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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2025</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                               |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input checked="" type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div></div> |
| B                                                                                          | This return/report is: <div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div>                                                                                                 |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                     |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                            |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                      |

|         |                                                                                                                                                                                                                                                                                                                                                                   |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                                            |
| 1a      | Name of plan<br>CBERA PLAN C                                                                                                                                                                                                                                                                                                                                      |
| 1b      | Three-digit plan number (PN) ▶ 334                                                                                                                                                                                                                                                                                                                                |
| 1c      | Effective date of plan<br>11/01/1976                                                                                                                                                                                                                                                                                                                              |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>COOPERATIVE BANKS EMPLOYEES RETIREMENT ASSOCIATION<br><br>100 RIVER RIDGE DRIVE, #102<br>NORWOOD, MA 02062 |
| 2b      | Employer Identification Number (EIN)<br>04-6035593                                                                                                                                                                                                                                                                                                                |
| 2c      | Plan Sponsor's telephone number<br>781-551-8500                                                                                                                                                                                                                                                                                                                   |
| 2d      | Business code (see instructions)<br>522190                                                                                                                                                                                                                                                                                                                        |

**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. | 10/08/2026 | CHANTAL BRAY                                                 |
|           | 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                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                      |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                     |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>5</b> 975                                                                                                                                                                                                                                          |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div><br><b>6a(1)</b> 350<br><b>6a(2)</b> 331<br><b>6b</b> 245<br><b>6c</b> 244<br><b>6d</b> 820<br><b>6e</b> 29<br><b>6f</b> 849<br><b>6g(1)</b><br><b>6g(2)</b><br><b>6h</b> 10 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>7</b>                                                                                                                                                                                                                                              |

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

1A 1D

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

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

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

**a Pension Schedules**

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **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) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **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 \_\_\_\_\_

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                 |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>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).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2025</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                                                         |                                                            |
|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| 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<br>CBERA PLAN C                                                                                          | B Three-digit plan number (PN) 334                         |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>COOPERATIVE BANKS EMPLOYEES RETIREMENT ASSOCIATION | D Employer Identification Number (EIN)<br>04-6035593       |
| E Type of plan: Single Multiple-A Multiple-B                                                                            | F Prior year plan size: 100 or fewer 101-500 More than 500 |

|        |                                                                                                                                                                                                  |                            |                           |                          |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| Part I | Basic Information                                                                                                                                                                                |                            |                           |                          |
| 1      | Enter the valuation date: Month 01 Day 01 Year 2025                                                                                                                                              |                            |                           |                          |
| 2      | Assets:                                                                                                                                                                                          |                            |                           |                          |
| a      | Market value                                                                                                                                                                                     | 2a                         | 131328917                 |                          |
| b      | Actuarial value                                                                                                                                                                                  | 2b                         | 131328917                 |                          |
| 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                                                                                                                                     | 304                        | 56647861                  | 56647861                 |
| b      | For terminated vested participants                                                                                                                                                               | 342                        | 22937178                  | 22937178                 |
| c      | For active participants                                                                                                                                                                          | 353                        | 43193341                  | 43600387                 |
| d      | Total                                                                                                                                                                                            | 999                        | 122778380                 | 123185426                |
| 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                          | 5.36 %                    |                          |
| 6      | Target normal cost                                                                                                                                                                               |                            |                           |                          |
| a      | Present value of current plan year accruals                                                                                                                                                      | 6a                         | 4185159                   |                          |
| b      | Expected plan-related expenses                                                                                                                                                                   | 6b                         | 1190000                   |                          |
| c      | Target normal cost                                                                                                                                                                               | 6c                         | 5375159                   |                          |

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                                            |                               | 09/29/2026                             |
|                                                      | Signature of actuary          | Date                                   |
| ERIC TRANDAI                                         | Type or print name of actuary | 26-08808                               |
| GALLAGHER BENEFIT SERVICES, INC.                     | Firm name                     | Most recent enrollment number          |
| 30 SPEEN STREET<br>SUITE 500<br>FRAMINGHAM, MA 01701 | Address of the firm           | 781-373-6900                           |
|                                                      |                               | Telephone number (including area code) |

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 0                     | 18178884               |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 4886422                |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 13292462               |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>1.95</u> % .....                                                                                 | 0                     | 259203                 |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 1218415                |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.20</u> % ..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 23759                  |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 1242174                |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 13551665               |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 95.60 %  |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 103.24 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 100.41 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

**Part IV Contributions and Liquidity Shortfalls****18** Contributions made to the plan for the plan year by employer(s) and employees:

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

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

|                                                                                                                         |            |         |
|-------------------------------------------------------------------------------------------------------------------------|------------|---------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                    | <b>19a</b> | 0       |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0       |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 6493661 |

**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 |
|                                                            |         |         |         |

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost****21** Discount rate:**a** Segment rates:1st segment:  
5.00 %2nd segment:  
5.27 %3rd segment:  
5.50 %☐ N/A, full yield curve used**b** Applicable month (enter code) .....**21b**

0

**22** Weighted average retirement age .....**22**

65

**23** Mortality table(s) (see instructions) .....☐

Prescribed - combined

☒

Prescribed - separate

☐

Substitute

**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... ☒ Yes ☐ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... ☐ Yes ☒ No**26** Demographic and benefit information**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... ☒ Yes ☐ No**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment... ☐ Yes ☒ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years .....**28**

0

**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....**29**

0

**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....**30**

0

**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6c) .....**31a**

5375159

**b** Excess assets, if applicable, but not greater than line 31a .....**31b**

0

**32** Amortization installments:**a** Net shortfall amortization installment .....

Outstanding Balance

Installment

5408174

502989

**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**

5878148

Carryover balance

Prefunding balance

Total balance

**35** Balances elected for use to offset funding requirement .....

0

0

0

**36** Additional cash requirement (line 34 minus line 35) .....**36**

5878148

**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....**37**

6493661

**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) .....**38a**

615513

**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....**38b**

0

**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....**39**

0

**40** Unpaid minimum required contributions for all years .....**40**

0

**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)****41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2025</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |
| For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025                                                                                                                                |                                                                                                                                                                                                                        |                                                |
| <b>A</b> Name of plan<br>CBERA PLAN C                                                                                                                                                                                     | <b>B</b> Three-digit plan number (PN) ▶                                                                                                                                                                                | 334                                            |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>COOPERATIVE BANKS EMPLOYEES RETIREMENT ASSOCIATION                                                                                                       | <b>D</b> Employer Identification Number (EIN)<br>04-6035593                                                                                                                                                            |                                                |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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

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

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

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

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

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

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

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

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

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

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

COOP. BANKS EMPLOYEES RET ASSN.

04-6035593

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 14 50                  | PLAN ADMINISTRATOR                                                                                | 364555                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

GALLAGHER BENEFIT SERVICES, INC

36-4291971

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 50                  | ACTUARY                                                                                           | 312906                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

NEPC, LLC

26-1429809

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 50                  | INVESTMENT ADVISOR                                                                                | 110846                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

ACADIAN ASSET MANAGEMENT LLC

04-2929221

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50                  | INVESTMENT MGMT                                                                                   | 101242                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

SELECT EQUITY GROUP, L.P.

46-3465710

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50                  | INVESTMENT MGMT                                                                                   | 101030                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

THE BANK OF NEW YORK MELLON

13-5160382

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 18 19 50               | CUSTODIAL SECURITIES                                                                              | 79193                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

**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)

LEGAL & GENERAL INVEST MGMT AMERICA

20-8058531

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 28 50                         | INVESTMENT MGMT                                                                                          | 54207                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

WOLF & COMPANY, P.C.

04-2689883

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 10 50                         | AUDITORS                                                                                                 | 52663                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

COPELAND CAPITAL MANAGEMENT, LLC

20-3145515

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 28 50                         | INVESTMENT MGMT                                                                                          | 42225                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

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

HARDMAN JOHNSTON GLOBAL ADVISORS

13-3257590

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50                  | INVESTMENT MGMT                                                                                   | 35497                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

INCOME RESEARCH & MANAGEMENT

04-2955404

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50                  | INVESTMENT MGMT                                                                                   | 21369                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

BLACKROCK INSTITUTIONAL TRUST CO.

94-3112180

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 21 24 28 50 51         | INVESTMENT MGMT                                                                                   | 8741                                                                   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(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<br>(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<br>(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. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |

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

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

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

(complete as many entries as needed)

|                    |                                                          |                     |              |
|--------------------|----------------------------------------------------------|---------------------|--------------|
| <b>a</b> Name:     | JOSEPH ANZALONE                                          | <b>b</b> EIN:       | 36-4291971   |
| <b>c</b> Position: | ENROLLED ACTUARY                                         |                     |              |
| <b>d</b> Address:  | 420 LEXINGTON AVENUE<br>SUITE 2220<br>NEW YORK, NY 10170 | <b>e</b> Telephone: | 212-330-1000 |

Explanation: CHANGE OF ACTUARY WITHIN THE FIRM

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                   |                                                                                                                                                                                                                               |                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <div>SCHEDULE D<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration</div> | <div>DFE/Participating Plan Information<br/><br/>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br/><br/>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110<br/><br/>2025<br/><br/>This Form is Open to Public Inspection.</div>           |
| For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025                                                                                        |                                                                                                                                                                                                                               |                                                                                                       |
| A Name of plan<br>CBERA PLAN C                                                                                                                                                    |                                                                                                                                                                                                                               | B Three-digit plan number (PN) ▶ 334                                                                  |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>COOPERATIVE BANKS EMPLOYEES RETIREMENT ASSOCIATION                                                               |                                                                                                                                                                                                                               | D Employer Identification Number (EIN)<br>04-6035593                                                  |
| Part I                                                                                                                                                                            | Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs)                                                     |                                                                                                       |
| a Name of MTIA, CCT, PSA, or 103-12 IE: EB TEMPORARY INVESTMENT                                                                                                                   |                                                                                                                                                                                                                               |                                                                                                       |
| b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON                                                                                                            |                                                                                                                                                                                                                               |                                                                                                       |
| c EIN-PN 25-6078093-023                                                                                                                                                           | d Entity code C                                                                                                                                                                                                               | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2852511  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: SPARTAN 500 INDEX POOL CLASS C                                                                                                            |                                                                                                                                                                                                                               |                                                                                                       |
| b Name of sponsor of entity listed in (a): GEODE CAPITAL MGMT TRUST CO., LLC                                                                                                      |                                                                                                                                                                                                                               |                                                                                                       |
| c EIN-PN 82-6293122-001                                                                                                                                                           | d Entity code C                                                                                                                                                                                                               | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32669101 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: SPARTAN LRG CAP VALUE INDEX POOL                                                                                                          |                                                                                                                                                                                                                               |                                                                                                       |
| b Name of sponsor of entity listed in (a): GEODE CAPITAL MGMT TRUST CO., LLC                                                                                                      |                                                                                                                                                                                                                               |                                                                                                       |
| c EIN-PN 82-6293122-004                                                                                                                                                           | d Entity code C                                                                                                                                                                                                               | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8368981  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: US LONG CORPORATE BOND FUND                                                                                                               |                                                                                                                                                                                                                               |                                                                                                       |
| b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST CO., N.A.                                                                                                |                                                                                                                                                                                                                               |                                                                                                       |
| c EIN-PN 45-3263231-001                                                                                                                                                           | d Entity code C                                                                                                                                                                                                               | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9173315  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: IR&M LONG CORPORATE COLLECTIVE FUND                                                                                                       |                                                                                                                                                                                                                               |                                                                                                       |
| b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY                                                                                                                   |                                                                                                                                                                                                                               |                                                                                                       |
| c EIN-PN 37-6567224-005                                                                                                                                                           | d Entity code C                                                                                                                                                                                                               | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8115963  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: IR&M INTERMEDIATE CORP COLLECTIVE                                                                                                         |                                                                                                                                                                                                                               |                                                                                                       |
| b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY                                                                                                                   |                                                                                                                                                                                                                               |                                                                                                       |
| c EIN-PN 37-6567224-006                                                                                                                                                           | d Entity code C                                                                                                                                                                                                               | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5118220  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: HARDMAN JOHNSTON INT'L EQ GRP TRUST                                                                                                       |                                                                                                                                                                                                                               |                                                                                                       |
| b Name of sponsor of entity listed in (a): HARDMAN JOHNSTON GLOBAL ADVISORS LLC                                                                                                   |                                                                                                                                                                                                                               |                                                                                                       |
| c EIN-PN 26-6493485-001                                                                                                                                                           | d Entity code E                                                                                                                                                                                                               | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9805702  |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                           |                                                                                                                                                                                                                               | Schedule D (Form 5500) 2025<br>v. 250312                                                              |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: ACADIAN EMERGING MKS SM-CAP EQ FUND**b** Name of sponsor of entity listed in (a): ACADIAN ASSET MANAGEMENT LLC**c** EIN-PN 04-2929221-014**d** Entity code E**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

7954271

**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)**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  
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE H</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Financial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2025</div> <div>This Form is Open to Public Inspection</div> |
|                                                                                                                                                                                                                                              | For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025                                                                                                                                                                                        |                                                                                                |
|                                                                                                                                                                                                                                              | <div>A Name of plan</div> <div>CBERA PLAN C</div>                                                                                                                                                                                                                                 | <div>B Three-digit plan number (PN)</div> <div>334</div>                                       |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>COOPERATIVE BANKS EMPLOYEES RETIREMENT ASSOCIATION</div>                                                                                                              | <div>D Employer Identification Number (EIN)</div> <div>04-6035593</div>                                                                                                                                                                                                           |                                                                                                |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     | 0                     | 0               |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>                  | 809392                | 3196246         |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>                  | 0                     | 0               |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>                  | 0                     | 0               |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  | 0                     | 0               |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  | 29212695              | 26090501        |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               | 0                     | 0               |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b>               | 0                     | 0               |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               | 0                     | 0               |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>               | 7922325               | 7407994         |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  | 8978426               | 8019039         |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  | 0                     | 0               |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  | 0                     | 0               |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                  | 0                     | 0               |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  | 64089803              | 66298091        |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                 | 0                     | 0               |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 | 0                     | 0               |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                 | 19021754              | 17759973        |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>                 | 0                     | 0               |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                 | 0                     | 0               |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>                 | 0                     | 0               |

| <b>1d</b> Employer-related investments:                               |              | (a) Beginning of Year | (b) End of Year |
|-----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                         | <b>1d(1)</b> | 0                     | 0               |
| (2) Employer real property .....                                      | <b>1d(2)</b> | 0                     | 0               |
| <b>1e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    | 0                     | 0               |
| <b>1f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 130034395             | 128771844       |

**Liabilities**

|                                                                            |           |        |        |
|----------------------------------------------------------------------------|-----------|--------|--------|
| <b>1g</b> Benefit claims payable .....                                     | <b>1g</b> | 0      | 0      |
| <b>1h</b> Operating payables .....                                         | <b>1h</b> | 116235 | 107310 |
| <b>1i</b> Acquisition indebtedness .....                                   | <b>1i</b> | 0      | 0      |
| <b>1j</b> Other liabilities .....                                          | <b>1j</b> | 0      | 0      |
| <b>1k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 116235 | 107310 |

**Net Assets**

|                                                            |           |           |           |
|------------------------------------------------------------|-----------|-----------|-----------|
| <b>1l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 129918160 | 128664534 |
|------------------------------------------------------------|-----------|-----------|-----------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 6805654    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 0          |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 0          |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    | 0          |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 6805654   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 0          |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> | 2083109    |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> | 0          |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> | 0          |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 0          |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 0          |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 2083109   |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> | 0          |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 137027     |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 0          |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 137027    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            | 0         |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 2074197    |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 2246262    |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | -172065   |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> | 0          |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | 1382605    |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 1382605   |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            | 8724058   |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)  |            | 0         |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)  |            | 0         |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | 2b(9)  |            | 4024260   |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            | 0         |
| c Other income .....                                                                            | 2c     |            | 45690     |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 23030338  |

**Expenses**

|                                                                                      |        |          |          |
|--------------------------------------------------------------------------------------|--------|----------|----------|
| e Benefit payment and payments to provide benefits:                                  |        |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1)  | 9229519  |          |
| (2) To insurance carriers for the provision of benefits .....                        | 2e(2)  | 10482175 |          |
| (3) Other .....                                                                      | 2e(3)  |          |          |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                        | 2e(4)  |          | 19711694 |
| f Corrective distributions (see instructions) .....                                  | 2f     |          | 0        |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g     |          | 0        |
| h Interest expense .....                                                             | 2h     |          | 0        |
| i Administrative expenses:                                                           |        |          |          |
| (1) Salaries and allowances .....                                                    | 2i(1)  | 0        |          |
| (2) Contract administrator fees .....                                                | 2i(2)  | 364555   |          |
| (3) Recordkeeping fees .....                                                         | 2i(3)  | 0        |          |
| (4) IQPA audit fees .....                                                            | 2i(4)  | 52663    |          |
| (5) Investment advisory and investment management fees .....                         | 2i(5)  | 475157   |          |
| (6) Bank or trust company trustee/custodial fees .....                               | 2i(6)  | 79193    |          |
| (7) Actuarial fees .....                                                             | 2i(7)  | 312906   |          |
| (8) Legal fees .....                                                                 | 2i(8)  | 1490     |          |
| (9) Valuation/appraisal fees .....                                                   | 2i(9)  | 0        |          |
| (10) Other trustee fees and expenses .....                                           | 2i(10) | 0        |          |
| (11) Other expenses .....                                                            | 2i(11) | 103385   |          |
| (12) Total administrative expenses. Add lines 2i(1) through (11) .....               | 2i(12) |          | 1389349  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j     |          | 21101043 |

**Net Income and Reconciliation**

|                                                          |       |  |         |
|----------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 1929295 |
| l Transfers of assets:                                   |       |  |         |
| (1) To this plan .....                                   | 2l(1) |  | 360856  |
| (2) From this plan .....                                 | 2l(2) |  | 3543777 |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **WOLF & COMPANY, P.C.**

(2) EIN: **04-2689883**

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |
|------------------------------|---------------------|--------------------|
| CBERA PLAN A                 | 04-6035593          | 333                |
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 578305.

|                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                                       | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2025</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>CBERA PLAN C                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ▶ 334                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>COOPERATIVE BANKS EMPLOYEES RETIREMENT ASSOCIATION                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>04-6035593                                            |
| 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):<br><br>EIN(s): 25-1926855                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 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 30                                                                                            |
| 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)? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____                                                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                  | 6a                                                                                              |
| b Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | 6b                                                                                              |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  | 6c                                                                                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part III                                                                                                                                                                                                                                                                                                                                                              | Amendments                                                                                                                                                                                                                                                                                       |                                                                                                 |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input checked="" type="checkbox"/> No          |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part IV                                                                                                                                                                                                                                                                                                                                                               | ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.                                                                                                                                                       |                                                                                                 |
| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                        |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2025 v. 250312                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

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

|                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                              |                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <b>SCHEDULE MEP<br/>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration | <b>MULTIPLE-EMPLOYER RETIREMENT<br/>PLAN INFORMATION</b><br><br>This schedule is required to be filed under section 104 of the<br>Employee Retirement Income Security Act of 1974 (ERISA) and<br>Section 6058(a) of the Internal Revenue Code (the Code)<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2025</b><br><br><b>This Form is Open to Public<br/>Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|

|                                                                                                                                        |                                                 |     |
|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----|
| For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025                                             |                                                 |     |
| <b>A</b> Name of plan<br>CBERA PLAN C                                                                                                  | <b>B</b> Three-digit<br>Plan number (PN)..... ▶ | 334 |
|                                                                                                                                        |                                                 |     |
| <b>C</b> Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF<br>COOPERATIVE BANKS EMPLOYEES RETIREMENT ASSOCIATION | <b>D</b> Administrator's EIN<br>04-6035593      |     |

|               |                                                                                                   |
|---------------|---------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Type of Multiple-Employer Pension Plan.</b> All multiple-employer pension plans must complete. |
|---------------|---------------------------------------------------------------------------------------------------|

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

- a** ☐ association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b** ☐ professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c** ☐ pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d** ☒ other multiple-employer pension plan (Describe) MULTIPLE-ER DB PENSION PLAN (Complete Part II)

|                |                                            |
|----------------|--------------------------------------------|
| <b>Part II</b> | <b>Participating Employer Information.</b> |
|----------------|--------------------------------------------|

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

|                                                            |                             |                                                                           |                                                                                |
|------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <b>2a</b> Name of Participating Employer<br>BANKGLOUCESTER | <b>2b</b> EIN<br>04-1371820 | <b>2c</b> Percentage of Total Contributions<br>for the Plan Year<br>14.84 | <b>2d</b> Aggregate Account Balances Attributable<br>to Participating Employer |
| <b>2a</b> Name of Participating Employer<br>BANK OF EASTON | <b>2b</b> EIN<br>04-1677520 | <b>2c</b> Percentage of Total Contributions<br>for the Plan Year<br>1.91  | <b>2d</b> Aggregate Account Balances Attributable<br>to Participating Employer |

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

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

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

**Schedule MEP (2025)  
v. 250312**

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

Use this page for additional participating employer information.

