

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, etc.
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: CBERA PLAN C
1b Three-digit plan number (PN): 334
1c Effective date of plan: 11/01/1976
2a Plan sponsor's name (employer, if for a single-employer plan): COOPERATIVE BANKS EMPLOYEES RETIREMENT ASSOCIATION
2b Employer Identification Number (EIN): 04-6035593
2c Plan Sponsor's telephone number: 781-551-8500
2d Business code (see instructions): 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.

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	2430
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	453
	6a(2)	350
	6b	274
	6c	321
	6d	945
	6e	30
	6f	975
	6g(1)	
	6g(2)	
h		16
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>CBERA PLAN C</u>	B Three-digit plan number (PN) ▶	<u>334</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>COOPERATIVE BANKS EMPLOYEES RETIREMENT ASSOCIATION</u>	D Employer Identification Number (EIN) <u>04-6035593</u>	
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 <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>270201707</u>
	b Actuarial value	2b	<u>270201707</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>972</u>	<u>146245427</u>
	b For terminated vested participants	<u>1058</u>	<u>51720854</u>
	c For active participants	<u>453</u>	<u>52579130</u>
	d Total	<u>2483</u>	<u>250545411</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.20 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>4736383</u>
	b Expected plan-related expenses	6b	<u>1190000</u>
	c Target normal cost	6c	<u>5926383</u>

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

SIGN HERE		
	Signature of actuary	<u>09/26/2025</u> Date
	<u>JOSEPH ANZALONE</u> Type or print name of actuary	<u>23-07813</u> Most recent enrollment number
	<u>GALLAGHER BENEFIT SERVICES, INC.</u> Firm name	<u>781-373-6900</u> Telephone number (including area code)
	<u>420 LEXINGTON AVENUE SUITE 2220 NEW YORK, NY 10170</u> Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	16273283
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	16273283
10	Interest on line 9 using prior year's actual return of <u>11.71</u> %	0	1905601
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		317282
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.28</u> %		16752
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		334034
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	18178884

Part III Funding Percentages			
14	Funding target attainment percentage	14	100.41 %
15	Adjusted funding target attainment percentage	15	107.65 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	97.24 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
Totals ▶			18(b)	0	18(c)	0	

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1218415

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

21 Discount rate:

a Segment rates:

1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code) **21b** 0

22 Weighted average retirement age **22** 66

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** 5926383

b Excess assets, if applicable, but not greater than line 31a **31b** 1039961

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment.....	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 4886422

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	4886422	4886422

36 Additional cash requirement (line 34 minus line 35) **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 1218415

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

a Total (excess, if any, of line 37 over line 36) **38a** 1218415

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 1218415

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0

40 Unpaid minimum required contributions for all years **40** 0

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

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

**SCHEDULE C
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Service Provider Information

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection.

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

A Name of plan
CBERA PLAN C

B Three-digit plan number (PN) ▶ **334**

C Plan sponsor's name as shown on line 2a of Form 5500
COOPERATIVE BANKS EMPLOYEES RETIREMENT ASSOCIATION

D Employer Identification Number (EIN)
04-6035593

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 50	PLAN ADMINISTRATOR	674506	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)

AGILIS PARTNERS LLC

04-3513306

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	ACTUARY	418440	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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT ADVISOR	123534	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)

BLACKROCK INSTITUTIONAL TRUST CO.

94-3112180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 24 28 50 51	INVESTMENT MGMT	123422	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"/>

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

THE BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 19 50	CUSTODIAL SECURITIES	111643	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

HARDMAN JOHNSTON GLOBAL ADVISORS

13-3257590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MGMT	82480	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)

SELECT EQUITY GROUP, L.P.

