined by averaging three market values: the market values as of the current year valuation date, and the two market values at each of the prior two years' valuation dates. The two prior year market values are adjusted for any benefit payments, expenses, contributions, and expected returns that occurred between their respective valuation dates and the current year valuation date. The Actuarial Value of Assets is adjusted to be no greater than 110% and no less than 90% of the market value of assets as of the current year valuation date. Accrued contributions are discounted back to the valuation date at the prior year's effective interest rate.
Changes in methods since the prior valuation	None.

THE RETIREMENT PLAN FOR EMPLOYEES OF PENTAGON FEDERAL CREDIT UNION
SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

Name of plan sponsor: The Retirement Plan for Employees of Pentagon Federal Credit Union
Employer identification number: 53-0197038
Three-digit plan number: 001

(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 Value	(e) Current Value
*	Wellington Trust Company NA	CIF II US Research Eqty Ext Pfl	$ 9,728,827	$ 10,048,564
*	Wellington Trust Company NA	CTF II SC Opps	4,799,753	4,891,522
*	Wellington Trust Company NA	CIF Ultra Short Duration	3,202,886	3,202,470
*	Wellington Trust Company NA	Wellington CIF II Core BD Plus	31,589,924	26,670,247
*	Wellington Trust Company NA	CIF II US Long Strips Port	40,350,406	28,356,468
*	Wellington Trust Company NA	CIF II Global Research Equity	9,609,527	10,065,459
*	Wilmington Trust	US Government Money Market CL SLCT	11,491	11,491
	Total investments per Form 5500		$ 99,292,814	$ 83,246,221

*Represents a party-in-interest as defined by ERISA.

See Independent Auditor's Report.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
THE RETIREMENT PLAN FOR EMPLOYEES OF PENTAGON FEDERAL CREDIT UNION

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
PENTAGON FEDERAL CREDIT UNION

D Employer Identification Number (EIN)
53-0197038

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	82,060,231
b Actuarial value	**2b**	84,841,745

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	154	22,073,456	22,073,456
b For terminated vested participants	177	13,951,882	13,951,882
c For active participants	177	41,506,199	42,800,774
d Total	508	77,531,537	78,826,112

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.35%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	2,577,209
b Expected plan-related expenses	**6b**	600,000
c Target normal cost	**6c**	3,177,209

Statement by Enrolled Actuary

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

SIGN HERE

David Reid DR — Signature of actuary

9/15/2026 — Date

David Reid — Type or print name of actuary

2606971 — Most recent enrollment number

CBIZ — Firm name

215-587-0700 — Telephone number (including area code)

1845 WALNUT STREET
10th Floor
PHILADELPHIA PA 19103-4755
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	20,724,595
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	4,895,020
9	Amount remaining (line 7 minus line 8)	0	15,829,575
10	Interest on line 9 using prior year's actual return of -1.53 %	0	-242,192
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		5,721,550
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.08 %		41,988
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		-74,894
	c Total available at beginning of current plan year to add to prefunding balance		5,688,644
	d Portion of (c) to be added to prefunding balance		5,688,644
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	21,276,027

Part III Funding Percentages

14	Funding target attainment percentage	14	80.64 %
15	Adjusted funding target attainment percentage	15	107.63 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	92.72 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ▶ 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
5.07 %	5.31 %	5.50%	

b Applicable month (enter code)	21b	4
22 Weighted average retirement age	22	62

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

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

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... ☐ Yes ☒ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	31a	3,177,209
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	15,260,394	1,479,987
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	4,657,196

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	4,657,196	4,657,196

36 Additional cash requirement (line 34 minus line 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0

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

a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021

SCHEDULE SB ATTACHMENT
Line 22 - Description of Weighted Average Retirement Age

Plan Name: Retirement Plan for the Employees of Pentagon Federal Credit Union
EIN/PN: 53-0197038/001
Valuation Date: January 1, 2025

Age	Count	Ret. Rate	# Ret	Weighted
55	1000.000	4.00%	40.000	2200.000
56	960.000	4.00%	38.400	2150.400
57	921.600	6.00%	55.296	3151.872
58	866.304	8.00%	69.304	4019.651
59	797.000	10.00%	79.700	4702.298
60	717.300	12.00%	86.076	5164.558
61	631.224	12.00%	75.747	4620.558
62	555.477	16.00%	88.876	5510.331
63	466.601	18.00%	83.988	5291.251
64	382.612	20.00%	76.522	4897.440
65	306.090	30.00%	91.827	5968.755
66	214.263	40.00%	85.705	5656.543
67	128.558	40.00%	51.423	3445.349
68	77.135	40.00%	30.854	2098.063
69	46.281	40.00%	18.512	1277.350
70	27.768	100.00%	27.768	1943.794