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

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

| 2a Name of Participating Employer     | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
|---------------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| CANTON CO-OPERATIVE BANK              | 04-1207230 | 2.30                                                   |                                                                      |
| 2a Name of Participating Employer     | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| CHARLES RIVER BANK                    | 27-2499211 | 4.40                                                   |                                                                      |
| 2a Name of Participating Employer     | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| COMMONWEALTH COOPERATIVE BANK         | 04-1465980 | 6.02                                                   |                                                                      |
| 2a Name of Participating Employer     | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| COOPERATIVE BANKS EMPLOYEES RET ASSOC | 04-6035593 | 0.06                                                   |                                                                      |
| 2a Name of Participating Employer     | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| HAVERHILL BANK                        | 04-1426920 | 6.43                                                   |                                                                      |
| 2a Name of Participating Employer     | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| MECHANICS COOPERATIVE BANK            | 04-1608620 | 1.72                                                   |                                                                      |
| 2a Name of Participating Employer     | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| METHUEN CO-OPERATIVE BANK             | 04-1615835 | 3.56                                                   |                                                                      |
| 2a Name of Participating Employer     | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| MUTUALONE BANK                        | 04-1339820 | 20.83                                                  |                                                                      |
| 2a Name of Participating Employer     | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
| NORTH CAMBRIDGE CO-OPERATIVE BANK     | 04-1677300 | 1.04                                                   |                                                                      |

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

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

Use this page for additional participating employer information.

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

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

| 2a Name of Participating Employer | 2b EIN     | 2c Percentage of Total Contributions for the Plan Year | 2d Aggregate Account Balances Attributable to Participating Employer |
|-----------------------------------|------------|--------------------------------------------------------|----------------------------------------------------------------------|
| NORTH SHORE BANK                  | 04-3414678 | 0.48                                                   |                                                                      |
| SAVERS BANK                       | 04-1853350 | 2.76                                                   |                                                                      |
| STOUGHTON CO-OPERATIVE BANK       | 04-1875980 | 2.25                                                   |                                                                      |
| THE VILLAGE BANK                  | 04-1050590 | 29.51                                                  |                                                                      |
| WAKEFIELD CO-OPERATIVE BANK       | 04-1939190 | 0.33                                                   |                                                                      |
| WRENTHAM COOPERATIVE BANK         | 04-1991475 | 1.56                                                   |                                                                      |
|                                   |            |                                                        |                                                                      |
|                                   |            |                                                        |                                                                      |
|                                   |            |                                                        |                                                                      |

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

|                 |                                         |
|-----------------|-----------------------------------------|
| <b>Part III</b> | <b>Pooled Employer Plan Information</b> |
|-----------------|-----------------------------------------|

**Line 3.** All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

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

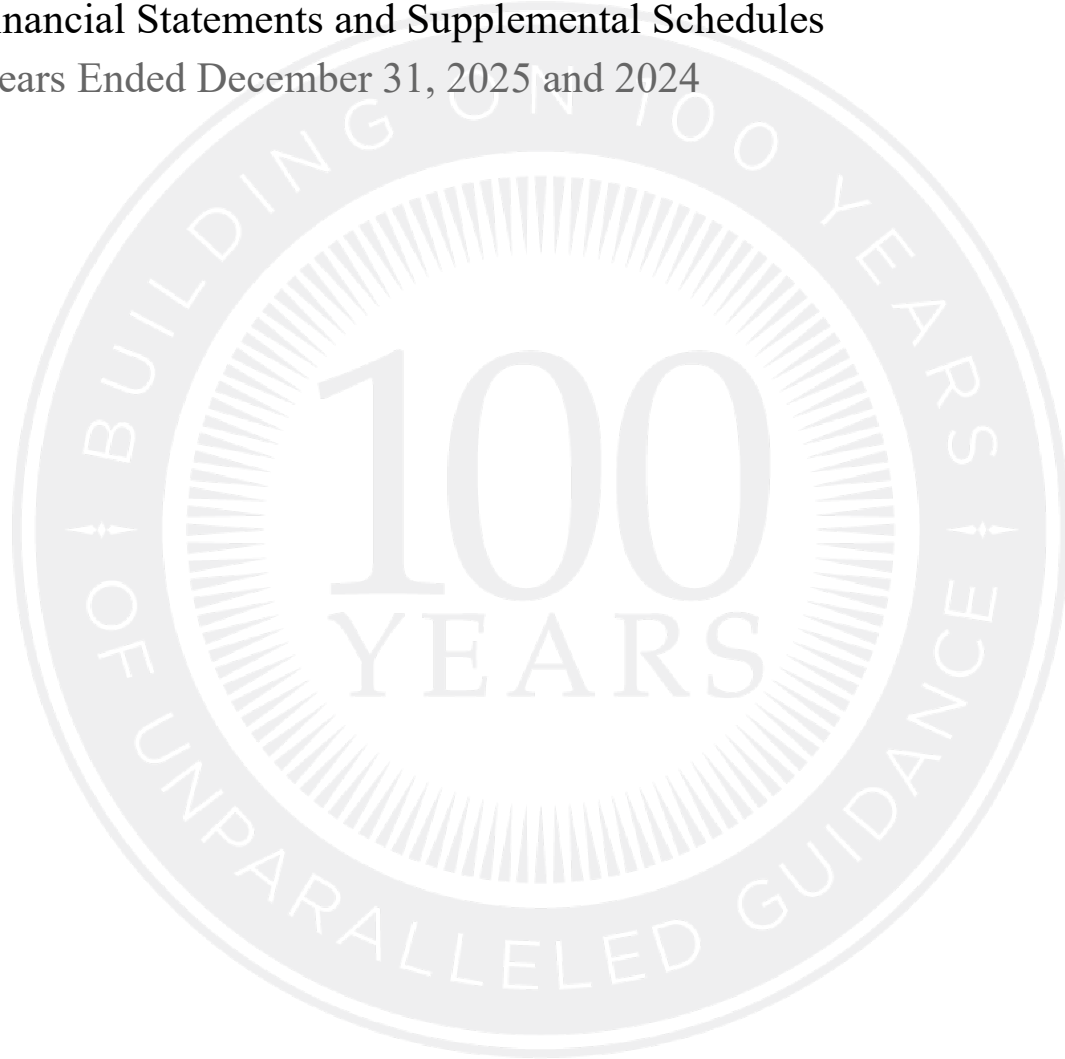
**3b** If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)  
ACK ID \_\_\_\_\_



# The Defined Benefit Plan (Plan C) of CBERA

## Financial Statements and Supplemental Schedules

### Years Ended December 31, 2025 and 2024



# The Defined Benefit Plan (Plan C) of CBERA

E.I.N. 04-6035593

Plan Number 334

Financial Statements and Supplemental Schedules  
for the Years Ended December 31, 2025 and 2024

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## Independent Auditor's Report

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To the Board of Trustees of the Cooperative Banks Employees Retirement Association:

### *Opinion*

We have audited the financial statements of The Defined Benefit Plan (Plan C) of CBERA (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

### *Basis for Opinion*

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the 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 audit opinion.

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

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

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

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

### ***Auditor's Responsibilities for the Audit of the Financial Statements***

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an 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, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users made on the basis of these financial statements.

In performing an audit in accordance with GAAS, we:

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

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

***Other Matter—Supplemental Schedules Required by ERISA***

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year), schedule of assets (acquired and disposed of within year), and reportable transactions as of or 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 has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

*Wolfe + Company, P.C.*

Boston, Massachusetts  
October 7, 2026

# The Defined Benefit Plan (Plan C) of CBERA

## Statements of Net Assets Available for Benefits

December 31, 2025 and 2024

|                                                               | <u>2025</u>                  | <u>2024</u>                  |
|---------------------------------------------------------------|------------------------------|------------------------------|
| Assets:                                                       |                              |                              |
| Investments, at fair value:                                   |                              |                              |
| Cash and liquid investments                                   | \$ 2,852,511                 | \$ 891,886                   |
| Investment in CBERA Group Trust,<br>a common collective trust | <u>122,723,087</u>           | <u>128,333,117</u>           |
| Total investments                                             | 125,575,598                  | 129,225,003                  |
| Receivables:                                                  |                              |                              |
| Employer contributions receivable                             | <u>713,392</u>               | <u>809,392</u>               |
| Total assets                                                  | 126,288,990                  | 130,034,395                  |
| Liabilities:                                                  |                              |                              |
| Accounts payable and accrued expenses                         | <u>107,310</u>               | <u>116,235</u>               |
| Net assets available for benefits                             | <u><u>\$ 126,181,680</u></u> | <u><u>\$ 129,918,160</u></u> |

See notes to financial statements.

# The Defined Benefit Plan (Plan C) of CBERA

## Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2025 and 2024

|                                                                         | 2025           | 2024           |
|-------------------------------------------------------------------------|----------------|----------------|
| Additions to net assets attributed to:                                  |                |                |
| Investment income:                                                      |                |                |
| Interest income                                                         | \$ 91,329      | \$ 637,943     |
| Net appreciation in fair value of investments in CBERA Group Trust      | 16,133,355     | 3,926,817      |
| Total investment income                                                 | 16,224,684     | 4,564,760      |
| Transfers from Plan A                                                   | 360,856        | 1,419,690      |
| Employer contributions                                                  | 4,322,800      | 5,361,892      |
| Total additions                                                         | 20,908,340     | 11,346,342     |
| Deductions from net assets attributed to:                               |                |                |
| Payment of benefits through lump-sum distributions and annuity payments | 9,229,519      | 16,255,193     |
| Payments to insurance carriers for annuities                            | 10,482,175     | 129,068,439    |
| Administrative expenses                                                 | 1,389,349      | 2,211,496      |
| Transfers to Plan A                                                     | 3,543,777      | 239,007        |
| Total deductions                                                        | 24,644,820     | 147,774,135    |
| Net decrease                                                            | (3,736,480)    | (136,427,793)  |
| Net transfers out                                                       | -              | (26,750,288)   |
| Net assets available for benefits:                                      |                |                |
| Beginning of year                                                       | 129,918,160    | 293,096,241    |
| End of the year                                                         | \$ 126,181,680 | \$ 129,918,160 |

See notes to financial statements.

# The Defined Benefit Plan (Plan C) of CBERA

## Notes to Financial Statements

Years Ended December 31, 2025 and 2024

### 1. DESCRIPTION OF THE PLAN

The following description of The Defined Benefit Plan (Plan C) of CBERA (“Plan C” or the “Plan”) is provided for general information purposes only. Participants should refer to the plan agreement for a more complete description of the Plan’s provisions.

Effective as of January 1, 2018, the Plan was amended to incorporate amendments to the 2013 restatement, to include provisions to comply with changes in the law, and to make additional desired changes.

**General** - The Cooperative Banks Employees Retirement Association (the “Association”) is the Plan Administrator of the Plan and is organized for the purpose of administering the pension programs for the employees of the Massachusetts Cooperative Bank industry and any bank or credit union chartered by the Commonwealth of Massachusetts or which has a federal charter with its main office located in Massachusetts. The Association administers four separate plans - Plan A, Plan C and the pension plans of the Institution for Savings and Adams Community Bank. The Association provides the medium through which funds are collected, invested, accumulated and paid out to provide pension benefits for eligible employees.

Plan C is a noncontributory defined benefit pension plan covering all employees of participating employers who, generally, have completed one year of service and have attained the age of 21. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

The Bank of New York Mellon (“BNY”) is the corporate Trustee for the Plan’s assets. The Plan’s Trust is referred to as the CBERA Defined Benefit Plan Trust (the “CBERA Trust”) and it holds the pension assets for Plan C.

The Association has established a common collective trust under the CBERA Group Trust Agreement (the “Group Trust”) which holds pension assets from more than one unaffiliated pension plan employer. BNY which is the corporate Trustee holding the assets for the Group Trust determines the fair value of the assets within the Group Trust and computes the Net Asset Value (“NAV”) of the Group Trust which is the basis on which units of participation are issued or redeemed for participating pension plans in the Group Trust.

Since the Group Trust is a collective trust and participating plans hold units of participation in the Group Trust, versus a direct ownership of the individual investments within the Group Trust, all income earned from the Group Trust is reflected as net appreciation (depreciation) in the fair value of investments in CBERA Group Trust within the financial statements based on the change in fair value of the units of participation held by the individual participating pension plans.

## The Defined Benefit Plan (Plan C) of CBERA

As of December 31, 2025 and 2024, there were three trusts participating in the Group Trust. At December 31, 2025 and 2024, the CBERA Trust of Plan C held 55.90% and 59.44%, respectively, of the units of participation in the Group Trust.

***Contributions*** - All contributions to Plan C are made by participating employers. The employers have agreed to make contributions as assessed by the Plan's Trustees in amounts sufficient to provide the Plan with assets with which to pay pension benefits and to meet the minimum funding requirements under ERISA.

***Vesting*** - Upon completion of two years of service, an employee becomes 20% vested and is 100% vested after six years of service. An employee is also 100% vested at early or normal retirement date, regardless of years of service.

***Payment of Benefits*** - Employees are generally eligible for benefit payments upon the attainment of age 65. Early retirement may be elected at age 50 with a minimum of 15 years of service, at age 55 with a minimum of 5 years of service, or at age 62 with no minimum years of service. Retirement before the age of 65 may result in reduced benefit payments.

Effective July 1, 2024 the Plan was amended such that a participant of a withdrawing employer shall be considered a terminated eligible employee as of the withdrawal date, and as such may elect to commence his or her accrued benefit attributable to his or her employment with the withdrawing employer upon attainment of age 59 ½ regardless of whether employed or not. Additionally, the Plan was further amended to require the purchase of an annuity contract for participants of employers that withdrew from the Plan prior to July 1, 2024 such that the entire benefit rights of those participants are fully guaranteed by an insurance company. Lastly, the Plan was further amended such that for employers who withdraw after June 30, 2024 and do not elect to spin off, they may offer a lump sum window prior to purchasing annuity contracts with an insurance company such that all liabilities of that employer are settled and do not remain in the Plan.

***Transfers from Plan A*** - Pension benefits payable under Plan A, other than lump-sum distributions, are transferred to Plan C at the time monthly pension benefits are to commence and are then distributed to participants from Plan C. Effective August 1, 2024 the Plan was amended such that a participant is only eligible to transfer any portion of their account from Plan A to the Plan, if as of the date of their transfer election, the participant has an accrued benefit under the Plan and the employer is an active participating employer in the Plan.

### ***Withdrawal by a Participating Employer***

Effective April 11, 2024, the Plan was amended whereby the pro-rata share of any funding shortfall for the liabilities of participants from banks who have withdrawn from the Plan, due upon the withdrawal of an actively participating Plan employer, will be calculated using an annuity purchase price basis. In addition, the option for banks to withdraw from the Plan and leave their participants in the Plan was eliminated.

# The Defined Benefit Plan (Plan C) of CBERA

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

***Basis of Accounting*** – The financial statements of the Plan are prepared 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 (“GAAP”) requires the Trustees to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements and changes therein. Actual results could differ from those estimates.

***Investment Valuation and Income Recognition*** – Investments are reported at fair value utilizing information provided by the Plan’s investment advisers and custodians. See Note 4 for discussion of fair value measurements. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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 purchased and sold as well as held during the year.

***Benefits to Participants*** – Benefits to participants are recorded when paid.

***Administrative Expenses*** – Administrative expenses are charged directly to the Plan. These expenses include actuarial, audit, trustee, recordkeeping, investment, legal, PBGC premiums, and plan consulting expenses.

## 3. TRUSTEE AND INVESTMENT MANAGERS

BNY has trust agreements with the Association under which BNY acts as trustee for the assets of Plan C and the Group Trust.

Acadian Asset Management, BlackRock, Select Equity Group, L.P., Fidelity Institutional Asset Management Trust Company, Legal & General Investment Management America, Inc., Hardman Johnston Global Advisors LLC, Copeland Capital Management, LLC, and Income Research + Management are the investment managers for the portfolio as of December 31, 2025.

## 4. FAIR VALUE MEASUREMENTS

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

## The Defined Benefit Plan (Plan C) of CBERA

The three levels of the fair value hierarchy are described as follows:

*Level 1* – Inputs are unadjusted quoted prices in active markets for identical assets that the reporting entity has the ability to access at the measurement date.

*Level 2* – Inputs include quoted prices for similar assets in active markets, quoted prices for identical or similar assets in markets that are not active, inputs other than quoted prices that are observable for the assets (i.e., interest rates, yield curves, etc.), and inputs that are derived principally from or corroborated by observable market data by correlation or other means (market corroborated inputs).

*Level 3* – Inputs that are unobservable inputs for the asset or liability.

In certain cases, the inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases, an investment's level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement. The Plan's assessment of the significance of a particular input to the fair value measurement in its entirety requires judgment and considers factors specific to the investment.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used to determine fair value in the financial statements at December 31, 2025 and 2024.

*CBERA Group Trust* – Valued utilizing the net asset value of the Group Trust as a practical expedient.

*Cash and Liquid Investments* – Valued at cost which approximates fair value.

## The Defined Benefit Plan (Plan C) of CBERA

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.

| Assets at Fair Value as of December 31, 2025 |                     |             |             |                       |
|----------------------------------------------|---------------------|-------------|-------------|-----------------------|
|                                              | Level 1             | Level 2     | Level 3     | Total                 |
| Cash and liquid investments                  | \$ 2,852,511        | \$ -        | \$ -        | \$ 2,852,511          |
| Total assets in the fair value hierarchy     | <u>\$ 2,852,511</u> | <u>\$ -</u> | <u>\$ -</u> | 2,852,511             |
| Investments measured at net asset value (a)  |                     |             |             | <u>122,723,087</u>    |
| Investments at fair value                    |                     |             |             | <u>\$ 125,575,598</u> |

| Assets at Fair Value as of December 31, 2024 |                   |             |             |                       |
|----------------------------------------------|-------------------|-------------|-------------|-----------------------|
|                                              | Level 1           | Level 2     | Level 3     | Total                 |
| Cash and liquid investments                  | \$ 891,886        | \$ -        | \$ -        | \$ 891,886            |
| Total assets in the fair value hierarchy     | <u>\$ 891,886</u> | <u>\$ -</u> | <u>\$ -</u> | 891,886               |
| Investments measured at net asset value (a)  |                   |             |             | <u>128,333,117</u>    |
| Investments at fair value                    |                   |             |             | <u>\$ 129,225,003</u> |

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits and notes to the financial statements.

### ***Transfers Between Levels***

For the years ended December 31, 2025 and 2024, there were no transfers in or out of Level 3.