46-3465710

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MGMT	76212	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)

MONDRIAN INVESTMENT GROUP

56-2475915

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MGMT	68288	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)

ACADIAN ASSET MANAGEMENT LLC

04-2929221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MGMT	63911	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)

LEGAL & GENERAL INVEST MGMT AMERICA

20-8058531

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MGMT	54908	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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITORS	50617	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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MGMT	42850	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)

COPELAND CAPITAL MANAGEMENT, LLC

20-3145515

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MGMT	41850	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)

FIDELITY INSTITUTIONAL ASSET

20-2159373

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MGMT	33810	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>CBERA PLAN C</u>	B Three-digit plan number (PN) ▶	<u>334</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>COOPERATIVE BANKS EMPLOYEES RETIREMENT ASSOCIATION</u>	D Employer Identification Number (EIN) <u>04-6035593</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB TEMPORARY INVESTMENT</u>	b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>	c EIN-PN <u>25-6078093-023</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>891886</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SPARTAN 500 INDEX POOL CLASS C</u>	b Name of sponsor of entity listed in (a): <u>GEODE CAPITAL MGMT TRUST CO., LLC</u>	c EIN-PN <u>82-6293122-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>39369535</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>HARDMAN JOHNSTON INT'L EQ GRP TRUST</u>	b Name of sponsor of entity listed in (a): <u>HARDMAN JOHNSTON GLOBAL ADVISORS LLC</u>	c EIN-PN <u>26-6493485-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8768210</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ACADIAN EMERGING MKS SM-CAP EQ FUND</u>	b Name of sponsor of entity listed in (a): <u>ACADIAN ASSET MANAGEMENT LLC</u>	c EIN-PN <u>04-2929221-014</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10253544</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM EME SM CAP POOL</u>	b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MGMT TRUST COMPANY</u>	c EIN-PN <u>20-4659714-119</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONG TERM CREDIT BOND INDEX FUND</u>	b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST CO., N.A.</u>	c EIN-PN <u>94-6450621-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>US LONG CORPORATE BOND FUND</u>	b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST CO., N.A.</u>	c EIN-PN <u>45-3263231-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9770213</u>

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) 8806717
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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) 5251452
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a Name of MTIA, CCT, PSA, or 103-12 IE: **SHORT-TERM INVESTMENT FUND**

b Name of sponsor of entity listed in (a): **BLACKROCK INSTITUTIONAL TRUST CO., N.A.**

c EIN-PN 94-6450621-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **MONDRIAN EMERGING MKS DEBT FUND**

b Name of sponsor of entity listed in (a): **MONDRIAN INVESTMENT GROUP US, INC.**

c EIN-PN 20-3583794-010	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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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)
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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)
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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)
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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)
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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)
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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)
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SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan CBERA PLAN C	B Three-digit plan number (PN) ▶ 334
C Plan sponsor's name as shown on line 2a of Form 5500 COOPERATIVE BANKS EMPLOYEES RETIREMENT ASSOCIATION	D Employer Identification Number (EIN) 04-6035593

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	5157667	809392
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1900376	0
(2) U.S. Government securities	1c(2)	55537744	29212695
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	9864597	7922325
(5) Partnership/joint venture interests	1c(5)	37577655	8978426
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	162279612	64089803
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	10733580	19021754
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	15684846	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation.....	1e	0	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	298736077	130034395
Liabilities			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h	193960	116235
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	1365263	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1559223	116235
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	297176854	129918160

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	1281279	
(B) Participants.....	2a(1)(B)	0	
(C) Others (including rollovers).....	2a(1)(C)	0	
(2) Noncash contributions.....	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		1281279
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	0	
(B) U.S. Government securities.....	2b(1)(B)	-6272643	
(C) Corporate debt instruments.....	2b(1)(C)	0	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	0	
(F) Other.....	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		-6272643
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	137013	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		137013
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	4595503	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	4610695	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-15192
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	0	
(B) Other.....	2b(5)(B)	1039642	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		1039642

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)	5459135
(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)	719811
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)	0
c Other income.....	2c	3496994
d Total income. Add all income amounts in column (b) and enter total.....	2d	5846039