Average Retirement Age **62**

Schedule SB, Part V - Summary of Plan Provisions

Plan Effective Date	Amended and restated effective January 1, 2007, as amended through October 29, 2025.
Average Compensation	The average Compensation received by an employee during the five consecutive Plan Years in the last ten which results in the highest such average.
Compensation	Total compensation reported on an employee's Form W-2, plus qualified deferrals under Code Sections 402(g), 125 and 132(f)(4), less reimbursements, expense allowances, fringe benefits, moving expenses, deferred compensation and welfare benefits. Effective November 1, 2001, any bonus, award, incentive or similar payment made to an employee is also excluded. Compensation in any Plan Year cannot exceed $200,000 (as indexed for years after 2002). Due to the cessation of benefit accruals effective January 2, 2026, no compensation will be recognized after January 2, 2026.
Covered Compensation	The average of the Social Security taxable wage bases in effect for each calendar year during the 35-year period ending with the year in which the participant attains Social Security retirement age. Due to the cessation of benefit accruals effective January 2, 2026, no changes in Covered Compensation will be recognized after January 2, 2026.
Credited Service	A participant will receive one year of Credited Service for each full or partial Employment Year in which 1,000 or more hours are credited. Service from January 1, 1992 to June 8, 2002 is not considered for employees of FTI. For AAFES Participants, credited service earned in the AAFES Plan as of the Merger Date is credited hereunder. Due to the cessation of benefit accruals effective January 2, 2026, Credited Service is frozen, and no future service will accrue under the Plan.
Employment Year	A 12-month period, commencing with an employee's most recent date of employment, or any anniversary thereof.
Plan	The Retirement Plan for Employees of Pentagon Federal Credit Union.
Plan Year	The calendar year.

Vesting Service

A participant will receive one year of Vesting Service for each full or partial Employment Year in which 1,000 or more hours are credited. For AAFES Participants, vesting service earned in the AAFES Plan as of the Merger Date is credited hereunder.

Eligibility

An employee of Pentagon Federal Credit Union automatically becomes a participant of the Plan on the first of the month coincident with or next following the later of the following:

(a) The date on which the employee attains age 21; or

(b) The conclusion of the first Employment Year in which at least 1,000 hours are credited.

The Plan is frozen to new entrants effective January 1, 2007.

Notwithstanding the above, AAFES Federal Credit Union employees who became PenFed employees as of the date of the acquisition of AAFES by PenFed, and who were participants in and eligible to accrue benefits in the AAFES Federal Credit Union Defined Benefit Plan ("AAFES Plan") at that date, became participants in the Plan effective December 31, 2016 (the "Merger Date"). Such participants are denoted "AAFES Participants" elsewhere in this summary.

Accrued Benefit

The annual benefit accrued by a participant at any given date is the sum of (a) and (b):

(a) 1.35% of Average Compensation not in excess of Covered Compensation, multiplied by Credited Service not in excess of 35 years; plus

(b) 1.85% of Average Compensation in excess of Covered Compensation, multiplied by Credited Service not in excess of 35 years.

Effective January 1, 2007, active participants in the Plan were given a one-time opportunity to freeze their accrued benefit as of December 31, 2006 in exchange for additional benefits offered outside of the Plan.

For AAFES Participants, the accrued benefit cannot be less than the benefit accrued in the AAFES Plan as of the Merger Date.

Effective January 2, 2026, the Plan's accrued benefits are frozen.

Normal Retirement

Eligibility

Attainment of age 65.

Benefit

The Accrued Benefit as of the Normal Retirement Date.

Early Retirement

Eligibility

Attainment of age 55 with 10 years of Vesting Service.

Benefit

The Accrued Benefit reduced by 1/3% for each month that the participant's Early Retirement Date precedes Normal Retirement. For FTI employees, the portion of the benefit accrued as of December 31, 1991 is available unreduced if age plus Vesting Service is at least 85.

Late Retirement

Eligibility

Retirement after Normal Retirement Date.

Benefit

The greater of (a) or (b)

(a) The Accrued Benefit as of the Normal Retirement Date, actuarially increased to the Late Retirement Date; or

(b) The Accrued Benefit as of the Late Retirement Date.

Deferred Vested Retirement

Eligibility

Attainment of five years of Vesting Service.