### ***Investments Measured Using the Net Asset Value per Share Practical Expedient***

The following table summarizes investments for which fair value is measured using the net asset value per share as a practical expedient as of December 31, 2025 and 2024. There are no redemption restrictions for these investments other than the redemption notice period.

| <u>December 31, 2025</u> | <u>Fair Value</u> | <u>Unfunded Commitments</u> | <u>Redemption Frequency (If Currently Eligible)</u> | <u>Redemption Notice Period</u> |
|--------------------------|-------------------|-----------------------------|-----------------------------------------------------|---------------------------------|
| CBERA Group Trust        | \$ 122,723,087    | n/a                         | Daily                                               | Daily                           |
| <u>December 31, 2024</u> |                   |                             |                                                     |                                 |
| CBERA Group Trust        | \$ 128,333,117    | n/a                         | Daily                                               | Daily                           |

# The Defined Benefit Plan (Plan C) of CBERA

## 5. INVESTMENT IN CBERA GROUP TRUST

The Plan's units of participation are stated at fair value utilizing the net asset value as a practical expedient based on the amount reported to the Plan by the Group Trust. The net asset value as quoted by the Group Trust is based on the fair value of the underlying assets in the Group Trust.

The net assets of the Group Trust at December 31, 2025 and 2024 are as follows:

|                                         | December 31, 2025       |                                               | December 31, 2024       |                                               |
|-----------------------------------------|-------------------------|-----------------------------------------------|-------------------------|-----------------------------------------------|
|                                         | Group Trust<br>Balances | Plan's Interest in<br>Group Trust<br>Balances | Group Trust<br>Balances | Plan's Interest in<br>Group Trust<br>Balances |
| Cash and liquid investments             | \$ 1,370,180            | \$ 765,906                                    | \$ 677,753              | \$ 402,886                                    |
| U.S. Treasury bond futures              | (326,465)               | (182,488)                                     | (797,917)               | (474,317)                                     |
| U.S. Treasury bonds                     | 24,753,080              | 13,836,528                                    | 28,501,402              | 16,942,486                                    |
| Equity securities                       | 15,545,651              | 8,689,740                                     | 16,210,216              | 9,636,065                                     |
| Investments measured at net asset value | 177,639,465             | 99,297,273                                    | 170,189,417             | 101,168,068                                   |
| Total investments at fair value         | 218,981,911             | 122,406,959                                   | 214,780,871             | 127,675,188                                   |
| Dividends and interest receivable       | 316,248                 | 176,777                                       | 1,865,431               | 1,108,894                                     |
| Cash at broker                          | 249,294                 | 139,351                                       | 708,134                 | 420,946                                       |
| Payable to broker                       | -                       | -                                             | (1,466,767)             | (871,911)                                     |
| Total                                   | <u>\$ 219,547,453</u>   | <u>\$ 122,723,087</u>                         | <u>\$ 215,887,669</u>   | <u>\$ 128,333,117</u>                         |

## The Defined Benefit Plan (Plan C) of CBERA

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

| Assets at Fair Value at December 31, 2025   |                      |             |             |                       |
|---------------------------------------------|----------------------|-------------|-------------|-----------------------|
|                                             | Level 1              | Level 2     | Level 3     | Fair Value            |
| Cash and liquid investments                 | \$ 1,370,180         | \$ -        | \$ -        | \$ 1,370,180          |
| U.S. Treasury bond futures                  | (326,465)            | -           | -           | (326,465)             |
| U.S. Treasury bonds                         | 24,753,080           | -           | -           | 24,753,080            |
| Equity securities                           | 15,545,651           | -           | -           | 15,545,651            |
| Total assets in the fair value hierarchy    | <u>\$ 41,342,446</u> | <u>\$ -</u> | <u>\$ -</u> | 41,342,446            |
| Investments measured at net asset value (a) |                      |             |             | <u>177,639,465</u>    |
| Investments at fair value                   |                      |             |             | <u>\$ 218,981,911</u> |

| Assets at Fair Value at December 31, 2024   |                      |             |             |                       |
|---------------------------------------------|----------------------|-------------|-------------|-----------------------|
|                                             | Level 1              | Level 2     | Level 3     | Fair Value            |
| Cash and liquid investments                 | \$ 677,753           | \$ -        | \$ -        | \$ 677,753            |
| U.S. Treasury bond futures                  | (797,917)            | -           | -           | (797,917)             |
| U.S. Treasury bonds                         | 28,501,402           | -           | -           | 28,501,402            |
| Equity securities                           | 16,210,216           | -           | -           | 16,210,216            |
| Total assets in the fair value hierarchy    | <u>\$ 44,591,454</u> | <u>\$ -</u> | <u>\$ -</u> | 44,591,454            |
| Investments measured at net asset value (a) |                      |             |             | <u>170,189,417</u>    |
| Investments at fair value                   |                      |             |             | <u>\$ 214,780,871</u> |

- (a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the net assets of the Group Trust and notes to the financial statements.

The Group Trust owns interests in alternative investment funds rather than in securities underlying each fund, and will generally use the net asset value per share or its equivalent as a practical expedient to estimate fair value. Accordingly, such investments are not classified within the fair value hierarchy.

## The Defined Benefit Plan (Plan C) of CBERA

The following table summarizes investments in the Group Trust for which fair value is measured using the net asset value per share as a practical expedient as of December 31, 2025 and 2024.

| December 31, 2025                                   |                       |                        |                           |
|-----------------------------------------------------|-----------------------|------------------------|---------------------------|
|                                                     | Fair Value            | Unfunded<br>Commitment | Redemption<br>Frequency * |
| <b>Investments in alternative investments:</b>      |                       |                        |                           |
| BlackRock Long Corp BD Index Fund                   | \$ 14,038,243         | \$ -                   | Daily                     |
| Fidelity Spartan LC Value Index Pool                | 17,395,746            | -                      | Daily                     |
| IR+M Intermediate Corporate Collective Fund         | 6,341,093             | -                      | Daily                     |
| IR+M Long Corporate Collective Fund                 | 12,489,697            | -                      | Daily                     |
| Baxter Street Offshore Fund, Ltd.                   | 15,117,315            | -                      | Monthly                   |
| FIAM Spartan 500 Index Pool CL C                    | 67,454,218            | -                      | Daily                     |
| Acadian Emerging Markets Small-Cap Equity Fund, LLC | 16,404,769            | -                      | Monthly                   |
| Hardman Johnston International Equity Group Trust   | 17,396,954            | -                      | Monthly                   |
| L&G Long Liability Treasury                         | 11,001,430            | -                      | Weekly                    |
|                                                     | <u>\$ 177,639,465</u> | <u>\$ -</u>            |                           |
| December 31, 2024                                   |                       |                        |                           |
|                                                     | Fair Value            | Unfunded<br>Commitment | Redemption<br>Frequency * |
| <b>Investments in alternative investments:</b>      |                       |                        |                           |
| BlackRock Long Corp BD Index Fund                   | \$ 14,294,021         | \$ -                   | Daily                     |
| IR+M Intermediate Corporate Collective Fund         | 6,483,751             | -                      | Daily                     |
| IR+M Long Corporate Collective Fund                 | 12,884,053            | -                      | Daily                     |
| Baxter Street Offshore Fund, Ltd.                   | 17,928,749            | -                      | Monthly                   |
| FIAM Spartan 500 Index Pool CL C                    | 71,343,897            | -                      | Daily                     |
| Acadian Emerging Markets Small-Cap Equity Fund, LLC | 20,239,455            | -                      | Monthly                   |
| Hardman Johnston International Equity Group Trust   | 17,508,976            | -                      | Monthly                   |
| L&G Long Liability Treasury                         | 9,506,516             | -                      | Weekly                    |
|                                                     | <u>\$ 170,189,417</u> | <u>\$ -</u>            |                           |

\* Redemption notices must be submitted between two and 30 days prior to the redemption period.

The following is a description of the investments in alternative investments held at December 31, 2025:

Fidelity Institutional Assets Management (FIAM) Spartan 500 Index Pool Class C seeks to provide investment results that correspond to the total return performance of common stocks publicly traded in the United States.

Fidelity Institutional Assets Management (FIAM) Spartan Large Cap Value Index Pool seeks to provide investment results, before expenses, that correspond generally to the total return performance and overall characteristics of the Russell 1000 Value Index.

# The Defined Benefit Plan (Plan C) of CBERA

Acadian Emerging Markets Small-Cap Equity Fund uses a structured and disciplined approach to invest in long equity positions in emerging markets. The Fund attempts to exploit market inefficiencies caused by behavioral errors. Key elements of the investment process are individual stock forecasts, disciplined portfolio construction and cost-effective trading.

Hardman Johnston International Equity Group Trust ("Hardman") invests in high quality global growth companies that have value prices. Hardman applies a disciplined process that ranks companies based on growth and relative valuation. The portfolio is concentrated (20-30 positions) and reflects the best ideas with high conviction.

BlackRock US Long Corporate Bond Fund's investment objective is to deliver consistent and attractive investment results through changing market conditions. This active portfolio attempts to identify relative value, mitigate downside risk and maintain flexibility. It incorporates a macro strategy with security selection to create the credit strategy. Potential to track closer to changes in the value of liabilities.

Legal & General Investment Management manages a custom treasury portfolio for the Group Trust. This portfolio serves as a "completion" mandate for the Group Trust's liability-driven investment focus. This portfolio uses U.S. Treasury securities as well as U.S. Treasury futures to match the change in value of expected liability cash flows.

Select Equity Baxter Street Fund is an international equity strategy that invests in companies across the market cap spectrum. The value-added comes from proprietary research and stringent stock selection process that marries high-quality companies with absolute valuation discipline.

Income Research + Management (Income) Long Corporate Collective Fund utilizes a bottom-up investment process focused on identifying attractive debt structures in the corporate credit markets. Duration and yield curve managed neutral to the benchmark (Bloomberg US Long Corporate Bond Index); will purchase securitized debt and municipal bonds.

Income Research + Management (Income) Intermediate Corporate Collective Fund utilizes a bottom-up investment process focused on identifying attractive debt structures in the corporate credit markets. Duration and yield curve managed neutral to the benchmark (Bloomberg US Intermediate Corporate Bond Index). Resulting portfolio has attractive risk/return characteristics.

## **6. TRANSFERS OUT OF THE PLAN**

There were no transfers out of the Plan during 2025. During 2024 one participating employer transferred out of the Plan.

# The Defined Benefit Plan (Plan C) of CBERA

## 7. TAX STATUS OF THE PLAN

The Plan obtained a determination letter from the Internal Revenue Service (“IRS”) dated June 10, 2013 in which the IRS stated that the Plan, as amended, is in compliance with the applicable requirements of the Internal Revenue Code (the “Code”). Although the Plan has been amended since receiving the determination letter, the Plan’s administrator and the Plan’s tax counsel believe the Plan is currently designed and being operated in compliance with applicable requirements of the Code and therefore believe that the Plan is qualified and the related Trust is tax-exempt.

The Association also received a determination letter dated April 7, 2010 for the CBERA Group Trust which stated that the Trust was in compliance with the requirements of the Code and is a qualified group trust and is accordingly exempt from federal income taxes.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS or the Department of Labor (“DOL”). The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025 and 2024, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by the IRS and DOL, however there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to examinations for years prior to December 31, 2022.

## 8. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments that are attributable, under the Plan’s provisions, to services rendered by plan members through the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) present employees or their beneficiaries. Benefits under the Plan are based on employees’ compensation during their years of credited service.

The actuarial present value of accumulated benefits under the Plan was determined by consulting actuaries, Gallagher Benefit Services, Inc., as of January 1, 2025, using the aggregate funding method and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of January 1, 2025 and 2024 were: (a) assumed rate of return on investments of 6.25% for 2025 and 6.50% for 2024; (b) retirement at age 65 or attained age if greater; (c) assumed mortality rates based upon the Pri-2012 white collar mortality tables, projected generationally with Scale MP-2021; (d) rates of participants’ withdrawal based upon completed years of service; (e) the social security wage base increase assumption was

## The Defined Benefit Plan (Plan C) of CBERA

2.50%; and (f) assumed discount rate of 6.25% for 2025 and 6.50% for 2024. The change in the discount rate and mortality table is responsible for the assumption change of \$1,356,158.

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

At January 1, 2025, the actuarial present value of accumulated plan benefits is as follows:

Actuarial present value of accumulated plan benefits:

Vested:

|                                           |                    |
|-------------------------------------------|--------------------|
| Participants currently receiving payments | \$ 54,481,527      |
| Other participants                        | 58,538,001         |
| Total                                     | <u>113,019,528</u> |

|                    |                |
|--------------------|----------------|
| Nonvested benefits | <u>350,464</u> |
|--------------------|----------------|

|                                                               |                              |
|---------------------------------------------------------------|------------------------------|
| Total actuarial present value of<br>accumulated plan benefits | <u><u>\$ 113,369,992</u></u> |
|---------------------------------------------------------------|------------------------------|

The changes in the actuarial present value of accumulated plan benefits for the period January 1, 2024 to January 1, 2025 is as follows:

|                                                                               |                              |
|-------------------------------------------------------------------------------|------------------------------|
| Actuarial present value of accumulated plan<br>benefits, at beginning of year | <u>\$ 225,620,184</u>        |
| Increase (decrease) during the year attributable to:                          |                              |
| Benefits accumulated                                                          | 16,196,768                   |
| Interest due to decrease in discount period                                   | 14,143,832                   |
| Annuity purchase                                                              | (127,644,772)                |
| Benefit payments                                                              | (16,302,178)                 |
| Assumption changes                                                            | 1,356,158                    |
| Net decrease                                                                  | <u>(112,250,192)</u>         |
| Actuarial present value of accumulated plan<br>benefits, at end of year       | <u><u>\$ 113,369,992</u></u> |

### 9. FUNDING POLICY

The Plan's policy is to require participating employers to make annual contributions to the Plan in amounts that equal or exceed the minimum funding requirements under ERISA. The funding policy considers the normal cost calculated using the aggregate funding method and adjusts to recognize the individual funded situation of each adopting employer.

# The Defined Benefit Plan (Plan C) of CBERA

## 10. PLAN TERMINATION

Although it has not expressed any intent to do so, the Association has the right to amend or terminate the Plan to the extent permitted by the bylaws. In the event of plan termination, participants, terminated participants and pensioners will become fully vested in their accrued benefits, to the extent funded, as of the date of termination. To the extent that unfunded vested benefits exist, ERISA provides that such benefits are payable by the Pension Benefit Guaranty Corporation ("PBGC") to its members, up to specified limitations, as described by ERISA.

## 11. RELATED PARTY TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by some of the Plan's investment advisors. Therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan to certain investment advisors are netted against the investment return of the funds they manage. The Plan also paid the Association fees as the Plan Administrator.

## 12. RISKS AND UNCERTAINTIES

The Plan invests in a variety of investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Because of the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

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

## 13. ANNUITY CONTRACTS

In February 2025, the Plan purchased annuity contracts from American National Insurance Company ("ANICO") and American National Life Insurance Company of New York ("ANICONY") and transferred the premiums in the amount of \$7,876,853 and \$516,949, respectively representing a participating employer that had previously frozen further benefits. ANICO and ANICONY assumed the responsibility for the annuity liabilities of the participating employer. Subsequently, it was determined that the participating employer's asset allocation was over funded by \$897,775, which was reallocated to all annuitants as of October 1, 2025. Additionally, in February 2025 a premium refund of \$1,423,666 was returned to the Plan from ANICO for overpayment of an initial premium paid in June 2024. In August 2025, the Plan purchased an annuity contract from ANICO

## The Defined Benefit Plan (Plan C) of CBERA

and transferred the premium in the amount of \$2,614,264 representing a participating employer that had previously frozen further benefits. ANICO assumed the responsibility for the annuity liabilities of the participating employer.

On June 18, 2024 the Plan purchased annuity contracts from ANICO and ANICONY and transferred the premiums in the amount of \$129,615,379 and \$209,749 respectively. On July 26, 2024 the Plan received a payment in the amount of \$756,689 from ANICO and ANICONY to pay annuity liabilities on August 1, 2024. ANICO and ANICONY assumed the responsibility for the annuity liabilities on August 1, 2024 and commenced benefit payments on September 1, 2024.

### 14. RECONCILIATION TO FORM 5500

A reconciliation of net assets in the statement of net assets available for benefits and net assets on the Form 5500 is as follows:

|                                                                                          | 2025                  | 2024                  |
|------------------------------------------------------------------------------------------|-----------------------|-----------------------|
| Total net assets as reported in the statement of net assets available for benefits       | \$ 126,181,680        | \$ 129,918,160        |
| Adjustment for additional contributions receivable as reflected in Form 5500 Schedule SB | 2,482,854             | -                     |
| Net assets per Form 5500                                                                 | <u>\$ 128,664,534</u> | <u>\$ 129,918,160</u> |

A reconciliation of employer contributions in the statement of changes in net assets available for benefits per the financial statements to the Form 5500 for the year ended December 31, 2025 is as follows:

|                                                                                                        |                     |
|--------------------------------------------------------------------------------------------------------|---------------------|
| Employer contributions as reported in the statement of changes in net assets available for benefits    | \$ 4,322,800        |
| Adjustment for additional 2025 employer contributions receivable as reflected in Form 5500 Schedule SB | 2,482,854           |
| Total contributions per Form 5500                                                                      | <u>\$ 6,805,654</u> |

## The Defined Benefit Plan (Plan C) of CBERA

### 15. SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 7, 2026, which is the date the financial statements were available to be issued.

In April 2026, it was determined that a participating employer who had previously frozen further benefits, was over funded by \$138,384 which was reallocated to the annuitants of the employer effective July 1, 2026.

In May 2026, the Plan purchased an annuity contract from Mutual of Omaha and transferred the premium in the amount of \$12,502,691 representing a participating employer that previously had frozen further benefits. Mutual of Omaha assumed the responsibility of the liabilities on May 11, 2026.

There were no other subsequent events that require adjustment to or disclosure in the financial statements.