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	16255193
(2) To insurance carriers for the provision of benefits.....	2e(2)	129068439
(3) Other.....	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)	145323632
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)	674506
(3) Recordkeeping fees.....	2i(3)	0
(4) IQPA audit fees.....	2i(4)	50617
(5) Investment advisory and investment management fees.....	2i(5)	711264
(6) Bank or trust company trustee/custodial fees.....	2i(6)	111643
(7) Actuarial fees.....	2i(7)	418440
(8) Legal fees.....	2i(8)	0
(9) Valuation/appraisal fees.....	2i(9)	0
(10) Other trustee fees and expenses.....	2i(10)	0
(11) Other expenses.....	2i(11)	245026
(12) Total administrative expenses. Add lines 2i(1) through (11).....	2i(12)	2211496
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	147535128

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	-141689089
l Transfers of assets:		
(1) To this plan.....	2l(1)	1419690
(2) From this plan.....	2l(2)	26989295

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
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
THE NEEDHAM BANK DEFINED BENEFIT PLAN	84-3556185	004
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 557875.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>CBERA PLAN C</u>	B Three-digit plan number (PN)	<u>334</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>COOPERATIVE BANKS EMPLOYEES RETIREMENT ASSOCIATION</u>	D Employer Identification Number (EIN) <u>04-6035593</u>	

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

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

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

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 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 77

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a	Name of contributing employer		
b	EIN	c	Dollar amount contributed by employer
d	Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> 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 <input type="checkbox"/> 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:	<input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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:	<input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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:	<input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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:	<input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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:	<input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify): _____

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: 66.1 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 33.3 %
 High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 0.6 % Other: 0.0 %

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 _____.

<p>SCHEDULE MEP (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p>	<p>MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION</p> <p>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)</p> <p>▶ File as an attachment to Form 5500.</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan CBERA PLAN C	B Three-digit Plan number (PN)..... ▶	334
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF COOPERATIVE BANKS EMPLOYEES RETIREMENT ASSOCIATION	D Administrator's EIN 04-6035593	

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

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

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

Part II Participating Employer Information.

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BANKGLOUCESTER	04-1371820	7.37	
BANK OF EASTON	04-1677520	1.40	

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.

2e Does the plan include any individuals not participating through an employer or who are individual working owners?	2e	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2f 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.	2f	0.00
2g If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	2g	0

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

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

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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

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

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CANTON CO-OPERATIVE BANK	04-1207230	4.02	
CHARLES RIVER BANK	27-2499211	4.10	
COMMONWEALTH COOPERATIVE BANK	04-1465980	5.22	
COOPERATIVE BANKS EMPLOYEES RET ASSOC	04-6035593	0.28	
HAVERHILL BANK	04-1426920	6.84	
MECHANICS COOPERATIVE BANK	04-1608620	1.68	
METHUEN CO-OPERATIVE BANK	04-1615835	2.33	
MUTUALONE BANK	04-1339820	15.65	
NEEDHAM BANK	84-3556185	7.28	

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 CAMBRIDGE CO-OPERATIVE BANK	04-1677300	0.93	
NORTH SHORE BANK	04-3414678	2.42	
SAVERS BANK	04-1853350	4.29	
STOUGHTON CO-OPERATIVE BANK	04-1875980	1.68	
THE PITTSFIELD COOPERATIVE BANK	04-1731230	2.24	
THE VILLAGE BANK	04-1050590	29.00	
WAKEFIELD CO-OPERATIVE BANK	04-1939190	1.68	
WRENTHAM COOPERATIVE BANK	04-1991475	1.59	

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

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

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



The Defined Benefit Plan (Plan C) of CBERA
Financial Statements and Supplemental Schedules
Years Ended December 31, 2024 and 2023



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, 2024 and 2023

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Independent Auditor's Report

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, 2024 and 2023, 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, 2024 and 2023, 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, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including 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.