Benefit

The Accrued Benefit as of the date of termination, payable at age 65. A participant with at least 10 years of Vesting Service may commence their benefit as early as age 55, with the Accrued Benefit reduced by 1/3% for each month that benefit commencement precedes Normal Retirement Date.

Participants may also elect a lump sum, or equivalent immediate annuity, if the value of the lump sum is under $35,000.

Disability Benefit

Prior to January 1, 2002, participants on Long-Term Disability (LTD) continued to receive Credited Service during the period of disability, with Compensation assumed to continue at pre-disability levels. Effective January 1, 2002, LTD service no longer counts as Credited Service under the Plan.

Pre-Retirement Spouse's Benefit	**Eligibility** Attainment of five years of Vesting Service. **Benefit** If the participant dies prior to termination of employment, the surviving spouse receives a life annuity equal to 50% of the Accrued Benefit at the time of death. This annuity is payable until the death of the spouse, or, if the participant's death preceded attainment of age 55, until the spouse's remarriage or death. If the participant dies after termination of employment, the surviving spouse receives the benefit that would have been payable had the participant terminated on the date of death, survived until the earliest possible retirement date, elected a 50% Joint and Survivor annuity, then died on the next day.
Post-Retirement Spouse's Benefit	None, except as dictated by the form of retirement benefit.
Automatic Payment Form	Single employees - Monthly Life Annuity. Married employees - Actuarially reduced monthly 50% Joint and Survivor Annuity
Optional Payment Forms	Monthly Life Annuity, or actuarially equivalent: Monthly 50%, 75%, or 100% Joint and Survivor Annuity Monthly 5, 10, or 15 Year Certain and Life Annuity Single Payment Lump Sum
Maximum Benefit	The annual retirement benefit cannot exceed $160,000 (as indexed for years after 2002), reduced for commencement prior to age 62.
Changes since the Prior Valuation	Effective January 2, 2026, no further benefits or Credited Service will accrue under the Plan. For those employees who did not complete 1,000 hours of service from their anniversary date in 2025 through January 2026, an additional year of credited service was granted.

THE RETIREMENT PLAN FOR EMPLOYEES OF PENTAGON FEDERAL CREDIT UNION
SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

Name of plan sponsor: The Retirement Plan for Employees of Pentagon Federal Credit Union
Employer identification number: 53-0197038
Three-digit plan number: 001

(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 Value	(e) Current Value
*	Wellington Trust Company NA	CIF II US Research Eqty Ext Pfl	$ 9,728,827	$ 10,048,564
*	Wellington Trust Company NA	CTF II SC Opps	4,799,753	4,891,522
*	Wellington Trust Company NA	CIF Ultra Short Duration	3,202,886	3,202,470
*	Wellington Trust Company NA	Wellington CIF II Core BD Plus	31,589,924	26,670,247
*	Wellington Trust Company NA	CIF II US Long Strips Port	40,350,406	28,356,468
*	Wellington Trust Company NA	CIF II Global Research Equity	9,609,527	10,065,459
*	Wilmington Trust	US Government Money Market CL SLCT	11,491	11,491
	Total investments per Form 5500		$ 99,292,814	$ 83,246,221

*Represents a party-in-interest as defined by ERISA.

See Independent Auditor's Report.

SCHEDULE SB ATTACHMENT
Line 32 - Schedule of Amortization Bases

Plan Name: Retirement Plan for the Employees of Pentagon Federal Credit Union
EIN/PN: 53-0197038/001
Valuation Date: January 1, 2025

Original Valuation	Remaining Years	Amortization Type	Outstanding Balance	Current Year Amortization
1/1/2025	15.00	15 Year	9,731,823	907,399
1/1/2024	14.00	15 Year	(856,152)	(83,606)
1/1/2023	13.00	15 Year	6,384,723	656,194

SCHEDULE SB ATTACHMENT
Line 24 - Change in Actuarial Assumptions

Plan Name: Retirement Plan for the Employees of Pentagon Federal Credit Union
EIN/PN: 53-0197038/001
Valuation Date: January 1, 2025

The lump sum conversion basis was updated from 2024 to 2025 Plan Year.

The assumed plan-related administrative expenses added to Target Normal Cost changed from $1,200,000 for 2024 to $600,000 for 2025, but there is no change to the method of how this amount is determined.

The retirement, withdrawal, form of payment, and salary scale assumptions were updated from those disclosed in the 2024 Actuarial Valuation Report to those reflected in the 2025 Actuarial Valuation Report, based on a study of plan experience during 2018-2023.