# The Defined Benefit Plan (Plan C) of CBERA

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

E.I.N. 04-6035593

Plan Number 334

December 31, 2025

| a | b                                                                                                                                                                                                           |                | c                                                                                                      |  | d                  | e                  |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------------------------------|--|--------------------|--------------------|
|   | Identity of Issue, Borrower, Lessor or Similar Party                                                                                                                                                        |                | Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value |  | Cost               | Current Value      |
|   |                                                                                                                                                                                                             | (UNITS)        |                                                                                                        |  |                    |                    |
|   | Investment in CBERA Group Trust, a common collective trust                                                                                                                                                  |                | Units of Participation in CBERA Group Trust                                                            |  | \$ 97,534,695      | \$ 122,723,088     |
|   |                                                                                                                                                                                                             | (SHARES)       |                                                                                                        |  |                    |                    |
| * | EB Temporary Investment Fund II                                                                                                                                                                             |                | EB Temporary Investment Fund II, Variable rate, 12/31/2049                                             |  | 2,852,511          | 2,852,511          |
|   | <b>TOTAL INVESTMENTS</b>                                                                                                                                                                                    |                |                                                                                                        |  | <b>100,387,206</b> | <b>125,575,599</b> |
|   | Investment in CBERA Group Trust, a common collective trust (The Plan's allocated portion of the Trust's investments since the CBERA Group Trust is not a direct filing entity with the Department of Labor) |                |                                                                                                        |  |                    |                    |
|   | <b>CASH AND LIQUID INVESTMENTS</b>                                                                                                                                                                          |                |                                                                                                        |  |                    |                    |
|   |                                                                                                                                                                                                             | (SHARES)       |                                                                                                        |  |                    |                    |
| * | LGIMA CUSTOM                                                                                                                                                                                                | 633,810        | EB TEMP INV FD                                                                                         |  | 633,810            | 633,810            |
| * | COPELAND SMALL CAP                                                                                                                                                                                          | 127,746        | EB TEMP INV FD                                                                                         |  | 127,747            | 127,747            |
| * | LGIMA TREASURY FUND                                                                                                                                                                                         | 924            | EB TEMP INV FD                                                                                         |  | 924                | 924                |
| * | INCOME LONG CORPORAT                                                                                                                                                                                        | 1,233          | EB TEMP INV FD                                                                                         |  | 689                | 689                |
| * | ACADIAN EME                                                                                                                                                                                                 | 449            | EB TEMP INV FD                                                                                         |  | 450                | 450                |
| * | FIDELITY LARGE VALUE                                                                                                                                                                                        | 14             | EB TEMP INV FD                                                                                         |  | 14                 | 14                 |
| * | SELECT EQUITY                                                                                                                                                                                               | 475            | EB TEMP INV FD                                                                                         |  | 475                | 475                |
| * | HJ INTERNATIONAL EQ                                                                                                                                                                                         | 280            | EB TEMP INV FD                                                                                         |  | 280                | 280                |
| * | BR LONG CORPORAT                                                                                                                                                                                            | 788            | EB TEMP INV FD                                                                                         |  | 788                | 788                |
| * | INCOME INTERMED CORP                                                                                                                                                                                        | 453            | EB TEMP INV FD                                                                                         |  | 453                | 453                |
| * | FIDELITY S&P 500                                                                                                                                                                                            | 280            | EB TEMP INV FD                                                                                         |  | 280                | 280                |
| * | LGIMA CUSTOM                                                                                                                                                                                                | -              | CASH - BROKER                                                                                          |  | 139,351            | 139,351            |
| * | LGIMA CUSTOM                                                                                                                                                                                                | -              | INTEREST RECEIVABLE                                                                                    |  | 156,922            | 156,922            |
| * | COPELAND SMALL CAP                                                                                                                                                                                          | -              | DIVIDENDS RECEIVABLE                                                                                   |  | 12,459             | 12,459             |
| * | COPELAND SMALL CAP                                                                                                                                                                                          | -              | DIVIDENDS RECEIVABLE RECLAIM                                                                           |  | 6,841              | 6,841              |
| * | COPELAND SMALL CAP                                                                                                                                                                                          | -              | INTEREST RECEIVABLE                                                                                    |  | 411                | 411                |
| * | FIDELITY S&P 500                                                                                                                                                                                            | -              | INTEREST RECEIVABLE                                                                                    |  | 125                | 125                |
| * | ACADIAN EME                                                                                                                                                                                                 | -              | INTEREST RECEIVABLE                                                                                    |  | 1                  | 1                  |
| * | LGIMA TREASURY FUND                                                                                                                                                                                         | -              | INTEREST RECEIVABLE                                                                                    |  | 3                  | 3                  |
| * | INCOME LONG CORPORAT                                                                                                                                                                                        | -              | INTEREST RECEIVABLE                                                                                    |  | 2                  | 2                  |
| * | SELECT EQUITY FUND                                                                                                                                                                                          | -              | INTEREST RECEIVABLE                                                                                    |  | 2                  | 2                  |
| * | BR LONG CORPORAT                                                                                                                                                                                            | -              | INTEREST RECEIVABLE                                                                                    |  | 3                  | 3                  |
| * | INCOME INTERMED CORP                                                                                                                                                                                        | -              | INTEREST RECEIVABLE                                                                                    |  | 1                  | 1                  |
| * | HJ INTERNATIONAL EQ                                                                                                                                                                                         | -              | INTEREST RECEIVABLE                                                                                    |  | 3                  | 3                  |
|   | <b>TOTAL CASH AND LIQUID INVESTMENTS</b>                                                                                                                                                                    |                |                                                                                                        |  | <b>1,082,034</b>   | <b>1,082,034</b>   |
|   | <b>ALTERNATIVE INVESTMENT FUNDS</b>                                                                                                                                                                         |                |                                                                                                        |  |                    |                    |
|   |                                                                                                                                                                                                             | (SHARES/UNITS) |                                                                                                        |  |                    |                    |
| * | FIDELITY S&P 500                                                                                                                                                                                            | 116,068        | SPARTAN 500 INDEX POOL CL C                                                                            |  | 25,109,523         | 37,705,698         |
| * | ACADIAN EME                                                                                                                                                                                                 | 1,627          | ACADIAN EM SM CAP EQ FD                                                                                |  | 5,142,106          | 9,169,971          |
| * | SELECT EQUITY                                                                                                                                                                                               | 4,730          | SELECT EQUITY                                                                                          |  | 5,982,018          | 8,450,308          |
| * | FIDELITY LARGE VALUE                                                                                                                                                                                        | 44,087         | SPARTAN LC VALUE IDX POOL                                                                              |  | 8,060,081          | 9,723,910          |
| * | HJ INTERNATIONAL EQ                                                                                                                                                                                         | 161,052        | HARDMAN JOHNSTON I.E. GROUP                                                                            |  | 6,081,603          | 9,724,585          |
| * | BLACKROCK LDI                                                                                                                                                                                               | 463,129        | US LONG CORPORATE BOND FUND                                                                            |  | 6,953,040          | 7,847,126          |
| * | LEGAL & GENERAL INVESTMENT MANAGEMENT                                                                                                                                                                       | 66,189         | L&G LONG LIABILITY TREASURY                                                                            |  | 6,893,725          | 6,149,602          |
| * | INCOME INTERMED CORP                                                                                                                                                                                        | 730,099        | IR+M LONG CORPORATE COLLECTIVE                                                                         |  | 7,282,699          | 6,981,516          |
| * | INCOME INTERMED CORP                                                                                                                                                                                        | 318,915        | IR+M INTERMEDIATE CORPORATE                                                                            |  | 3,058,359          | 3,544,557          |
|   | <b>TOTAL ALTERNATIVE INVESTMENT FUNDS</b>                                                                                                                                                                   |                |                                                                                                        |  | <b>74,563,154</b>  | <b>99,297,273</b>  |
|   | <b>U.S. TREASURY BONDS</b>                                                                                                                                                                                  |                |                                                                                                        |  |                    |                    |
|   |                                                                                                                                                                                                             | (PAR)          |                                                                                                        |  |                    |                    |
| * | LEGAL & GENERAL INVESTMENT MANAGEMENT                                                                                                                                                                       | 2,794,910      | U S TREASURY BD CPN STRIP                                                                              |  | 1,806,015          | 1,994,588          |
| * | LEGAL & GENERAL INVESTMENT MANAGEMENT                                                                                                                                                                       | 1,397,455      | U S TREASURY BOND                                                                                      |  | 838,206            | 881,109            |
| * | LEGAL & GENERAL INVESTMENT MANAGEMENT                                                                                                                                                                       | 740,651        | U S TREASURY BOND                                                                                      |  | 719,260            | 547,304            |
| * | LEGAL & GENERAL INVESTMENT MANAGEMENT                                                                                                                                                                       | 701,522        | U S TREASURY BOND                                                                                      |  | 571,052            | 504,766            |
| * | LEGAL & GENERAL INVESTMENT MANAGEMENT                                                                                                                                                                       | 349,364        | U S TREASURY BOND                                                                                      |  | 323,760            | 296,306            |
| * | LEGAL & GENERAL INVESTMENT MANAGEMENT                                                                                                                                                                       | 656,804        | U S TREASURY BOND                                                                                      |  | 598,376            | 572,037            |
| * | LEGAL & GENERAL INVESTMENT MANAGEMENT                                                                                                                                                                       | 503,084        | U S TREASURY BOND                                                                                      |  | 491,120            | 409,128            |
| * | LEGAL & GENERAL INVESTMENT MANAGEMENT                                                                                                                                                                       | 287,876        | U S TREASURY BOND                                                                                      |  | 256,766            | 233,922            |
| * | LEGAL & GENERAL INVESTMENT MANAGEMENT                                                                                                                                                                       | 363,338        | U S TREASURY BOND                                                                                      |  | 381,805            | 358,015            |
| * | LEGAL & GENERAL INVESTMENT MANAGEMENT                                                                                                                                                                       | 1,799,922      | U S TREASURY BOND                                                                                      |  | 1,726,332          | 1,705,138          |
| * | LEGAL & GENERAL INVESTMENT MANAGEMENT                                                                                                                                                                       | 5,609,385      | U S TREASURY BOND                                                                                      |  | 5,619,635          | 5,539,269          |
| * | LEGAL & GENERAL INVESTMENT MANAGEMENT                                                                                                                                                                       | 810,524        | U S TREASURY BOND                                                                                      |  | 802,398            | 794,946            |
|   | <b>TOTAL U.S. TREASURY BONDS</b>                                                                                                                                                                            |                |                                                                                                        |  | <b>14,134,725</b>  | <b>13,836,528</b>  |

See independent auditor's report.

# The Defined Benefit Plan (Plan C) of CBERA

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

E.I.N. 04-6035593

Plan Number 334

December 31, 2025

| a | b                                                    | c                                                                                                      | d                    | e                     |
|---|------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------|-----------------------|
|   | Identity of Issue, Borrower, Lessor or Similar Party | Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value | Cost                 | Current Value         |
|   |                                                      | (PAR)                                                                                                  |                      |                       |
| * | LEGAL & GENERAL INVESTMENT MANAGEMENT                | 37 US 10YR ULTRA FUTURE (CBT)                                                                          | -                    | (13,861)              |
| * | LEGAL & GENERAL INVESTMENT MANAGEMENT                | 51 US TREAS BD FUTURE (CBT)                                                                            | -                    | (51,296)              |
| * | LEGAL & GENERAL INVESTMENT MANAGEMENT                | (2) US 10YR TREAS NTS FUTURE (CBT)                                                                     | -                    | (262)                 |
| * | LEGAL & GENERAL INVESTMENT MANAGEMENT                | 17 US 5YR TREAS NTS FUTURE (CBT)                                                                       | -                    | (2,507)               |
| * | LEGAL & GENERAL INVESTMENT MANAGEMENT                | 1 US 2YR TREAS NTS FUT (CBT)                                                                           | -                    | (157)                 |
| * | LEGAL & GENERAL INVESTMENT MANAGEMENT                | 62 US ULTRA BOND (CBT)                                                                                 | -                    | (114,405)             |
|   | <b>TOTAL U.S. TREASURY BOND FUTURES</b>              |                                                                                                        | -                    | <b>(182,488)</b>      |
|   | <b>EQUITY SECURITIES</b>                             |                                                                                                        |                      |                       |
|   |                                                      | (SHARES)                                                                                               |                      |                       |
|   | AAON INC                                             | 1,811 SHARES OF COMMON STOCK                                                                           | 144,544              | 138,097               |
|   | AZZ INC                                              | 1,032 SHARES OF COMMON STOCK                                                                           | 112,752              | 110,597               |
|   | AIR LEASE CORP                                       | 1,836 SHARES OF COMMON STOCK                                                                           | 87,155               | 117,907               |
|   | ALAMO GROUP INC                                      | 251 SHARES OF COMMON STOCK                                                                             | 44,172               | 42,133                |
|   | BROOKFIELD INFRASTRUCTURE CORP                       | 3,147 SHARES OF COMMON STOCK                                                                           | 121,795              | 142,877               |
|   | BRUNSWICK CORP/DE                                    | 2,164 SHARES OF COMMON STOCK                                                                           | 138,859              | 160,683               |
|   | CRA INTERNATIONAL INC                                | 693 SHARES OF COMMON STOCK                                                                             | 77,288               | 138,997               |
|   | CARETRUST REIT INC                                   | 4,086 SHARES OF COMMON STOCK                                                                           | 130,637              | 147,756               |
|   | CIEMED CORP                                          | 338 SHARES OF COMMON STOCK                                                                             | 150,147              | 144,695               |
|   | CHESAPEAKE UTILITIES CORP                            | 1,069 SHARES OF COMMON STOCK                                                                           | 98,684               | 133,340               |
|   | CLEAR SECURE INC                                     | 5,074 SHARES OF COMMON STOCK                                                                           | 128,168              | 178,011               |
|   | COGNEX CORP                                          | 3,282 SHARES OF COMMON STOCK                                                                           | 133,803              | 118,099               |
|   | COHEN & STEERS INC                                   | 1,950 SHARES OF COMMON STOCK                                                                           | 114,640              | 122,404               |
|   | CONCENTRIX CORP                                      | 2,685 SHARES OF COMMON STOCK                                                                           | 182,338              | 111,634               |
|   | ENCOMPASS HEALTH CORP                                | 2,017 SHARES OF COMMON STOCK                                                                           | 124,137              | 214,123               |
|   | ENSIGN GROUP INC/THE                                 | 1,608 SHARES OF COMMON STOCK                                                                           | 108,606              | 280,147               |
|   | ESQUIRE FINANCIAL HOLDINGS INC                       | 1,062 SHARES OF COMMON STOCK                                                                           | 90,480               | 108,405               |
|   | EXCELERATE ENERGY INC                                | 4,416 SHARES OF COMMON STOCK                                                                           | 119,581              | 123,868               |
|   | FEDERAL AGRICULTURAL MORTGAGE                        | 962 SHARES OF COMMON STOCK                                                                             | 102,567              | 168,900               |
|   | FIRSTSERVICE CORP                                    | 869 SHARES OF COMMON STOCK                                                                             | 134,914              | 135,189               |
|   | HAMILTON LANE INC                                    | 1,185 SHARES OF COMMON STOCK                                                                           | 119,425              | 159,163               |
|   | HEALTHSTREAM INC                                     | 3,633 SHARES OF COMMON STOCK                                                                           | 110,324              | 83,809                |
|   | HEXCEL CORP                                          | 2,254 SHARES OF COMMON STOCK                                                                           | 151,339              | 166,557               |
|   | HOME BANCSHARES INC/AR                               | 6,293 SHARES OF COMMON STOCK                                                                           | 123,693              | 174,820               |
|   | IRADIMED CORP                                        | 1,680 SHARES OF COMMON STOCK                                                                           | 74,041               | 163,460               |
|   | KBR INC                                              | 3,240 SHARES OF COMMON STOCK                                                                           | 152,129              | 130,265               |
|   | KFORCE INC                                           | 1,787 SHARES OF COMMON STOCK                                                                           | 106,948              | 55,256                |
|   | KINSALE CAPITAL GROUP INC                            | 268 SHARES OF COMMON STOCK                                                                             | 85,767               | 104,723               |
|   | KULICK & SOFFA INDUSTRIES INC                        | 3,358 SHARES OF COMMON STOCK                                                                           | 154,341              | 153,007               |
|   | LAKE LAND FINANCIAL CORP                             | 2,480 SHARES OF COMMON STOCK                                                                           | 126,988              | 141,489               |
|   | LANDSTAR SYSTEM INC                                  | 893 SHARES OF COMMON STOCK                                                                             | 125,063              | 128,280               |
|   | LEMAITRE VASCULAR INC                                | 2,287 SHARES OF COMMON STOCK                                                                           | 105,434              | 185,504               |
|   | LITTELFUSE INC                                       | 662 SHARES OF COMMON STOCK                                                                             | 120,323              | 167,533               |
|   | MSA SAFETY INC                                       | 723 SHARES OF COMMON STOCK                                                                             | 123,391              | 115,743               |
|   | MATADOR RESOURCES CO                                 | 3,249 SHARES OF COMMON STOCK                                                                           | 156,133              | 137,879               |
|   | MATERION CORP                                        | 1,223 SHARES OF COMMON STOCK                                                                           | 92,494               | 152,050               |
|   | NAPCO SECURITY TECHNOLOGIES INC                      | 5,707 SHARES OF COMMON STOCK                                                                           | 210,863              | 237,990               |
|   | NEXSTAR MEDIA GROUP INC                              | 868 SHARES OF COMMON STOCK                                                                             | 110,468              | 176,268               |
|   | NEXPOINT RESIDENTIAL TRUST INC                       | 2,975 SHARES OF COMMON STOCK                                                                           | 110,290              | 89,561                |
|   | PATRICK INDUSTRIES INC                               | 1,477 SHARES OF COMMON STOCK                                                                           | 123,358              | 160,133               |
|   | PERDOCO EDUCATION CORP                               | 4,458 SHARES OF COMMON STOCK                                                                           | 142,268              | 130,766               |
|   | POWER INTEGRATIONS INC                               | 2,698 SHARES OF COMMON STOCK                                                                           | 160,726              | 95,894                |
|   | PRICESMART INC                                       | 1,603 SHARES OF COMMON STOCK                                                                           | 133,806              | 196,660               |
|   | QUAKER CHEMICAL CORP                                 | 915 SHARES OF COMMON STOCK                                                                             | 152,476              | 125,646               |
|   | SHOE CARNIVAL INC                                    | 6,179 SHARES OF COMMON STOCK                                                                           | 136,994              | 104,301               |
|   | STANDEX INTERNATIONAL CORP                           | 545 SHARES OF COMMON STOCK                                                                             | 51,387               | 118,419               |
|   | TERRENO REALTY CORP                                  | 2,215 SHARES OF COMMON STOCK                                                                           | 137,849              | 130,024               |
|   | TETRA TECH INC                                       | 3,827 SHARES OF COMMON STOCK                                                                           | 110,448              | 128,369               |
|   | TRAVEL + LEISURE CO                                  | 2,392 SHARES OF COMMON STOCK                                                                           | 119,523              | 168,700               |
|   | TURNING POINT BRANDS INC                             | 854 SHARES OF COMMON STOCK                                                                             | 90,065               | 92,587                |
|   | UFP INDUSTRIES INC                                   | 992 SHARES OF COMMON STOCK                                                                             | 90,264               | 90,288                |
|   | UMH PROPERTIES INC                                   | 4,619 SHARES OF COMMON STOCK                                                                           | 78,837               | 73,486                |
|   | US PHYSICAL THERAPY INC                              | 1,969 SHARES OF COMMON STOCK                                                                           | 194,863              | 153,739               |
|   | UNIFIRST CORP/MA                                     | 680 SHARES OF COMMON STOCK                                                                             | 121,553              | 131,118               |
|   | UNITED STATES LIME & MINERALS                        | 773 SHARES OF COMMON STOCK                                                                             | 96,332               | 92,501                |
|   | UNIVERSAL DISPLAY CORP                               | 1,176 SHARES OF COMMON STOCK                                                                           | 180,782              | 137,279               |
|   | UTZ BRANDS INC                                       | 14,109 SHARES OF COMMON STOCK                                                                          | 198,130              | 146,454               |
|   | VALMONT INDUSTRIES INC                               | 484 SHARES OF COMMON STOCK                                                                             | 121,937              | 194,530               |
|   | WESCO INTERNATIONAL INC                              | 777 SHARES OF COMMON STOCK                                                                             | 122,358              | 190,082               |
|   | WILLSCOT HOLDINGS CORP                               | 5,655 SHARES OF COMMON STOCK                                                                           | 148,720              | 106,488               |
|   | WINGSTOP INC                                         | 609 SHARES OF COMMON STOCK                                                                             | 134,170              | 145,310               |
|   | WINMARK CORP                                         | 265 SHARES OF COMMON STOCK                                                                             | 96,917               | 107,292               |
|   | WYNDHAM HOTELS & RESORTS INC                         | 1,359 SHARES OF COMMON STOCK                                                                           | 101,131              | 102,720               |
|   | BROOKFIELD INFRASTRUCTURE CORP                       | 126 SHARES OF COMMON STOCK                                                                             | 5,167                | 5,735                 |
|   | <b>TOTAL EQUITY SECURITIES</b>                       |                                                                                                        | <b>7,754,782</b>     | <b>8,689,740</b>      |
|   |                                                      | <b>TOTAL INVESTMENTS</b>                                                                               | <b>\$ 97,534,695</b> | <b>\$ 122,723,087</b> |

\* Party-in-interest

See independent auditor's report.