Wolff + Company, P.C.

Boston, Massachusetts
October 9, 2025

The Defined Benefit Plan (Plan C) of CBERA

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets:		
Investments, at fair value:		
Cash and liquid investments	\$ 891,886	\$ 4,610,105
Investment in CBERA Group Trust, a common collective trust	<u>128,333,117</u>	<u>288,968,305</u>
Total investments	129,225,003	293,578,410
Receivables:		
Employer contributions receivable	<u>809,392</u>	<u>1,077,054</u>
Total assets	130,034,395	294,655,464
Liabilities:		
Accounts payable and accrued expenses	<u>116,235</u>	<u>1,559,223</u>
Net assets available for benefits	<u><u>\$ 129,918,160</u></u>	<u><u>\$ 293,096,241</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, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions to net assets attributed to:		
Investment income:		
Interest income	\$ 637,943	\$ 221,862
Net appreciation in fair value of investments in CBERA Group Trust	3,926,817	32,458,567
Total investment income	<u>4,564,760</u>	<u>32,680,429</u>
Transfers from Plan A	1,419,690	2,365,757
Employer contributions	<u>5,361,892</u>	<u>8,806,608</u>
Total additions	<u>11,346,342</u>	<u>43,852,794</u>
Deductions from net assets attributed to:		
Payment of benefits through lump-sum distributions and annuity payments	16,255,193	27,449,087
Payments to insurance carriers for annuities	129,068,439	-
Administrative expenses	2,211,496	2,621,933
Transfers to Plan A	239,007	1,442,474
Total deductions	<u>147,774,135</u>	<u>31,513,494</u>
Net increase (decrease)	(136,427,793)	12,339,300
Net transfers out	(26,750,288)	-
Net assets available for benefits:		
Beginning of year	<u>293,096,241</u>	<u>280,756,941</u>
End of the year	<u>\$ 129,918,160</u>	<u>\$ 293,096,241</u>

See notes to financial statements.

The Defined Benefit Plan (Plan C) of CBERA

Notes to Financial Statements

Years Ended December 31, 2024 and 2023

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 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 (“Mellon”) 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. Mellon 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.

The Defined Benefit Plan (Plan C) of CBERA

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.

As of December 31, 2024 and 2023, there were three trusts participating in the Group Trust. At December 31, 2024 and 2023, the CBERA Trust of Plan C held 59.44% and 78.86%, 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.

The Defined Benefit Plan (Plan C) of CBERA

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.

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

Mellon has trust agreements with the Association under which Mellon 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, 2024.

The Defined Benefit Plan (Plan C) of CBERA

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 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, 2024 and 2023.

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, 2024 and 2023.

	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	\$ 891,886	\$ -	\$ -	891,886
Investments measured at net asset value (a)				128,333,117
Investments at fair value				\$ 129,225,003

	Assets at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Cash and liquid investments	\$ 4,610,105	\$ -	\$ -	\$ 4,610,105
Total assets in the fair value hierarchy	\$ 4,610,105	\$ -	\$ -	4,610,105
Investments measured at net asset value (a)				288,968,305
Investments at fair value				\$ 293,578,410

(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, 2024 and 2023, 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, 2024 and 2023. There are no redemption restrictions for these investments other than the redemption notice period.

	Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
December 31, 2024				
CBERA Group Trust	\$ 128,333,117	n/a	Daily	Daily
December 31, 2023				
CBERA Group Trust	\$ 288,968,305	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, 2024 and 2023 are as follows:

	December 31, 2024		December 31, 2023	
	Group Trust Balances	Plan's Interest in Group Trust Balances	Group Trust Balances	Plan's Interest in Group Trust Balances
Cash and liquid investments	\$ 677,753	\$ 402,886	\$ 852,425	\$ 672,183
U.S. Treasury bond futures	(797,917)	(474,317)	1,743,803	1,375,082
U.S. Treasury bonds	28,501,402	16,942,486	55,630,248	43,867,453
Equity securities	16,210,216	9,636,065	16,978,073	13,388,127
Investments measured at net asset value	170,189,417	101,168,068	292,533,827	230,678,711
Total investments at fair value	<u>214,780,871</u>	<u>127,675,188</u>	<u>367,738,376</u>	<u>289,981,556</u>
Dividends and interest receivable	1,865,431	1,108,894	595,846	469,856
Cash at broker	708,134	420,946	(1,836,305)	(1,448,026)
Payable to broker	<u>(1,466,767)</u>	<u>(871,911)</u>	<u>(44,488)</u>	<u>(35,081)</u>
Total	<u>\$ 215,887,669</u>	<u>\$ 128,333,117</u>	<u>\$ 366,453,429</u>	<u>\$ 288,968,305</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, 2024 and 2023.

	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	\$ 44,591,454	\$ -	\$ -	44,591,454
Investments measured at net asset value (a)				170,189,417
Investments at fair value				\$ 214,780,871
	Assets at Fair Value at December 31, 2023			
	Level 1	Level 2	Level 3	Fair Value
Cash and liquid investments	\$ 852,425	\$ -	\$ -	\$ 852,425
U.S. Treasury bond futures	1,743,803	-	-	1,743,803
U.S. Treasury bonds	55,630,248	-	-	55,630,248
Equity securities	16,978,073	-	-	16,978,073
Total assets in the fair value hierarchy	\$ 75,204,549	\$ -	\$ -	75,204,549
Investments measured at net asset value (a)				292,533,827
Investments at fair value				\$ 367,738,376

- (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, 2024 and 2023.

	December 31, 2024		
	Fair Value	Unfunded Commitment	Redemption Frequency *
Investments in alternative investments:			
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>	
	December 31, 2023		
	Fair Value	Unfunded Commitment	Redemption Frequency *
Investments in alternative investments:			
FIAM Emerging Markets Equity Small Cap Comingled Pools	\$ 8,835,643	\$ -	Daily
FIAM Spartan 500 Index Pool Class C	41,793,470	-	Daily
Acadian Emerging Markets Small-Cap Equity Fund, LLC	13,696,413	-	Monthly
Mondrian Emerging Markets Debt Fund, L.P.	18,455,514	-	Monthly
Hardman Johnston International Equity Group Trust	16,967,132	-	Monthly
CBERA Dual Beta Strategy UA Fund	38,640,261	-	Daily
BlackRock Long Corp BD Index Fund	38,979,703	-	Daily
Baxter Street Offshore Fund, Ltd.	22,049,614	-	Monthly
IR+M Intermediate Corporate Collective Fund	51,586,723	-	Daily
IR+M Long Corporate Collective Fund	33,347,982	-	Daily
L&G Long Liability Treasury	8,181,372	-	Weekly
	<u>\$ 292,533,827</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, 2024:

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.

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.

The Defined Benefit Plan (Plan C) of CBERA

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

During 2024 one participating employer transferred out of the Plan. There were no transfers out of the Plan during 2023.

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 Defined Benefit Plan (Plan C) of CBERA

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, 2024 and 2023, 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. In May 2023, Employee Benefits Security Administration (“EBSA”), an agency of the U.S. Department of Labor closed its examination resulting in no impact to the Plan’s tax status. The Plan Administrator believes it is no longer subject to examinations for years prior to December 31, 2021.

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, Agilis Partners LLC, as of January 1, 2024, 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, 2024 and 2023 were: (a) assumed rate of return on investments of 6.50% for 2024 and 6.00% for 2023; (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 2.50%; and (f) assumed discount rate of 6.50% for 2024 and 6.00% for 2023. The change in the discount rate and mortality table is responsible for the assumption change of \$11,165,545.

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.