# The Defined Benefit Plan (Plan C) of CBERA

## Schedule H, Line 4i - Schedule of Assets (Acquired and Disposed of Within Year)

E.I.N. 04-6035593

Plan Number 334

December 31, 2025

| <sup>a</sup> | <sup>b</sup>                                            | <sup>c</sup>                                                                                              | <sup>d</sup>            | <sup>e</sup>                |
|--------------|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------|
|              | Identity of Issue, Borrower,<br>Lessor or Similar Party | Description of Investment including Maturity Date,<br>Rate of Interest, Collateral, Par or Maturity Value | Cost of<br>Acquisitions | Proceeds of<br>Dispositions |
|              | US 10YR ULTRA FUTURE (CBT)                              | US 10YR ULTRA FUTURE (CBT) EXP JUN 25                                                                     | \$ -                    | \$ (61,471)                 |
|              | US 10YR ULTRA FUTURE (CBT)                              | US 10YR ULTRA FUTURE (CBT) EXP SEP 25                                                                     | -                       | 151,272                     |
|              | US 10YR ULTRA FUTURE (CBT)                              | US 10YR ULTRA FUTURE (CBT) EXP DEC 25                                                                     | -                       | 87,568                      |
|              | US LONG BOND FUTURE (CBT)                               | US LONG BOND FUTURE (CBT) EXP JUN 25                                                                      | -                       | (380,052)                   |
|              | US TREAS BD FUTURE (CBT)                                | US TREAS BD FUTURE (CBT) EXP SEP 25                                                                       | -                       | 313,834                     |
|              | US TREAS BD FUTURE (CBT)                                | US TREAS BD FUTURE (CBT) EXP DEC 25                                                                       | -                       | 240,561                     |
|              | US 10YR NOTE FUTURE (CBT)                               | US 10YR NOTE FUTURE (CBT) EXP JUN 25                                                                      | -                       | 11,378                      |
|              | US 10YR NOTE FUTURE (CBT)                               | US 10YR NOTE FUTURE (CBT) EXP SEP 25                                                                      | -                       | 3,242                       |
|              | US 10YR TREAS NTS FUTURE (CBT)                          | US 10YR TREAS NTS FUTURE (CBT) EXP DEC 25                                                                 | -                       | (1,711)                     |
|              | US 5YR NOTE FUTURE (CBT)                                | US 5YR NOTE FUTURE (CBT) EXP JUN 25                                                                       | -                       | 13,550                      |
|              | US 5YR NOTE FUTURE (CBT)                                | US 5YR NOTE FUTURE (CBT) EXP SEP 25                                                                       | -                       | 38,293                      |
|              | US 5YR TREAS NTS FUTURE (CBT)                           | US 5YR TREAS NTS FUTURE (CBT) EXP DEC 25                                                                  | -                       | 5,048                       |
|              | US 2YR NOTE FUTURE (CBT)                                | US 2YR NOTE FUTURE (CBT) EXP JUN 25                                                                       | -                       | 1,908                       |
|              | US 2YR NOTE FUTURE (CBT)                                | US 2YR NOTE FUTURE (CBT) EXP SEP 25                                                                       | -                       | (690)                       |
|              | US 2YR TREAS NTS FUT (CBT)                              | US 2YR TREAS NTS FUT (CBT) EXP DEC 25                                                                     | -                       | (144)                       |
|              | US ULTRA BOND (CBT)                                     | US ULTRA BOND (CBT) EXP JUN 25                                                                            | -                       | (494,480)                   |
|              | US ULTRA BOND FUTURE (CBT)                              | US ULTRA BOND (CBT) EXP SEP 25                                                                            | -                       | 304,951                     |
|              | US ULTRA BOND FUTURE (CBT)                              | US ULTRA BOND(CBT) EXP DEC 25                                                                             | -                       | 313,218                     |

This schedule of assets (acquired and disposed of within year) also includes transactions within the CBERA Group Trust since it is not a direct filing entity with the Department of Labor.

See independent auditors' report.

# The Defined Benefit Plan (Plan C) of CBERA

## Schedule H, Line 4j - Schedule of Reportable Transactions

E.I.N. 04-6035593

Plan Number 334

December 31, 2025

| a                                                                                                                                                           | b                           | c                 | d                | e               | f                                          | g                | h                                                   | i                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------|------------------|-----------------|--------------------------------------------|------------------|-----------------------------------------------------|-----------------------|
| Identity of<br>Party Involved                                                                                                                               | Description of Asset        | Purchase<br>Price | Selling<br>Price | Lease<br>Rental | Expense<br>Incurred<br>With<br>Transaction | Cost of<br>Asset | Current Value<br>of Asset on<br>Transaction<br>Date | Net Gain<br>or (Loss) |
| <u>Category (1)</u> - A single transaction in excess of 5% of plan assets:                                                                                  |                             |                   |                  |                 |                                            |                  |                                                     |                       |
| FIDELITY LARGE VALUE                                                                                                                                        | SPARTAN LC VALUE IDX POOL   | \$ 10,950,000     | \$ -             | \$ -            | \$ -                                       | \$ 10,950,000    | \$ 10,950,000                                       | \$ -                  |
| EB Temp INV FD                                                                                                                                              | shares of EB Temp INV FD    | -                 | 8,395,264        | -               | -                                          | 8,395,264        | 8,395,264                                           | -                     |
| <u>Category (2)</u> - A series of transactions with the same person involving property other than securities and aggregating to more than 5% of plan assets |                             |                   |                  |                 |                                            |                  |                                                     |                       |
| None                                                                                                                                                        |                             |                   |                  |                 |                                            |                  |                                                     |                       |
| <u>Category (3)</u> - A series of securities transactions in excess of 5% of plan assets:                                                                   |                             |                   |                  |                 |                                            |                  |                                                     |                       |
| US TREASURY BOND 4.250% 08/15/2054 DD 08/15/24                                                                                                              | US TREASURY BOND            | -                 | 12,779,437       | -               | -                                          | 13,178,252       | 12,779,437                                          | (398,815)             |
| US TREASURY BOND 4.500% 11/15/2054 DD 11/15/24                                                                                                              | US TREASURY BOND            | -                 | 11,650,882       | -               | -                                          | 11,887,417       | 11,650,882                                          | (236,535)             |
| US TREASURY BOND 4.500% 11/15/2054 DD 11/15/24                                                                                                              | US TREASURY BOND            | 14,975,767        | -                | -               | -                                          | 14,975,767       | 14,975,767                                          | -                     |
| US TREASURY BOND 4.625% 02/15/2055 DD 02/15/25                                                                                                              | US TREASURY BOND            | 9,866,570         | -                | -               | -                                          | 9,866,570        | 9,866,570                                           | -                     |
| US TREASURY BOND 4.625% 02/15/2055 DD 05/15/25                                                                                                              | US TREASURY BOND            | -                 | 9,929,145        | -               | -                                          | 9,866,570        | 9,929,145                                           | 62,575                |
| US TREASURY BOND 4.750% 05/15/2055 DD 05/15/25                                                                                                              | US TREASURY BOND            | 9,933,364         | -                | -               | -                                          | 9,933,364        | 9,933,364                                           | -                     |
| US TREASURY BOND 4.750% 05/15/2055 DD 05/15/25                                                                                                              | US TREASURY BOND            | -                 | 10,085,294       | -               | -                                          | 9,933,364        | 10,085,294                                          | 151,930               |
| EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01                                                                                                                | shares of EB TEMP INV FD    | 61,811,445        | -                | -               | -                                          | 61,811,445       | 61,811,445                                          | -                     |
| EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01                                                                                                                | shares of EB TEMP INV FD    | -                 | 61,119,018       | -               | -                                          | -                | -                                                   | -                     |
| FIDELITY S&P 500                                                                                                                                            | SPARTAN 500 INDEX POOL CL C | 4,965,000         | -                | -               | -                                          | 4,965,000        | 4,965,000                                           | -                     |
| FIDELITY S&P 500                                                                                                                                            | SPARTAN 500 INDEX POOL CL C | -                 | 19,625,000       | -               | -                                          | 14,590,306       | 19,625,000                                          | 5,034,694             |
| FIDELITY LARGE VALUE                                                                                                                                        | SPARTAN LC VALUE IDX POOL   | 15,505,000        | -                | -               | -                                          | 15,505,000       | 15,505,000                                          | -                     |
| FIDELITY LARGE VALUE                                                                                                                                        | SPARTAN LC VALUE IDX POOL   | -                 | 1,275,000        | -               | -                                          | 1,085,787        | 1,275,000                                           | 189,213               |

Category (4) - A single transaction with the same person in excess of 5% of plan assets:

None

This schedule of reportable transactions also includes transactions within the CBERA Group Trust since it is not a direct filing entity with the Department of Labor.

See independent auditors' report.

EIN: 04-6035593, Plan ID: 334, CBERA Plan C

Attachment to 2025 Schedule SB

Schedule SB, Line 26a – Schedule of Active Participant Data

| Years of Credited Service |         |        |        |          |          |          |          |          |          |         |
|---------------------------|---------|--------|--------|----------|----------|----------|----------|----------|----------|---------|
|                           | Under 1 | 1 to 4 | 5 to 9 | 10 to 14 | 15 to 19 | 20 to 24 | 25 to 29 | 30 to 34 | 35 to 39 | 40 & up |
| Attained                  |         |        |        |          |          |          |          |          |          |         |
| Under 25                  |         | 5      | 2      |          |          |          |          |          |          |         |
| 25 to 29                  |         | 7      | 6      |          |          |          |          |          |          |         |
| 30 to 34                  |         | 8      | 17     | 3        | 1        |          |          |          |          |         |
| 35 to 39                  | 1       | 7      | 12     | 9        | 7        |          |          |          |          |         |
| 40 to 44                  |         | 5      | 10     | 4        | 9        | 2        |          |          |          |         |
| 45 to 49                  |         | 8      | 10     | 6        | 5        | 7        | 1        | 1        |          |         |
| 50 to 54                  |         | 4      | 9      | 3        | 5        | 1        | 6        | 1        | 3        |         |
| 55 to 59                  |         | 2      | 11     | 8        | 11       | 8        | 10       | 1        | 10       | 3       |
| 60 to 64                  |         | 6      | 15     | 8        | 13       | 7        | 5        | 4        | 5        | 1       |
| 65 to 69                  | 1       | 3      | 3      | 2        | 10       | 5        |          |          | 1        | 1       |
| 70 & up                   |         | 2      | 4      | 1        | 5        |          | 2        |          |          |         |

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**ERISA Funding Valuation Assumptions**


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**Discount Rate**

January 2025 IRS Segment Rates:

|                       |       |
|-----------------------|-------|
| First Segment         | 5.00% |
| Second Segment        | 5.27% |
| Third Segment         | 5.40% |
| Single Effective Rate | 5.32% |

January 2025 IRS Segment Rates (reflecting segment rate stabilization as amended under ARPA 2021):

|                       |       |
|-----------------------|-------|
| First Segment         | 5.00% |
| Second Segment        | 5.27% |
| Third Segment         | 5.50% |
| Single Effective Rate | 5.36% |

**Rate of Salary Increases**

Age Graded:

| <u>Age</u> | <u>Increase</u> |
|------------|-----------------|
| 15-29      | 10.00%          |
| 30-39      | 7.50%           |
| 40-49      | 5.75%           |
| 50-59      | 4.50%           |
| 60+        | 3.00%           |

**Plan-related Expenses**

\$1,190,000 has been added to the Target Normal Cost for 2025. This amount is deemed to approximate the administrative expenses expected to be paid out of the trust during 2025.

**Mortality**

IRC Section 430(h)(3) prescribed generational annuitant and non-annuitant mortality tables applicable for 2025 funding valuations. These tables are based on the Pri-2012 mortality tables projected generationally with the IRS improvement scale titled "2024 Adjusted Scale MP-2021 Rates" in accordance with IRS regulation 1.430(h)(3)-1.

**Lump Sum Mortality**

2025 Applicable Mortality Table under §417(e)(3).

**Lump Sum Interest Rate**

Same as valuation interest rate listed above

**Social Security Wage Base Increase**

2.50%

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

**Termination Rates**

Probability of terminating within one year varying by age and service (under or over 5 years):

| <u>Age</u> | <u>Completed Years of Service</u> |           |
|------------|-----------------------------------|-----------|
|            | <u>0-4</u>                        | <u>5+</u> |
| 16-24      | 25%                               | 10%       |
| 25-34      | 20%                               | 10%       |
| 35-44      | 15%                               | 10%       |
| 45-49      | 15%                               | 5%        |
| 50-54      | 10%                               | 5%        |
| 55+        | 10%                               | N/A       |

**Retirement Rates**

Rates varying by age and whether the participating bank offers a subsidy providing unreduced benefits at age 62:

| <u>Age</u> | <u>Probability of Retirement</u> |                        |
|------------|----------------------------------|------------------------|
|            | <u>With Subsidy</u>              | <u>Without Subsidy</u> |
| 55-59      | 1%                               | 1%                     |
| 60-61      | 5%                               | 5%                     |
| 62         | 15%                              | 5%                     |
| 63         | 5%                               | 5%                     |
| 64         | 10%                              | 10%                    |
| 65-69      | 25%                              | 25%                    |
| 70+        | 100%                             | 100%                   |

**Disabled Mortality**

Same as healthy.

**Disability Incidence**

None.

**Form of Payment**

50% of participants are assumed to elect lump sum and 50% of participants are assumed to elect a 100% joint and survivor annuity.

**Marriage**

100% of all participants are assumed to be married. Husbands are assumed to be three years older than their wives.

**Future Increases in Maximum Pay and Benefits**

Pay and benefits limitations set by IRC 401(a)(17) and 415(b), are not assumed to increase in the future.

**Future Cost of Living Adjustments**

None.

**Decrement Timing**

Beginning of year decrements.

**Commencement Date for Deferred Vested Benefits**

Age 65.

**Commencement Date for Pre-retirement Death Benefits New Employees**

Later of death of participant or earliest eligible retirement date of participant.

No new or rehired employees are assumed.

EIN: 04-6035593, Plan ID: 334, CBERA Plan C

Attachment to 2025 Schedule SB

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

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**ERISA Funding Valuation Methods**

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**Valuation Date** January 1, 2025.

**Funding Method** The funding target and target normal cost for minimum funding calculations are determined using the unit credit cost method as prescribed by Treasury regulation section 1.430(d)-1. The liability under the unit credit cost method is the value of the accrued benefit using service and pay as of the valuation date. The sum of the present value of the accrued benefits for all participants is the funding target liability. The normal cost is the present value of the benefits earned during the year. The target normal cost is the sum of the normal costs for all participants and the assumed administrative expenses.

Projected Unit Credit cost method is solely used in development of maximum deductible contribution.

**Asset Valuation Method** Fair market value of assets as of December 31, 2024, adjusted to reflect (1) interest-adjusted receivable contributions and transfers and (2) other payables and receivables.

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**Rationale for Significant Actuarial Assumptions**

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|                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Interest Rate</b>                                         | The lookback basis was selected from the methods permitted by IRC 430. The underlying rates are based on historical market data and are published periodically by the IRS.                                                                                                                                                                                                                                                                                                                               |
| <b>Plan-related Expenses</b>                                 | As required IRC 430, we have estimated plan-related expenses anticipated to be paid from the plan's assets for the coming plan year. This may include, but is not limited to, anticipated PBGC premiums, trustee fees, actuarial fees, legal fees, and administration costs that are paid from the plan trust.                                                                                                                                                                                           |
| <b>Salary Increases</b>                                      | Salary increase tables are based on the plan sponsor's expectations of future experience, taking current conditions into account. The age graded salary scale is reviewed versus actual experience annually. The age graded salary scale was updated to reflect the results of an experience study completed in 2024.                                                                                                                                                                                    |
| <b>Lump Sum Conversion Basis</b>                             | Lump sum benefits are valued using annuity substitution as required by IRC 430. This means the valuation interest rates are also used for lump sum payments, so only the lump sum mortality may differ from the valuation mortality assumption.                                                                                                                                                                                                                                                          |
| <b>Mortality</b>                                             | The mortality tables and any applicable improvement projection scales used for purposes of this valuation were selected from those permitted by IRC 430. Updates are published periodically by the IRS.                                                                                                                                                                                                                                                                                                  |
| <b>Termination and Retirement</b>                            | The termination and retirement rates are based on the plan sponsor's expectations of future experience. The termination rates vary by service because newly hired employees are expected to terminate at a higher rate than longer-term employees. Actual experience and gains and losses are periodically reviewed to identify any significant deviation from expectations. The termination and retirement rates were updated to reflect the results of an experience study completed in 2024.          |
| <b>Commencement Dates for Terminated Vested Participants</b> | The commencement dates for terminated vested participants are based on the plan sponsor's expectations of future experience.                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Form of Payment</b>                                       | Participants are assumed to commence payments with the assumed forms based on the plan sponsor's expectations of future experience and taking the assumed marital status into account. Actual experience and gains and losses are periodically reviewed to identify any significant deviation from expectations that would materially affect the results. The form of payment assumption for terminated vested participants was updated to reflect the results of an experience study completed in 2024. |

# The Defined Benefit Plan (Plan C) of CBERA

## Schedule H, Line 4j - Schedule of Reportable Transactions

E.I.N. 04-6035593

Plan Number 334

December 31, 2025

| a                                                                                                                                                           | b                           | c                 | d                | e               | f                                          | g                | h                                                   | i                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------|------------------|-----------------|--------------------------------------------|------------------|-----------------------------------------------------|-----------------------|
| Identity of<br>Party Involved                                                                                                                               | Description of Asset        | Purchase<br>Price | Selling<br>Price | Lease<br>Rental | Expense<br>Incurred<br>With<br>Transaction | Cost of<br>Asset | Current Value<br>of Asset on<br>Transaction<br>Date | Net Gain<br>or (Loss) |
| <u>Category (1)</u> - A single transaction in excess of 5% of plan assets:                                                                                  |                             |                   |                  |                 |                                            |                  |                                                     |                       |
| FIDELITY LARGE VALUE                                                                                                                                        | SPARTAN LC VALUE IDX POOL   | \$ 10,950,000     | \$ -             | \$ -            | \$ -                                       | \$ 10,950,000    | \$ 10,950,000                                       | \$ -                  |
| EB Temp INV FD                                                                                                                                              | shares of EB Temp INV FD    | -                 | 8,395,264        | -               | -                                          | 8,395,264        | 8,395,264                                           | -                     |
| <u>Category (2)</u> - A series of transactions with the same person involving property other than securities and aggregating to more than 5% of plan assets |                             |                   |                  |                 |                                            |                  |                                                     |                       |
| None                                                                                                                                                        |                             |                   |                  |                 |                                            |                  |                                                     |                       |
| <u>Category (3)</u> - A series of securities transactions in excess of 5% of plan assets:                                                                   |                             |                   |                  |                 |                                            |                  |                                                     |                       |
| US TREASURY BOND 4.250% 08/15/2054 DD 08/15/24                                                                                                              | US TREASURY BOND            | -                 | 12,779,437       | -               | -                                          | 13,178,252       | 12,779,437                                          | (398,815)             |
| US TREASURY BOND 4.500% 11/15/2054 DD 11/15/24                                                                                                              | US TREASURY BOND            | -                 | 11,650,882       | -               | -                                          | 11,887,417       | 11,650,882                                          | (236,535)             |
| US TREASURY BOND 4.500% 11/15/2054 DD 11/15/24                                                                                                              | US TREASURY BOND            | 14,975,767        | -                | -               | -                                          | 14,975,767       | 14,975,767                                          | -                     |
| US TREASURY BOND 4.625% 02/15/2055 DD 02/15/25                                                                                                              | US TREASURY BOND            | 9,866,570         | -                | -               | -                                          | 9,866,570        | 9,866,570                                           | -                     |
| US TREASURY BOND 4.625% 02/15/2055 DD 05/15/25                                                                                                              | US TREASURY BOND            | -                 | 9,929,145        | -               | -                                          | 9,866,570        | 9,929,145                                           | 62,575                |
| US TREASURY BOND 4.750% 05/15/2055 DD 05/15/25                                                                                                              | US TREASURY BOND            | 9,933,364         | -                | -               | -                                          | 9,933,364        | 9,933,364                                           | -                     |
| US TREASURY BOND 4.750% 05/15/2055 DD 05/15/25                                                                                                              | US TREASURY BOND            | -                 | 10,085,294       | -               | -                                          | 9,933,364        | 10,085,294                                          | 151,930               |
| EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01                                                                                                                | shares of EB TEMP INV FD    | 61,811,445        | -                | -               | -                                          | 61,811,445       | 61,811,445                                          | -                     |
| EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01                                                                                                                | shares of EB TEMP INV FD    | -                 | 61,119,018       | -               | -                                          | -                | -                                                   | -                     |
| FIDELITY S&P 500                                                                                                                                            | SPARTAN 500 INDEX POOL CL C | 4,965,000         | -                | -               | -                                          | 4,965,000        | 4,965,000                                           | -                     |
| FIDELITY S&P 500                                                                                                                                            | SPARTAN 500 INDEX POOL CL C | -                 | 19,625,000       | -               | -                                          | 14,590,306       | 19,625,000                                          | 5,034,694             |
| FIDELITY LARGE VALUE                                                                                                                                        | SPARTAN LC VALUE IDX POOL   | 15,505,000        | -                | -               | -                                          | 15,505,000       | 15,505,000                                          | -                     |
| FIDELITY LARGE VALUE                                                                                                                                        | SPARTAN LC VALUE IDX POOL   | -                 | 1,275,000        | -               | -                                          | 1,085,787        | 1,275,000                                           | 189,213               |

Category (4) - A single transaction with the same person in excess of 5% of plan assets:

None

This schedule of reportable transactions also includes transactions within the CBERA Group Trust since it is not a direct filing entity with the Department of Labor.