The Defined Benefit Plan (Plan C) of CBERA

At January 1, 2024, the actuarial present value of accumulated plan benefits is as follows:

Actuarial present value of accumulated plan benefits:

Vested:	
Participants currently receiving payments	\$ 135,904,352
Other participants	<u>89,336,374</u>
Total	<u>225,240,726</u>
Nonvested benefits	<u>379,458</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 225,620,184</u></u>

The changes in the actuarial present value of accumulated plan benefits for the period January 1, 2023 to January 1, 2024 is as follows:

Actuarial present value of accumulated plan benefits, at beginning of year	<u>\$ 261,286,516</u>
Increase (decrease) during the year attributable to:	
Benefits accumulated	16,443,290
Interest due to decrease in discount period	14,823,069
Bank spinoff	(26,875,585)
Benefit payments	(28,891,561)
Assumption changes	<u>(11,165,545)</u>
Net decrease	<u>(35,666,332)</u>
Actuarial present value of accumulated plan benefits, at end of year	<u><u>\$ 225,620,184</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.

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.

The Defined Benefit Plan (Plan C) of CBERA

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. DUE TO THE DEFINED BENEFIT PLAN OF ADAMS COMMUNITY BANK

During 2024, an administrative error was identified in which the Plan received \$1,300,000 of plan year 2023 contributions designated for The Defined Benefit Plan of Adams Community Bank (the "Adams Plan").

In January 2024, the Plan returned \$1,365,263 including lost earnings of \$65,263 to the Adams Plan. As of December 31, 2023, the Plan recorded the liability as accounts payable and accrued expenses.

13. 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.

14. ANNUITY CONTRACTS

On June 18, 2024 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 \$129,615,379 and \$209,749 respectively. On July 26, 2024 the Plan received a payment in the amount of \$757,030 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.

The Defined Benefit Plan (Plan C) of CBERA

15. 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:

	2024	2023
Total net assets as reported in the statement of net assets available for benefits	\$ 129,918,160	\$ 293,096,241
Adjustment for additional contributions receivable as reflected in Form 5500 Schedule SB	-	4,080,613
Net assets per Form 5500	\$ 129,918,160	\$ 297,176,854

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, 2024 is as follows:

Employer contributions as reported in the statement of changes in net assets available for benefits		\$ 5,361,892
Adjustment for additional 2023 employer contributions receivable as reflected in Form 5500 Schedule SB		(4,080,613)
Total contributions per Form 5500		\$ 1,281,279

16. SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 9, 2025, which is the date the financial statements were available to be issued.

In February 2025 the Plan purchased annuity contracts from ANICO and ANICONY and transferred the premiums in the amount of \$8,393,802 representing a participating employer that previously had frozen further benefits. ANICO and ANICONY will assume 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.

In August 2025, the Plan purchased an annuity contract from ANICO and transferred the premium in the amount of \$2,614,264 representing a participating employer that previously had frozen further benefits. ANICO assumed the responsibility of the liabilities on August 5, 2025.

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, 2024

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	128,333,117 Units of Participation in CBERA Group Trust	\$ 113,622,896	\$ 128,333,117	
* EB Temporary Investment Fund II	(SHARES) 891,886 EB Temporary Investment Fund II, Variable rate, 12/31/2049	891,886	891,886	
TOTAL INVESTMENTS		114,514,782	129,225,003	
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)				
CASH AND LIQUID INVESTMENTS				
	(SHARES)			
* LGIMA CUSTOM	257,872 EB TEMP INV FD	257,872	257,872	
* COPELAND SMALL CAP	142,174 EB TEMP INV FD	142,174	142,174	
* LGIMA TREASURY FUND	827 EB TEMP INV FD	827	827	
* INCOME LONG CORPORAT	702 EB TEMP INV FD	702	702	
* BR LONG CORPORAT	548 EB TEMP INV FD	548	548	
* INCOME INTERMED CORP	486 EB TEMP INV FD	486	486	
* FIDELITY S&P 500	278 EB TEMP INV FD	278	278	
* LGIMA CUSTOM	- RECEIVABLE FOR INVESTMENTS SOLD	880,646	880,646	
* LGIMA CUSTOM	- CASH - BROKER	420,945	420,945	
* LGIMA CUSTOM	- INTEREST RECEIVABLE	208,099	208,099	
* COPELAND SMALL CAP	- DIVIDENDS RECEIVABLE	12,205	12,205	
* COPELAND SMALL CAP	- DIVIDENDS RECEIVABLE RECLAIM	7,275	7,275	
* COPELAND SMALL CAP	- INTEREST RECEIVABLE	599	599	
* FIDELITY S&P 500	- INTEREST RECEIVABLE	51	51	
* ACADIAN EME	- INTEREST RECEIVABLE	5	5	
* LGIMA TREASURY FUND	- INTEREST RECEIVABLE	3	3	
* INCOME LONG CORPORAT	- INTEREST RECEIVABLE	3	3	
* SELECT EQUITY FUND	- INTEREST RECEIVABLE	2	2	
* BR LONG CORPORAT	- INTEREST RECEIVABLE	2	2	
* INCOME INTERMED CORP	- INTEREST RECEIVABLE	2	2	
* HJ INTERNATIONAL EQ	- INTEREST RECEIVABLE	2	2	
* LGIMA CUSTOM	- PAYABLE FOR INVESTMENTS PURCHASED	(870,423)	(870,423)	
* COPELAND SMALL CAP	- PAYABLE FOR INVESTMENTS PURCHASED	(1,488)	(1,488)	
TOTAL CASH AND LIQUID INVESTMENTS		1,060,815	1,060,815	
ALTERNATIVE INVESTMENT FUNDS				
	(SHARES/UNITS)			
* FIDELITY S&P 500	153,877 SPARTAN 500 INDEX POOL CLC	32,424,179	42,409,947	
* ACADIAN EME	2,561 ACADIAN EM SM CAP EQ FD	8,091,854	12,031,221	
* SELECT EQUITY	6,660 SELECT EQUITY	8,113,549	10,657,636	
* HJ INTERNATIONAL EQ	245,634 HARDMAN JOHNSTON LE GROUP	8,848,607	10,408,105	
* BLACKROCK LDI	539,578 US LONG CORPORATE BOND FUND	8,100,785	8,496,994	
* LEGAL & GENERAL INVESTMENT MANAGEMENT	63,970 L&G LONG LIABILITY TREASURY	6,776,488	5,651,091	
* INCOME INTERMED CORP	859,695 IR+M LONG CORPORATE COLLECTIVE	8,575,411	7,658,847	
* INCOME INTERMED CORP	373,927 IR+M INTERMEDIATE CORPORATE	3,585,919	3,854,227	
TOTAL ALTERNATIVE INVESTMENT FUNDS		84,516,792	101,168,068	
U.S. TREASURY BONDS				
	(PAR)			
* LEGAL & GENERAL INVESTMENT MANAGEMENT	2,972,220 U S TREASURY BD CPN STRIP	1,920,589	1,928,881	
* LEGAL & GENERAL INVESTMENT MANAGEMENT	8,238,993 U S TREASURY BOND	7,833,732	7,537,360	
* LEGAL & GENERAL INVESTMENT MANAGEMENT	3,028,692 U S TREASURY BOND	2,826,840	1,479,698	
* LEGAL & GENERAL INVESTMENT MANAGEMENT	1,272,110 U S TREASURY BOND	1,248,212	1,234,748	
* LEGAL & GENERAL INVESTMENT MANAGEMENT	1,343,443 U S TREASURY BOND	1,230,839	941,149	
* LEGAL & GENERAL INVESTMENT MANAGEMENT	1,486,110 U S TREASURY BOND	1,241,801	902,574	
* LEGAL & GENERAL INVESTMENT MANAGEMENT	787,638 U S TREASURY BOND	764,890	561,350	
* LEGAL & GENERAL INVESTMENT MANAGEMENT	746,027 U S TREASURY BOND	607,280	536,177	