See independent auditors' report.

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>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).</div> <div>► File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2025</div> <div>This Form is Open to Public Inspection</div> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                                                                    |                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| 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<br>CBERA Plan C                                                                                                     | B Three-digit plan number (PN) ► 334                                                                                                             |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>COOPERATIVE BANKS EMPLOYEES RETIREMENT ASSOCIATION            | D Employer Identification Number (EIN)<br>04-6035593                                                                                             |
| E Type of plan: <input type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input checked="" type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|        |                                                                                                                                                                                                  |                            |                           |                          |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| Part I | Basic Information                                                                                                                                                                                |                            |                           |                          |
| 1      | Enter the valuation date: Month 01 Day 01 Year 2025                                                                                                                                              |                            |                           |                          |
| 2      | Assets:                                                                                                                                                                                          |                            |                           |                          |
| a      | Market value                                                                                                                                                                                     | 2a                         | 131,328,917               |                          |
| b      | Actuarial value                                                                                                                                                                                  | 2b                         | 131,328,917               |                          |
| 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                                                                                                                                     | 304                        | 56,647,861                | 56,647,861               |
| b      | For terminated vested participants                                                                                                                                                               | 342                        | 22,937,178                | 22,937,178               |
| c      | For active participants                                                                                                                                                                          | 353                        | 43,193,341                | 43,600,387               |
| d      | Total                                                                                                                                                                                            | 999                        | 122,778,380               | 123,185,426              |
| 4      | If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>                                                                                          |                            |                           |                          |
| a      | Funding target disregarding prescribed at-risk assumptions                                                                                                                                       | 4a                         |                           |                          |
| b      | Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b                         |                           |                          |
| 5      | Effective interest rate                                                                                                                                                                          | 5                          | 5.36%                     |                          |
| 6      | Target normal cost                                                                                                                                                                               |                            |                           |                          |
| a      | Present value of current plan year accruals                                                                                                                                                      | 6a                         | 4,185,159                 |                          |
| b      | Expected plan-related expenses                                                                                                                                                                   | 6b                         | 1,190,000                 |                          |
| c      | Target normal cost                                                                                                                                                                               | 6c                         | 5,375,159                 |                          |

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.

|                                                     |               |                               |                                        |
|-----------------------------------------------------|---------------|-------------------------------|----------------------------------------|
| <div>SIGN HERE</div>                                | <div>ET</div> | <div>Eric Trandai</div>       | <div>9/29/2026</div>                   |
| Eric Trandai                                        |               | Signature of actuary          | Date                                   |
| GALLAGHER BENEFIT SERVICES, INC.                    |               | Type or print name of actuary | 2608808                                |
| 30 Speen Street<br>Suite 500<br>Framingham MA 01701 |               | Firm name                     | Most recent enrollment number          |
|                                                     |               | Address of the firm           | 781-373-6900                           |
|                                                     |               |                               | Telephone number (including area code) |

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 0                     | 18,178,884             |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 4,886,422              |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 13,292,462             |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>1.95</u> % .....                                                                                 | 0                     | 259,203                |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 1,218,415              |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.20</u> % ..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 23,759                 |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 1,242,174              |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       |                        |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 13,551,665             |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 95.60 %  |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 103.24 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 100.41 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

**Part IV Contributions and Liquidity Shortfalls****18** Contributions made to the plan for the plan year by employer(s) and employees:

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

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

|                                                                                                                         |            |           |
|-------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....                    | <b>19a</b> | 0         |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0         |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 6,493,661 |

**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 |
|                                                            |         |         |         |

|                  |                                                                                                                                                                                                                                                                                             |                                                                                                                                                                             |                                                                     |
|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>Part V</b>    | <b>Assumptions Used to Determine Funding Target and Target Normal Cost</b>                                                                                                                                                                                                                  |                                                                                                                                                                             |                                                                     |
| <b>21</b>        | Discount rate:                                                                                                                                                                                                                                                                              |                                                                                                                                                                             |                                                                     |
| <b>a</b>         | Segment rates:                                                                                                                                                                                                                                                                              | <div style="display: flex; justify-content: space-around;"> <div>1st segment:<br/>5.00 %</div> <div>2nd segment:<br/>5.27 %</div> <div>3rd segment:<br/>5.50 %</div> </div> | <input type="checkbox"/> N/A, full yield curve used                 |
| <b>b</b>         | Applicable month (enter code).....                                                                                                                                                                                                                                                          | <b>21b</b>                                                                                                                                                                  | 0                                                                   |
| <b>22</b>        | Weighted average retirement age .....                                                                                                                                                                                                                                                       | <b>22</b>                                                                                                                                                                   | 65                                                                  |
| <b>23</b>        | Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute                                                                                                          |                                                                                                                                                                             |                                                                     |
| <b>Part VI</b>   | <b>Miscellaneous Items</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                             |                                                                     |
| <b>24</b>        | Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                            |                                                                                                                                                                             |                                                                     |
| <b>25</b>        | Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. .... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                 |                                                                                                                                                                             |                                                                     |
| <b>26</b>        | Demographic and benefit information                                                                                                                                                                                                                                                         |                                                                                                                                                                             |                                                                     |
| <b>a</b>         | Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                                                                                                                                                           |                                                                                                                                                                             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>b</b>         | Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...                                                                                                                                                     |                                                                                                                                                                             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>27</b>        | If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....                                                                                                                                                                   | <b>27</b>                                                                                                                                                                   |                                                                     |
| <b>Part VII</b>  | <b>Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>                                                                                                                                                                                                              |                                                                                                                                                                             |                                                                     |
| <b>28</b>        | Unpaid minimum required contributions for all prior years .....                                                                                                                                                                                                                             | <b>28</b>                                                                                                                                                                   | 0                                                                   |
| <b>29</b>        | Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....                                                                                                                                                                   | <b>29</b>                                                                                                                                                                   | 0                                                                   |
| <b>30</b>        | Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                                                                                                                                                                                     | <b>30</b>                                                                                                                                                                   | 0                                                                   |
| <b>Part VIII</b> | <b>Minimum Required Contribution For Current Year</b>                                                                                                                                                                                                                                       |                                                                                                                                                                             |                                                                     |
| <b>31</b>        | Target normal cost and excess assets (see instructions):                                                                                                                                                                                                                                    |                                                                                                                                                                             |                                                                     |
| <b>a</b>         | Target normal cost (line 6c).....                                                                                                                                                                                                                                                           | <b>31a</b>                                                                                                                                                                  | 5,375,159                                                           |
| <b>b</b>         | Excess assets, if applicable, but not greater than line 31a .....                                                                                                                                                                                                                           | <b>31b</b>                                                                                                                                                                  | 0                                                                   |
| <b>32</b>        | Amortization installments:                                                                                                                                                                                                                                                                  | Outstanding Balance                                                                                                                                                         | Installment                                                         |
| <b>a</b>         | Net shortfall amortization installment .....                                                                                                                                                                                                                                                | 5,408,174                                                                                                                                                                   | 502,989                                                             |
| <b>b</b>         | Waiver amortization installment .....                                                                                                                                                                                                                                                       |                                                                                                                                                                             |                                                                     |
| <b>33</b>        | 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 .....                                                                                                                  |                                                                                                                                                                             | <b>33</b>                                                           |
| <b>34</b>        | Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....                                                                                                                                                                            |                                                                                                                                                                             | <b>34</b>                                                           |
|                  | Carryover balance                                                                                                                                                                                                                                                                           | Prefunding balance                                                                                                                                                          | Total balance                                                       |
| <b>35</b>        | Balances elected for use to offset funding requirement .....                                                                                                                                                                                                                                | 0                                                                                                                                                                           | 0                                                                   |
| <b>36</b>        | Additional cash requirement (line 34 minus line 35).....                                                                                                                                                                                                                                    |                                                                                                                                                                             | <b>36</b>                                                           |
| <b>37</b>        | Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                                                                                                                                    |                                                                                                                                                                             | <b>37</b>                                                           |
| <b>38</b>        | Present value of excess contributions for current year (see instructions)                                                                                                                                                                                                                   |                                                                                                                                                                             |                                                                     |
| <b>a</b>         | Total (excess, if any, of line 37 over line 36)                                                                                                                                                                                                                                             | <b>38a</b>                                                                                                                                                                  | 615,513                                                             |
| <b>b</b>         | Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                                                                                                                                | <b>38b</b>                                                                                                                                                                  | 0                                                                   |
| <b>39</b>        | Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....                                                                                                                                                                                        |                                                                                                                                                                             | <b>39</b>                                                           |
| <b>40</b>        | Unpaid minimum required contributions for all years .....                                                                                                                                                                                                                                   |                                                                                                                                                                             | <b>40</b>                                                           |
| <b>Part IX</b>   | <b>Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>                                                                                                                                                                                                 |                                                                                                                                                                             |                                                                     |
| <b>41</b>        | If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021 |                                                                                                                                                                             |                                                                     |

EIN: 04-6035593, Plan ID: 334, CBERA Plan C

Attachment to 2025 Schedule SB

Schedule SB, line 18 – Complete Listing of Contributions Made to the plan for the plan year by employer(s)

| (a) (b) (c)           |                                |                                 | (a)                   | (b)                            | (c)                             |
|-----------------------|--------------------------------|---------------------------------|-----------------------|--------------------------------|---------------------------------|
| <i>Month-Day-Year</i> | <i>Amount paid by employer</i> | <i>Amount paid by employees</i> | <i>Month-Day-Year</i> | <i>Amount paid by employer</i> | <i>Amount paid by employees</i> |
| 03/24/2025            | 22,500                         |                                 | 01/06/2026            | 36,250                         |                                 |
| 03/27/2025            | 55,000                         |                                 | 01/07/2026            | 22,042                         |                                 |
| 03/31/2025            | 209,765                        |                                 | 01/08/2026            | 60,833                         |                                 |
| 04/01/2025            | 70,000                         |                                 | 01/09/2026            | 324,167                        |                                 |
| 04/03/2025            | 124,191                        |                                 | 01/12/2026            | 24,167                         |                                 |
| 04/04/2025            | 22,500                         |                                 | 01/13/2026            | 170,933                        |                                 |
| 04/07/2025            | 35,000                         |                                 | 03/20/2026            | 56,275                         |                                 |
| 04/08/2025            | 130,125                        |                                 | 03/25/2026            | 73,750                         |                                 |
| 04/09/2025            | 43,750                         |                                 | 03/27/2026            | 263,513                        |                                 |
| 04/10/2025            | 388,750                        |                                 | 04/03/2026            | 62,500                         |                                 |
| 04/11/2025            | 140,000                        |                                 | 04/07/2026            | 37,500                         |                                 |
| 04/14/2025            | 12,500                         |                                 | 04/08/2026            | 50,000                         |                                 |
| 06/25/2025            | 56,667                         |                                 | 04/09/2026            | 346,250                        |                                 |
| 06/26/2025            | 200,078                        |                                 | 04/10/2026            | 186,250                        |                                 |
| 06/27/2025            | 23,750                         |                                 | 06/24/2026            | 20,417                         |                                 |
| 07/03/2025            | 65,270                         |                                 | 06/26/2026            | 9,242                          |                                 |
| 07/07/2025            | 39,583                         |                                 | 06/30/2026            | 202,500                        |                                 |
| 07/08/2025            | 22,042                         |                                 | 07/03/2026            | 191,667                        |                                 |
| 07/10/2025            | 420,417                        |                                 | 07/07/2026            | 31,667                         |                                 |
| 07/11/2025            | 164,167                        |                                 | 07/08/2026            | 18,333                         |                                 |
| 07/16/2025            | 30,933                         |                                 | 07/10/2026            | 62,500                         |                                 |
| 08/26/2025            | 200,078                        |                                 | 07/14/2026            | 167,083                        |                                 |
| 08/29/2025            | 54,683                         |                                 | 08/25/2026            | 20,417                         |                                 |
| 09/03/2025            | 75,000                         |                                 | 08/27/2026            | 9,242                          |                                 |
| 09/05/2025            | 303,750                        |                                 | 09/03/2026            | 369,167                        |                                 |
| 09/08/2025            | 94,542                         |                                 | 09/08/2026            | 225,000                        |                                 |
| 09/09/2025            | 140,000                        |                                 | 09/11/2026            | 62,500                         |                                 |
| 09/10/2025            | 77,917                         |                                 | 09/14/2026            | 17,083                         |                                 |
| 09/11/2025            | 52,770                         |                                 |                       |                                |                                 |
| 09/12/2025            | 24,167                         |                                 |                       |                                |                                 |
| 12/17/2025            | 56,667                         |                                 |                       |                                |                                 |
| 12/23/2025            | 200,078                        |                                 |                       |                                |                                 |
| 12/31/2025            | 52,770                         |                                 |                       |                                |                                 |
| 01/02/2026            | 75,000                         |                                 |                       |                                |                                 |
|                       |                                |                                 | <b>Total</b>          | <b>6,805,654.20</b>            |                                 |

EIN: 04-6035593, Plan ID: 334, CBERA Plan C

Attachment to 2025 Schedule SB

Schedule SB, line 22- Description of Weighted Average Retirement Age

**Participants with Early Retirement Subsidy**

| <b>Age</b> | <b>Retirement<br/>Rate</b> | <b>Percent<br/>Remaining</b> | <b>Retirement<br/>Probability</b> |
|------------|----------------------------|------------------------------|-----------------------------------|
| 55         | 1%                         | 99%                          | 100.0%                            |
| 56         | 1%                         | 99%                          | 99.0%                             |
| 57         | 1%                         | 99%                          | 98.0%                             |
| 58         | 1%                         | 99%                          | 97.0%                             |
| 59         | 1%                         | 99%                          | 96.1%                             |
| 60         | 5%                         | 95%                          | 95.1%                             |
| 61         | 5%                         | 95%                          | 90.3%                             |
| 62         | 15%                        | 85%                          | 85.8%                             |
| 63         | 5%                         | 95%                          | 73.0%                             |
| 64         | 10%                        | 90%                          | 69.3%                             |
| 65         | 25%                        | 75%                          | 62.4%                             |
| 66         | 25%                        | 75%                          | 46.8%                             |
| 67         | 25%                        | 75%                          | 35.1%                             |
| 68         | 25%                        | 75%                          | 26.3%                             |
| 69         | 25%                        | 75%                          | 19.7%                             |
| 70         | 100%                       | 0%                           | 14.8%                             |

**Participants without Early Retirement Subsidy**

| <b>Age</b> | <b>Retirement<br/>Rate</b> | <b>Percent<br/>Remaining</b> | <b>Retirement<br/>Probability</b> |
|------------|----------------------------|------------------------------|-----------------------------------|
| 55         | 1%                         | 99%                          | 100.0%                            |
| 56         | 1%                         | 99%                          | 99.0%                             |
| 57         | 1%                         | 99%                          | 98.0%                             |
| 58         | 1%                         | 99%                          | 97.0%                             |
| 59         | 1%                         | 99%                          | 96.1%                             |
| 60         | 5%                         | 95%                          | 95.1%                             |
| 61         | 5%                         | 95%                          | 90.3%                             |
| 62         | 5%                         | 95%                          | 85.8%                             |
| 63         | 5%                         | 95%                          | 81.5%                             |
| 64         | 10%                        | 90%                          | 77.5%                             |
| 65         | 25%                        | 75%                          | 69.7%                             |
| 66         | 25%                        | 75%                          | 52.3%                             |
| 67         | 25%                        | 75%                          | 39.2%                             |
| 68         | 25%                        | 75%                          | 29.4%                             |
| 69         | 25%                        | 75%                          | 22.1%                             |
| 70         | 100%                       | 0%                           | 16.5%                             |

Weighted average retirement age 65.09

Weighted average retirement age 65.50

The weighted average of the retirement ages for the total active population is 65.23.

# The Defined Benefit Plan (Plan C) of CBERA

## Schedule H, Line 4i - Schedule of Assets (Acquired and Disposed of Within Year)

E.I.N. 04-6035593

Plan Number 334

December 31, 2025

| a | b                                                       | c                                                                                                         | d                       | e                           |
|---|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------|
|   | Identity of Issue, Borrower,<br>Lessor or Similar Party | Description of Investment including Maturity Date,<br>Rate of Interest, Collateral, Par or Maturity Value | Cost of<br>Acquisitions | Proceeds of<br>Dispositions |
|   | US 10YR ULTRA FUTURE (CBT)                              | US 10YR ULTRA FUTURE (CBT) EXP JUN 25                                                                     | \$ -                    | \$ (61,471)                 |
|   | US 10YR ULTRA FUTURE (CBT)                              | US 10YR ULTRA FUTURE (CBT) EXP SEP 25                                                                     | -                       | 151,272                     |
|   | US 10YR ULTRA FUTURE (CBT)                              | US 10YR ULTRA FUTURE (CBT) EXP DEC 25                                                                     | -                       | 87,568                      |
|   | US LONG BOND FUTURE (CBT)                               | US LONG BOND FUTURE (CBT) EXP JUN 25                                                                      | -                       | (380,052)                   |
|   | US TREAS BD FUTURE (CBT)                                | US TREAS BD FUTURE (CBT) EXP SEP 25                                                                       | -                       | 313,834                     |
|   | US TREAS BD FUTURE (CBT)                                | US TREAS BD FUTURE (CBT) EXP DEC 25                                                                       | -                       | 240,561                     |
|   | US 10YR NOTE FUTURE (CBT)                               | US 10YR NOTE FUTURE (CBT) EXP JUN 25                                                                      | -                       | 11,378                      |
|   | US 10YR NOTE FUTURE (CBT)                               | US 10YR NOTE FUTURE (CBT) EXP SEP 25                                                                      | -                       | 3,242                       |
|   | US 10YR TREAS NTS FUTURE (CBT)                          | US 10YR TREAS NTS FUTURE (CBT) EXP DEC 25                                                                 | -                       | (1,711)                     |
|   | US 5YR NOTE FUTURE (CBT)                                | US 5YR NOTE FUTURE (CBT) EXP JUN 25                                                                       | -                       | 13,550                      |
|   | US 5YR NOTE FUTURE (CBT)                                | US 5YR NOTE FUTURE (CBT) EXP SEP 25                                                                       | -                       | 38,293                      |
|   | US 5YR TREAS NTS FUTURE (CBT)                           | US 5YR TREAS NTS FUTURE (CBT) EXP DEC 25                                                                  | -                       | 5,048                       |
|   | US 2YR NOTE FUTURE (CBT)                                | US 2YR NOTE FUTURE (CBT) EXP JUN 25                                                                       | -                       | 1,908                       |
|   | US 2YR NOTE FUTURE (CBT)                                | US 2YR NOTE FUTURE (CBT) EXP SEP 25                                                                       | -                       | (690)                       |
|   | US 2YR TREAS NTS FUT (CBT)                              | US 2YR TREAS NTS FUT (CBT) EXP DEC 25                                                                     | -                       | (144)                       |
|   | US ULTRA BOND (CBT)                                     | US ULTRA BOND (CBT) EXP JUN 25                                                                            | -                       | (494,480)                   |
|   | US ULTRA BOND FUTURE (CBT)                              | US ULTRA BOND (CBT) EXP SEP 25                                                                            | -                       | 304,951                     |
|   | US ULTRA BOND FUTURE (CBT)                              | US ULTRA BOND(CBT) EXP DEC 25                                                                             | -                       | 313,218                     |

This schedule of assets (acquired and disposed of within year) also includes transactions within the CBERA Group Trust since it is not a direct filing entity with the Department of Labor.

See independent auditors' report.

EIN: 04-6035593, Plan ID: 334, CBERA Plan C  
Attachment to 2025 Schedule SB  
Schedule SB, Part V – Summary of Plan Provisions

| Plan Provisions              |                                                                                                                                                                                                                                                                                                                                                                                                                              |
|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date               | November 1, 1976, as in effect January 1, 2025.                                                                                                                                                                                                                                                                                                                                                                              |
| Participation by Banks       | Any financial institution in the Commonwealth of Massachusetts may join the Association and become a participant in the program.                                                                                                                                                                                                                                                                                             |
| Participation Date           | Immediately following completion of one year of service and attainment of age 21. Participating employers may elect, in their plan Adoption Agreement, to reduce either or both of these requirements, and some have done so.                                                                                                                                                                                                |
| Years of Service             | 1,000 hours of service in a plan year.                                                                                                                                                                                                                                                                                                                                                                                       |
| Pensionable Pay              | Total salary and wages paid to a participant during the plan year including overtime, commissions (except for highly compensated employees) and bonus payments, plus any pre-tax contributions made to a flexible benefits program or 401(k) plan.                                                                                                                                                                           |
| Final Average Compensation   | The highest average of three or five (as elected by each bank) consecutive plan year's Pensionable Pay taken over the participant's entire period of service.                                                                                                                                                                                                                                                                |
| Covered Compensation         | The 35-year average of Social Security wage bases ending in the year in which the participant first becomes eligible to receive unreduced Social Security Retirement benefits.                                                                                                                                                                                                                                               |
| Normal Retirement Date (NRD) | First of month coincident with or immediately following the participant's 65th birthday.                                                                                                                                                                                                                                                                                                                                     |
| Vesting Service              | The aggregate of all periods of continuous service.                                                                                                                                                                                                                                                                                                                                                                          |
| Credited Service             | The aggregate of all periods of continuous service excluding periods of leave of absence or disability, and any period prior to a one-year break in service not included in Vesting Service. A participating bank may elect either to limit the number of years of Credited Service used in its pension formula to 25 or 35 (as elected by each bank), or provide that the number of years of Credited Service be unlimited. |
| Social Security Wage Base    | Maximum wages on which Social Security taxes may be imposed for a given year.                                                                                                                                                                                                                                                                                                                                                |

**EIN: 04-6035593, Plan ID: 334, CBERA Plan C**  
**Attachment to 2025 Schedule SB**  
**Schedule SB, Part V – Summary of Plan Provisions**

**Normal Retirement**

*Eligibility*

Retire as of NRD.

*Monthly Benefit*

The monthly retirement benefit payable as a lifetime pension for retirement on or after NRD shall equal one-twelfth times the larger of (a) or (b) below:

- a) i) base benefit percentage (.50%, .75%, 1.00%, 1.25%, or 1.50% as selected by each participating bank) times Final Average Compensation times Credited Service after December 31, 1988, plus  
ii.) one-half percent (1/2%) times Final Average Compensation above Covered Compensation, times Credited Service after December 31, 1988, plus  
iii) December 31, 1988 Plan C accrued benefit, plus  
iv) December 31, 1988 Plan B accrued benefit
- b) i) base benefit percentage (.50%, .75%, 1.00%, 1.25%, or 1.50% as selected by each participating bank) times Final Average Compensation times Credited Service, plus  
ii) one-half percent (1/2%) times Final Average Compensation above Covered Compensation times Credited Service, minus the member's December 31, 1988 Employer Contribution Account Balance converted to a life annuity payable at age 65.

**Monthly Accrued Retirement Benefit**

As of any date up to a member's NRD: the Monthly Normal Retirement Benefit based on service, Final Average Compensation, and Covered Compensation at termination date.

**Early Retirement**

*Eligibility*

Retire before NRD and on or after the date which is the earliest of (a), (b), and (c):

- a) Age 62
- b) Age 55 and completion of five years of service
- c) Age 50 and completion of 15 years of service

*Monthly Benefit*

Monthly Accrued Retirement Benefit determined as of early retirement date, reduced for early commencement. Each participating bank may select either (a) or (b) for the reduction to be applied to the accrued benefit payable at early retirement:

- a) 1/15th per year for the first 5 years and 1/30th per year for the next ten years prior to NRD, and
- b) An unreduced accrued pension payable from age 62; before age 62, the reduction as described in (a)

EIN: 04-6035593, Plan ID: 334, CBERA Plan C  
Attachment to 2025 Schedule SB  
Schedule SB, Part V – Summary of Plan Provisions

**Postponed Retirement** Participants may continue employment after their Normal Retirement Date, in which case they will receive the greater of (1) their Monthly Retirement Benefit determined as of actual retirement date and (2) their Monthly Retirement Benefit determined as of NRD actuarially increased to actual retirement date.

**Terminated Vested** Terminate for reasons other than death or retirement according to the following schedule:

| Years of Service  | Vested % |
|-------------------|----------|
| Less than 2       | 0%       |
| 2 but less than 3 | 20%      |
| 3 but less than 4 | 40%      |
| 4 but less than 5 | 60%      |
| 5 but less than 6 | 80%      |
| 6 or more         | 100%     |

**Termination With Deferred Vested Benefit** Monthly Accrued Retirement Benefit determined as of termination date.

**Disability Retirement Benefit** None.

**Surviving Spouse Death Benefit** A member who dies in active employment will be presumed to have terminated just before dying and to have elected the 100% joint and survivor option with his/her spouse as joint annuitant, payable at the later of the participant's current age or the earliest age at which he/she would have been eligible to receive retirement benefits. The spouse will thus receive a lifetime pension from the plan.

**Normal Form of Payment** Preretirement spouse benefits are payable only as described above. Monthly pension benefits will be paid as described above, if the participant has no spouse as of the date payments commence, or if the participant so elects. Otherwise, they will be paid in the form of 100% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan.

**Optional Forms of Payment** Life annuity; Life annuity with 5, 10, or 15 years guaranteed; 50%, 75%, or 100% Joint and Survivor annuity; Lump Sum

**Optional Form Conversion Basis** Optional forms are calculated as the actuarial equivalent of the normal form, using the published IRS 417(e) mortality and the IRS 417(e) interest rates for November of the preceding plan year.

**EIN: 04-6035593, Plan ID: 334, CBERA Plan C**  
**Attachment to 2025 Schedule SB**  
**Schedule SB, Part V – Summary of Plan Provisions**

|                                  |                                                                                                                                                                                                                                       |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Lump Sum Conversion Basis</b> | Lump sums are calculated based on the normal form using the published IRS 417(e) mortality and IRS 417(e) interest rates for November of the preceding plan year.                                                                     |
| <b>Employee Contributions</b>    | None.                                                                                                                                                                                                                                 |
| <b>Maximum Pay and Benefits</b>  | Pay and benefits for any given year must not exceed the limitations set by IRC 401(a)(17) and 415(b), respectively. The plan is administered in compliance with these limits and increase them automatically as published by the IRS. |

**EIN: 04-6035593, Plan ID: 334, CBERA Plan C**  
**Attachment to 2025 Schedule SB**  
**Schedule SB, Part V – Summary of Plan Provisions**

Modes of Bank Participation      Each participating bank has the choice of (1) a base benefit percentage per year of service of 0.50%, 0.75%, 1.00%, 1.25%, or 1.50%, (2) the option of unlimited, or a limit of 25 or 35 years on, credited service, and (3) a choice of whether or not to provide unreduced benefits at age 62. Bank elections are shown below:

| Mode  | Base % | Credited Service | Unreduced Age 62? | Number of Banks | # of Active Employees |
|-------|--------|------------------|-------------------|-----------------|-----------------------|
| 1     | 0.50%  | Unlimited        | Y                 | 1               | 13                    |
| 2     | 0.50%  | Unlimited        | N                 | 1               | 9                     |
| 3     | 0.50%  | 25               | Y                 | 1               | 10                    |
| 4     | 0.50%  | 25               | N                 | 0               | 0                     |
| 5     | 0.50%  | 35               | N                 | 1               | 3                     |
| 6     | 0.75%  | Unlimited        | Y                 | 6               | 69                    |
| 7     | 0.75%  | Unlimited        | N                 | 2               | 44                    |
| 8     | 0.75%  | 25               | Y                 | 0               | 0                     |
| 9     | 0.75%  | 25               | N                 | 0               | 0                     |
| 10    | 1.00%  | Unlimited        | Y                 | 2               | 132                   |
| 11    | 1.00%  | Unlimited        | N                 | 1               | 4                     |
| 12    | 1.00%  | 25               | Y                 | 0               | 0                     |
| 13    | 1.00%  | 25               | N                 | 0               | 0                     |
| 14    | 1.25%  | Unlimited        | Y                 | 1               | 6                     |
| 15    | 1.25%  | Unlimited        | N                 | 0               | 0                     |
| 16    | 1.25%  | 25               | Y                 | 0               | 0                     |
| 17    | 1.25%  | 25               | N                 | 0               | 0                     |
| 18    | 1.25%  | 35               | N                 | 1               | 10                    |
| 19    | 1.50%  | Unlimited        | Y                 | 0               | 0                     |
| 20    | 1.50%  | Unlimited        | N                 | 1               | 53                    |
| 21    | 1.50%  | 25               | Y                 | 0               | 0                     |
| 22    | 1.50%  | 25               | N                 | <u>0</u>        | <u>0</u>              |
| Total |        |                  |                   | 18              | 353                   |

**EIN: 04-6035593, Plan ID: 334, CBERA Plan C**  
**Attachment to 2025 Schedule SB**  
**Schedule SB, Part V – Summary of Plan Provisions**

**Participating Banks as of January 1, 2025**

As of January 1, 2025, a total of 19 banks were participating in Plan C.

| <b>Bank No.</b> | <b>Name of Bank</b>                  | <b>Base %</b> | <b>Credited<br/>Service</b> | <b>Unreduced<br/>Age 62?</b> |
|-----------------|--------------------------------------|---------------|-----------------------------|------------------------------|
| 30              | The Village Bank                     | 1.00%         | Unlimited                   | Yes                          |
| 75              | Canton Cooperative Bank              | 1.25%         | Unlimited                   | Yes                          |
| 137             | Cooperative Banks EEs Rtmt Assoc.    | 1.00%         | Unlimited                   | No                           |
| 153             | Bank of Easton, a cooperative bank   | 0.75%         | Unlimited                   | Yes                          |
| 205             | MutualOne Bank                       | 1.50%         | Unlimited                   | No                           |
| 220             | North Shore Bank, A Cooperative Bank | 0.50%         | Up to 25 yrs.               | Yes                          |
| 223             | BankGloucester                       | 0.50%         | Up to 35 yrs.               | No                           |
| 224             | BankGloucester                       | 1.25%         | Up to 35 yrs.               | No                           |
| 240             | Haverhill Bank                       | 0.75%         | Unlimited                   | No                           |
| 280             | Commonwealth Cooperative Bank        | 0.75%         | Unlimited                   | Yes                          |
| 347             | Mechanics Cooperative Bank           | 1.00%         | Unlimited                   | Yes                          |
| 348             | Mechanics Cooperative Bank           | 0.50%         | Unlimited                   | Yes                          |
| 355             | Charles River Bank                   | 0.75%         | Unlimited                   | Yes                          |
| 385             | Methuen Cooperative Bank             | 0.75%         | Unlimited                   | Yes                          |
| 440             | North Cambridge Cooperative Bank     | 0.50%         | Up to 25 yrs.               | Yes                          |
| 525             | Savers Bank                          | 0.75%         | Unlimited                   | No                           |
| 555             | Stoughton Cooperative Bank           | 0.75%         | Unlimited                   | Yes                          |
| 585             | Wakefield Cooperative Bank           | 0.50%         | Unlimited                   | No                           |
| 655             | Wrentham Cooperative Bank            | 0.75%         | Unlimited                   | Yes                          |

# The Defined Benefit Plan (Plan C) of CBERA

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

E.I.N. 04-6035593

Plan Number 334

December 31, 2025

| a | b                                                                                                                                                                                                           |                | c                                                                                                      |  | d                  | e                  |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------------------------------|--|--------------------|--------------------|
|   | Identity of Issue, Borrower, Lessor or Similar Party                                                                                                                                                        |                | Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value |  | Cost               | Current Value      |
|   |                                                                                                                                                                                                             | (UNITS)        |                                                                                                        |  |                    |                    |
|   | Investment in CBERA Group Trust, a common collective trust                                                                                                                                                  |                | Units of Participation in CBERA Group Trust                                                            |  | \$ 97,534,695      | \$ 122,723,088     |
|   |                                                                                                                                                                                                             | (SHARES)       |                                                                                                        |  |                    |                    |
| * | EB Temporary Investment Fund II                                                                                                                                                                             |                | EB Temporary Investment Fund II, Variable rate, 12/31/2049                                             |  | 2,852,511          | 2,852,511          |
|   | <b>TOTAL INVESTMENTS</b>                                                                                                                                                                                    |                |                                                                                                        |  | <b>100,387,206</b> | <b>125,575,599</b> |
|   | Investment in CBERA Group Trust, a common collective trust (The Plan's allocated portion of the Trust's investments since the CBERA Group Trust is not a direct filing entity with the Department of Labor) |                |                                                                                                        |  |                    |                    |
|   | <b>CASH AND LIQUID INVESTMENTS</b>                                                                                                                                                                          |                |                                                                                                        |  |                    |                    |
|   |                                                                                                                                                                                                             | (SHARES)       |                                                                                                        |  |                    |                    |
| * | LGIMA CUSTOM                                                                                                                                                                                                | 633,810        | EB TEMP INV FD                                                                                         |  | 633,810            | 633,810            |
| * | COPELAND SMALL CAP                                                                                                                                                                                          | 127,746        | EB TEMP INV FD                                                                                         |  | 127,747            | 127,747            |
| * | LGIMA TREASURY FUND                                                                                                                                                                                         | 924            | EB TEMP INV FD                                                                                         |  | 924                | 924                |
| * | INCOME LONG CORPORAT                                                                                                                                                                                        | 1,233          | EB TEMP INV FD                                                                                         |  | 689                | 689                |
| * | ACADIAN EME                                                                                                                                                                                                 | 449            | EB TEMP INV FD                                                                                         |  | 450                | 450                |
| * | FIDELITY LARGE VALUE                                                                                                                                                                                        | 14             | EB TEMP INV FD                                                                                         |  | 14                 | 14                 |
| * | SELECT EQUITY                                                                                                                                                                                               | 475            | EB TEMP INV FD                                                                                         |  | 475                | 475                |
| * | HJ INTERNATIONAL EQ                                                                                                                                                                                         | 280            | EB TEMP INV FD                                                                                         |  | 280                | 280                |
| * | BR LONG CORPORAT                                                                                                                                                                                            | 788            | EB TEMP INV FD                                                                                         |  | 788                | 788                |
| * | INCOME INTERMED CORP                                                                                                                                                                                        | 453            | EB TEMP INV FD                                                                                         |  | 453                | 453                |
| * | FIDELITY S&P 500                                                                                                                                                                                            | 280            | EB TEMP INV FD                                                                                         |  | 280                | 280                |
| * | LGIMA CUSTOM                                                                                                                                                                                                | -              | CASH - BROKER                                                                                          |  | 139,351            | 139,351            |
| * | LGIMA CUSTOM                                                                                                                                                                                                | -              | INTEREST RECEIVABLE                                                                                    |  | 156,922            | 156,922            |
| * | COPELAND SMALL CAP                                                                                                                                                                                          | -              | DIVIDENDS RECEIVABLE                                                                                   |  | 12,459             | 12,459             |
| * | COPELAND SMALL CAP                                                                                                                                                                                          | -              | DIVIDENDS RECEIVABLE RECLAIM                                                                           |  | 6,841              | 6,841              |
| * | COPELAND SMALL CAP                                                                                                                                                                                          | -              | INTEREST RECEIVABLE                                                                                    |  | 411                | 411                |
| * | FIDELITY S&P 500                                                                                                                                                                                            | -              | INTEREST RECEIVABLE                                                                                    |  | 125                | 125                |
| * | ACADIAN EME                                                                                                                                                                                                 | -              | INTEREST RECEIVABLE                                                                                    |  | 1                  | 1                  |
| * | LGIMA TREASURY FUND                                                                                                                                                                                         | -              | INTEREST RECEIVABLE                                                                                    |  | 3                  | 3                  |
| * | INCOME LONG CORPORAT                                                                                                                                                                                        | -              | INTEREST RECEIVABLE                                                                                    |  | 2                  | 2                  |
| * | SELECT EQUITY FUND                                                                                                                                                                                          | -              | INTEREST RECEIVABLE                                                                                    |  | 2                  | 2                  |
| * | BR LONG CORPORAT                                                                                                                                                                                            | -              | INTEREST RECEIVABLE                                                                                    |  | 3                  | 3                  |
| * | INCOME INTERMED CORP                                                                                                                                                                                        | -              | INTEREST RECEIVABLE                                                                                    |  | 1                  | 1                  |
| * | HJ INTERNATIONAL EQ                                                                                                                                                                                         | -              | INTEREST RECEIVABLE                                                                                    |  | 3                  | 3                  |
|   | <b>TOTAL CASH AND LIQUID INVESTMENTS</b>                                                                                                                                                                    |                |                                                                                                        |  | <b>1,082,034</b>   | <b>1,082,034</b>   |
|   | <b>ALTERNATIVE INVESTMENT FUNDS</b>                                                                                                                                                                         |                |                                                                                                        |  |                    |                    |
|   |                                                                                                                                                                                                             | (SHARES/UNITS) |                                                                                                        |  |                    |                    |
| * | FIDELITY S&P 500                                                                                                                                                                                            | 116,068        | SPARTAN 500 INDEX POOL CL C                                                                            |  | 25,109,523         | 37,705,698         |
| * | ACADIAN EME                                                                                                                                                                                                 | 1,627          | ACADIAN EM SM CAP EQ FD                                                                                |  | 5,142,106          | 9,169,971          |
| * | SELECT EQUITY                                                                                                                                                                                               | 4,730          | SELECT EQUITY                                                                                          |  | 5,982,018          | 8,450,308          |
| * | FIDELITY LARGE VALUE                                                                                                                                                                                        | 44,087         | SPARTAN LC VALUE IDX POOL                                                                              |  | 8,060,081          | 9,723,910          |
| * | HJ INTERNATIONAL EQ                                                                                                                                                                                         | 161,052        | HARDMAN JOHNSTON I.E. GROUP                                                                            |  | 6,081,603          | 9,724,585          |
| * | BLACKROCK LDI                                                                                                                                                                                               | 463,129        | US LONG CORPORATE BOND FUND                                                                            |  | 6,953,040          | 7,847,126          |
| * | LEGAL & GENERAL INVESTMENT MANAGEMENT                                                                                                                                                                       | 66,189         | L&G LONG LIABILITY TREASURY                                                                            |  | 6,893,725          | 6,149,602          |
| * | INCOME INTERMED CORP                                                                                                                                                                                        | 730,099        | IR+M LONG CORPORATE COLLECTIVE                                                                         |  | 7,282,699          | 6,981,516          |
| * | INCOME INTERMED CORP                                                                                                                                                                                        | 318,915        | IR+M INTERMEDIATE CORPORATE                                                                            |  | 3,058,359          | 3,544,557          |
|   | <b>TOTAL ALTERNATIVE INVESTMENT FUNDS</b>                                                                                                                                                                   |                |                                                                                                        |  | <b>74,563,154</b>  | <b>99,297,273</b>  |
|   | <b>U.S. TREASURY BONDS</b>                                                                                                                                                                                  |                |                                                                                                        |  |                    |                    |
|   |                                                                                                                                                                                                             | (PAR)          |                                                                                                        |  |                    |                    |
| * | LEGAL & GENERAL INVESTMENT MANAGEMENT                                                                                                                                                                       | 2,794,910      | U S TREASURY BD CPN STRIP                                                                              |  | 1,806,015          | 1,994,588          |
| * | LEGAL & GENERAL INVESTMENT MANAGEMENT                                                                                                                                                                       | 1,397,455      | U S TREASURY BOND                                                                                      |  | 838,206            | 881,109            |
| * | LEGAL & GENERAL INVESTMENT MANAGEMENT                                                                                                                                                                       | 740,651        | U S TREASURY BOND                                                                                      |  | 719,260            | 547,304            |
| * | LEGAL & GENERAL INVESTMENT MANAGEMENT                                                                                                                                                                       | 701,522        | U S TREASURY BOND                                                                                      |  | 571,052            | 504,766            |
| * | LEGAL & GENERAL INVESTMENT MANAGEMENT                                                                                                                                                                       | 349,364        | U S TREASURY BOND                                                                                      |  | 323,760            | 296,306            |
| * | LEGAL & GENERAL INVESTMENT MANAGEMENT                                                                                                                                                                       | 656,804        | U S TREASURY BOND                                                                                      |  | 598,376            | 572,037            |
| * | LEGAL & GENERAL INVESTMENT MANAGEMENT                                                                                                                                                                       | 503,084        | U S TREASURY BOND                                                                                      |  | 491,120            | 409,128            |
| * | LEGAL & GENERAL INVESTMENT MANAGEMENT                                                                                                                                                                       | 287,876        | U S TREASURY BOND                                                                                      |  | 256,766            | 233,922            |
| * | LEGAL & GENERAL INVESTMENT MANAGEMENT                                                                                                                                                                       | 363,338        | U S TREASURY BOND                                                                                      |  | 381,805            | 358,015            |
| * | LEGAL & GENERAL INVESTMENT MANAGEMENT                                                                                                                                                                       | 1,799,922      | U S TREASURY BOND                                                                                      |  | 1,726,332          | 1,705,138          |
| * | LEGAL & GENERAL INVESTMENT MANAGEMENT                                                                                                                                                                       | 5,609,385      | U S TREASURY BOND                                                                                      |  | 5,619,635          | 5,539,269          |
| * | LEGAL & GENERAL INVESTMENT MANAGEMENT                                                                                                                                                                       | 810,524        | U S TREASURY BOND                                                                                      |  | 802,398            | 794,946            |
|   | <b>TOTAL U.S. TREASURY BONDS</b>                                                                                                                                                                            |                |                                                                                                        |  | <b>14,134,725</b>  | <b>13,836,528</b>  |

See independent auditor's report.

# The Defined Benefit Plan (Plan C) of CBERA

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

E.I.N. 04-6035593

Plan Number 334

December 31, 2025

| a | b                                                    | c                                                                                                      | d                    | e                     |
|---|------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------|-----------------------|
|   | Identity of Issue, Borrower, Lessor or Similar Party | Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value | Cost                 | Current Value         |
|   |                                                      | (PAR)                                                                                                  |                      |                       |
| * | LEGAL & GENERAL INVESTMENT MANAGEMENT                | 37 US 10YR ULTRA FUTURE (CBT)                                                                          | -                    | (13,861)              |
| * | LEGAL & GENERAL INVESTMENT MANAGEMENT                | 51 US TREAS BD FUTURE (CBT)                                                                            | -                    | (51,296)              |
| * | LEGAL & GENERAL INVESTMENT MANAGEMENT                | (2) US 10YR TREAS NTS FUTURE (CBT)                                                                     | -                    | (262)                 |
| * | LEGAL & GENERAL INVESTMENT MANAGEMENT                | 17 US 5YR TREAS NTS FUTURE (CBT)                                                                       | -                    | (2,507)               |
| * | LEGAL & GENERAL INVESTMENT MANAGEMENT                | 1 US 2YR TREAS NTS FUT (CBT)                                                                           | -                    | (157)                 |
| * | LEGAL & GENERAL INVESTMENT MANAGEMENT                | 62 US ULTRA BOND (CBT)                                                                                 | -                    | (114,405)             |
|   | <b>TOTAL U.S. TREASURY BOND FUTURES</b>              |                                                                                                        | -                    | (182,488)             |
|   | <b>EQUITY SECURITIES</b>                             |                                                                                                        |                      |                       |
|   |                                                      | (SHARES)                                                                                               |                      |                       |
|   | AAON INC                                             | 1,811 SHARES OF COMMON STOCK                                                                           | 144,544              | 138,097               |
|   | AZZ INC                                              | 1,032 SHARES OF COMMON STOCK                                                                           | 112,752              | 110,597               |
|   | AIR LEASE CORP                                       | 1,836 SHARES OF COMMON STOCK                                                                           | 87,155               | 117,907               |
|   | ALAMO GROUP INC                                      | 251 SHARES OF COMMON STOCK                                                                             | 44,172               | 42,133                |
|   | BROOKFIELD INFRASTRUCTURE CORP                       | 3,147 SHARES OF COMMON STOCK                                                                           | 121,795              | 142,877               |
|   | BRUNSWICK CORP/DE                                    | 2,164 SHARES OF COMMON STOCK                                                                           | 138,859              | 160,683               |
|   | CRA INTERNATIONAL INC                                | 693 SHARES OF COMMON STOCK                                                                             | 77,288               | 138,997               |
|   | CARETRUST REIT INC                                   | 4,086 SHARES OF COMMON STOCK                                                                           | 130,637              | 147,756               |
|   | CIEMED CORP                                          | 338 SHARES OF COMMON STOCK                                                                             | 150,147              | 144,695               |
|   | CHESAPEAKE UTILITIES CORP                            | 1,069 SHARES OF COMMON STOCK                                                                           | 98,684               | 133,340               |
|   | CLEAR SECURE INC                                     | 5,074 SHARES OF COMMON STOCK                                                                           | 128,168              | 178,011               |
|   | COGNEX CORP                                          | 3,282 SHARES OF COMMON STOCK                                                                           | 133,803              | 118,099               |
|   | COHEN & STEERS INC                                   | 1,950 SHARES OF COMMON STOCK                                                                           | 114,640              | 122,404               |
|   | CONCENTRIX CORP                                      | 2,685 SHARES OF COMMON STOCK                                                                           | 182,338              | 111,634               |
|   | ENCOMPASS HEALTH CORP                                | 2,017 SHARES OF COMMON STOCK                                                                           | 124,137              | 214,123               |
|   | ENSIGN GROUP INC/THE                                 | 1,608 SHARES OF COMMON STOCK                                                                           | 108,606              | 280,147               |
|   | ESQUIRE FINANCIAL HOLDINGS INC                       | 1,062 SHARES OF COMMON STOCK                                                                           | 90,480               | 108,405               |
|   | EXCELERATE ENERGY INC                                | 4,416 SHARES OF COMMON STOCK                                                                           | 119,581              | 123,868               |
|   | FEDERAL AGRICULTURAL MORTGAGE                        | 962 SHARES OF COMMON STOCK                                                                             | 102,567              | 168,900               |
|   | FIRSTSERVICE CORP                                    | 869 SHARES OF COMMON STOCK                                                                             | 134,914              | 135,189               |
|   | HAMILTON LANE INC                                    | 1,185 SHARES OF COMMON STOCK                                                                           | 119,425              | 159,163               |
|   | HEALTHSTREAM INC                                     | 3,633 SHARES OF COMMON STOCK                                                                           | 110,324              | 83,809                |
|   | HEXCEL CORP                                          | 2,254 SHARES OF COMMON STOCK                                                                           | 151,339              | 166,557               |
|   | HOME BANCSHARES INC/AR                               | 6,293 SHARES OF COMMON STOCK                                                                           | 123,693              | 174,820               |
|   | IRADIMED CORP                                        | 1,680 SHARES OF COMMON STOCK                                                                           | 74,041               | 163,460               |
|   | KBR INC                                              | 3,240 SHARES OF COMMON STOCK                                                                           | 152,129              | 130,265               |
|   | KFORCE INC                                           | 1,787 SHARES OF COMMON STOCK                                                                           | 106,948              | 55,256                |
|   | KINSALE CAPITAL GROUP INC                            | 268 SHARES OF COMMON STOCK                                                                             | 85,767               | 104,723               |
|   | KULICK & SOFFA INDUSTRIES INC                        | 3,358 SHARES OF COMMON STOCK                                                                           | 154,341              | 153,007               |
|   | LAKELAND FINANCIAL CORP                              | 2,480 SHARES OF COMMON STOCK                                                                           | 126,988              | 141,489               |
|   | LANDSTAR SYSTEM INC                                  | 893 SHARES OF COMMON STOCK                                                                             | 125,063              | 128,280               |
|   | LEMAITRE VASCULAR INC                                | 2,287 SHARES OF COMMON STOCK                                                                           | 105,434              | 185,504               |
|   | LITTELFUSE INC                                       | 662 SHARES OF COMMON STOCK                                                                             | 120,323              | 167,533               |
|   | MSA SAFETY INC                                       | 723 SHARES OF COMMON STOCK                                                                             | 123,391              | 115,743               |
|   | MATADOR RESOURCES CO                                 | 3,249 SHARES OF COMMON STOCK                                                                           | 156,133              | 137,879               |
|   | MATERION CORP                                        | 1,223 SHARES OF COMMON STOCK                                                                           | 92,494               | 152,050               |
|   | NAPCO SECURITY TECHNOLOGIES IN                       | 5,707 SHARES OF COMMON STOCK                                                                           | 210,863              | 237,990               |
|   | NEXSTAR MEDIA GROUP INC                              | 868 SHARES OF COMMON STOCK                                                                             | 110,468              | 176,268               |
|   | NEXPOINT RESIDENTIAL TRUST INC                       | 2,975 SHARES OF COMMON STOCK                                                                           | 110,290              | 89,561                |
|   | PATRICK INDUSTRIES INC                               | 1,477 SHARES OF COMMON STOCK                                                                           | 123,358              | 160,133               |
|   | PERDOCO EDUCATION CORP                               | 4,458 SHARES OF COMMON STOCK                                                                           | 142,268              | 130,766               |
|   | POWER INTEGRATIONS INC                               | 2,698 SHARES OF COMMON STOCK                                                                           | 160,726              | 95,894                |
|   | PRICESMART INC                                       | 1,603 SHARES OF COMMON STOCK                                                                           | 133,806              | 196,660               |
|   | QUAKER CHEMICAL CORP                                 | 915 SHARES OF COMMON STOCK                                                                             | 152,476              | 125,646               |
|   | SHOE CARNIVAL INC                                    | 6,179 SHARES OF COMMON STOCK                                                                           | 136,994              | 104,301               |
|   | STANDEX INTERNATIONAL CORP                           | 545 SHARES OF COMMON STOCK                                                                             | 51,387               | 118,419               |
|   | TERRENO REALTY CORP                                  | 2,215 SHARES OF COMMON STOCK                                                                           | 137,849              | 130,024               |
|   | TETRA TECH INC                                       | 3,827 SHARES OF COMMON STOCK                                                                           | 110,448              | 128,369               |
|   | TRAVEL + LEISURE CO                                  | 2,392 SHARES OF COMMON STOCK                                                                           | 119,523              | 168,700               |
|   | TURNING POINT BRANDS INC                             | 854 SHARES OF COMMON STOCK                                                                             | 90,065               | 92,587                |
|   | UFP INDUSTRIES INC                                   | 992 SHARES OF COMMON STOCK                                                                             | 90,264               | 90,288                |
|   | UMH PROPERTIES INC                                   | 4,619 SHARES OF COMMON STOCK                                                                           | 78,837               | 73,486                |
|   | US PHYSICAL THERAPY INC                              | 1,969 SHARES OF COMMON STOCK                                                                           | 194,863              | 153,739               |
|   | UNIFIRST CORP/MA                                     | 680 SHARES OF COMMON STOCK                                                                             | 121,553              | 131,118               |
|   | UNITED STATES LIME & MINERALS                        | 773 SHARES OF COMMON STOCK                                                                             | 96,332               | 92,501                |
|   | UNIVERSAL DISPLAY CORP                               | 1,176 SHARES OF COMMON STOCK                                                                           | 180,782              | 137,279               |
|   | UTZ BRANDS INC                                       | 14,109 SHARES OF COMMON STOCK                                                                          | 198,130              | 146,454               |
|   | VALMONT INDUSTRIES INC                               | 484 SHARES OF COMMON STOCK                                                                             | 121,937              | 194,530               |
|   | WESCO INTERNATIONAL INC                              | 777 SHARES OF COMMON STOCK                                                                             | 122,358              | 190,082               |
|   | WILLSCOT HOLDINGS CORP                               | 5,655 SHARES OF COMMON STOCK                                                                           | 148,720              | 106,488               |
|   | WINGSTOP INC                                         | 609 SHARES OF COMMON STOCK                                                                             | 134,170              | 145,310               |
|   | WINMARK CORP                                         | 265 SHARES OF COMMON STOCK                                                                             | 96,917               | 107,292               |
|   | WYNDHAM HOTELS & RESORTS INC                         | 1,359 SHARES OF COMMON STOCK                                                                           | 101,131              | 102,720               |
|   | BROOKFIELD INFRASTRUCTURE CORP                       | 126 SHARES OF COMMON STOCK                                                                             | 5,167                | 5,735                 |
|   | <b>TOTAL EQUITY SECURITIES</b>                       |                                                                                                        | <b>7,754,782</b>     | <b>8,689,740</b>      |
|   |                                                      | <b>TOTAL INVESTMENTS</b>                                                                               | <b>\$ 97,534,695</b> | <b>\$ 122,723,087</b> |

\* Party-in-interest

See independent auditor's report.

EIN: 04-6035593, Plan ID: 334, CBERA Plan C  
Attachment to 2025 Schedule SB  
Schedule SB, Line 32 – Schedule of Amortization Bases

| Date<br>Established       | Years<br>Remaining | Base<br>Type | Present Value<br>of Remaining<br>Installments | Amortization<br>Charge/(Credit) |
|---------------------------|--------------------|--------------|-----------------------------------------------|---------------------------------|
| 1/1/2025                  | 15                 | Shortfall    | \$5,408,174                                   | \$502,989                       |
| Total (not less than \$0) |                    |              | \$5,408,174                                   | \$502,989                       |

**EIN: 04-6035593, Plan ID: 334, CBERA Plan C**  
**Attachment to 2025 Schedule SB**  
**Schedule SB, Line 24 – Changes in Non Prescribed Actuarial Assumptions**

Effective January 1, 2025, the following assumptions were updated based on a recent experience study:

| Assumption               | Prior Assumption                                                                                                                                  | Current Assumption                                                                                                                  |                        |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Termination Rates        | Rates varying by service:                                                                                                                         |                                                                                                                                     |                        |
|                          | <u>Completed Years of Service</u>                                                                                                                 | <u>Probability of Terminating Within One Year</u>                                                                                   |                        |
|                          | 0–2                                                                                                                                               | 15%                                                                                                                                 |                        |
|                          | 3–5                                                                                                                                               | 10%                                                                                                                                 |                        |
|                          | 6–9                                                                                                                                               | 5%                                                                                                                                  |                        |
|                          | 10+                                                                                                                                               | 3%                                                                                                                                  |                        |
|                          | Probability of terminating within one year varying by age and service (under or over 5 years):                                                    |                                                                                                                                     |                        |
|                          | <u>Age</u>                                                                                                                                        | <u>Completed Years of Service</u>                                                                                                   |                        |
|                          |                                                                                                                                                   | <u>≤5</u>                                                                                                                           | <u>5+</u>              |
|                          | 16–24                                                                                                                                             | 25%                                                                                                                                 | 10%                    |
| 25–34                    | 20%                                                                                                                                               | 10%                                                                                                                                 |                        |
| 35–44                    | 15%                                                                                                                                               | 10%                                                                                                                                 |                        |
| 45–49                    | 15%                                                                                                                                               | 5%                                                                                                                                  |                        |
| 50–54                    | 10%                                                                                                                                               | 5%                                                                                                                                  |                        |
| 55+                      | 10%                                                                                                                                               | N/A                                                                                                                                 |                        |
| Rate of Salary Increases | Age Graded:                                                                                                                                       |                                                                                                                                     |                        |
|                          | <u>Age</u>                                                                                                                                        | <u>Increase</u>                                                                                                                     |                        |
|                          | 15–29                                                                                                                                             | 9.00%                                                                                                                               |                        |
|                          | 30–39                                                                                                                                             | 5.50%                                                                                                                               |                        |
|                          | 40–49                                                                                                                                             | 5.00%                                                                                                                               |                        |
|                          | 50–59                                                                                                                                             | 4.50%                                                                                                                               |                        |
|                          | 60+                                                                                                                                               | 2.75%                                                                                                                               |                        |
|                          | Age Graded:                                                                                                                                       |                                                                                                                                     |                        |
| <u>Age</u>               | <u>Increase</u>                                                                                                                                   |                                                                                                                                     |                        |
| 15–29                    | 10.00%                                                                                                                                            |                                                                                                                                     |                        |
| 30–39                    | 7.50%                                                                                                                                             |                                                                                                                                     |                        |
| 40–49                    | 5.75%                                                                                                                                             |                                                                                                                                     |                        |
| 50–59                    | 4.50%                                                                                                                                             |                                                                                                                                     |                        |
| 60+                      | 3.00%                                                                                                                                             |                                                                                                                                     |                        |
| Retirement Rates         | Rates varying by age:                                                                                                                             |                                                                                                                                     |                        |
|                          | <u>Age</u>                                                                                                                                        | <u>Probability of Retirement</u>                                                                                                    |                        |
|                          | 60–61                                                                                                                                             | 5%                                                                                                                                  |                        |
|                          | 62–64                                                                                                                                             | 10%                                                                                                                                 |                        |
|                          | 65–69                                                                                                                                             | 25%                                                                                                                                 |                        |
|                          | 70                                                                                                                                                | 100%                                                                                                                                |                        |
|                          | Rates varying by age and whether the participating bank offers a subsidy providing unreduced benefits at age 62:                                  |                                                                                                                                     |                        |
|                          | <u>Age</u>                                                                                                                                        | <u>Probability of Retirement</u>                                                                                                    |                        |
|                          |                                                                                                                                                   | <u>With Subsidy</u>                                                                                                                 | <u>Without Subsidy</u> |
|                          | 55–59                                                                                                                                             | 1%                                                                                                                                  | 1%                     |
| 60–61                    | 5%                                                                                                                                                | 5%                                                                                                                                  |                        |
| 62                       | 15%                                                                                                                                               | 5%                                                                                                                                  |                        |
| 63                       | 5%                                                                                                                                                | 5%                                                                                                                                  |                        |
| 64                       | 10%                                                                                                                                               | 10%                                                                                                                                 |                        |
| 65–69                    | 25%                                                                                                                                               | 25%                                                                                                                                 |                        |
| 70+                      | 100%                                                                                                                                              | 100%                                                                                                                                |                        |
| Form of Payment          | 50% of active participants are assumed to elect a lump sum and 50% of active participants are assumed to elect a 100% joint and survivor annuity. | 50% of participants are assumed to elect a lump sum and 50% of participants are assumed to elect a 100% joint and survivor annuity. |                        |