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, 2024

a	b Identity of Issue, Borrower, Lessor or Similar Party	c Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	d		e	
			Cost	Current Value	Current Value	Current Value
*	LEGAL & GENERAL INVESTMENT MANAGEMENT	520,138	U S TREASURY BOND	541,074	453,842	
*	LEGAL & GENERAL INVESTMENT MANAGEMENT	535,000	U S TREASURY BOND	522,277	435,420	
*	LEGAL & GENERAL INVESTMENT MANAGEMENT	306,389	U S TREASURY BOND	406,027	374,979	
*	LEGAL & GENERAL INVESTMENT MANAGEMENT	371,527	U S TREASURY BOND	344,300	307,019	
*	LEGAL & GENERAL INVESTMENT MANAGEMENT	306,139	U S TREASURY BOND	273,055	249,289	
	TOTAL U.S. TREASURY BONDS			19,760,916	16,942,486	
	U.S. TREASURY BOND FUTURES					
		(PAR)				
*	LEGAL & GENERAL INVESTMENT MANAGEMENT	24	US 10YR ULTRA FUTURE (CBT)	-	(32,350)	
*	LEGAL & GENERAL INVESTMENT MANAGEMENT	67	US TREAS BD FUTURE (CBT)	-	(175,822)	
*	LEGAL & GENERAL INVESTMENT MANAGEMENT	11	US 10YR TREAS NTS FUTURE (CBT)	-	(19,060)	
*	LEGAL & GENERAL INVESTMENT MANAGEMENT	15	US 5YR TREAS NTS FUTURE (CBT)	-	(8,605)	
*	LEGAL & GENERAL INVESTMENT MANAGEMENT	1	US 2YR TREAS NTS FUT (CBT)	-	158	
*	LEGAL & GENERAL INVESTMENT MANAGEMENT	65	US ULTRA BOND (CBT)	-	(238,638)	
	TOTAL U.S. TREASURY BOND FUTURES			-	(474,317)	
	EQUITY SECURITIES					
		(SHARES)				
	ENSIGN GROUP INC/THE	2,107	SHARES OF COMMON STOCK	136,625	279,976	
	HAMILTON LANE INC	1,716	SHARES OF COMMON STOCK	170,023	254,077	
	ENCOMPASS HEALTH CORP	2,716	SHARES OF COMMON STOCK	161,604	250,824	
	LEMAITRE VASCULAR INC	2,522	SHARES OF COMMON STOCK	113,193	232,398	
	FEDERAL AGRICULTURAL MORTGAGE	1,061	SHARES OF COMMON STOCK	110,114	208,980	
	STANDEX INTERNATIONAL CORP	1,109	SHARES OF COMMON STOCK	102,404	207,304	
	COHEN & STEERS INC	2,150	SHARES OF COMMON STOCK	125,118	198,541	
	HOME BANCSHARES INC/AR	6,940	SHARES OF COMMON STOCK	134,189	196,406	
	CRA INTERNATIONAL INC	1,023	SHARES OF COMMON STOCK	111,614	191,513	
	UMH PROPERTIES INC	10,113	SHARES OF COMMON STOCK	172,672	190,939	
	LAKELAND FINANCIAL CORP	2,734	SHARES OF COMMON STOCK	139,168	188,020	
	BWX TECHNOLOGIES INC	1,608	SHARES OF COMMON STOCK	99,884	179,112	
	BROOKFIELD INFRASTRUCTURE CORP	4,474	SHARES OF COMMON STOCK	173,163	179,020	
	ATLAS ENERGY SOLUTIONS INC	8,060	SHARES OF COMMON STOCK	167,980	178,772	
	NORTHERN OIL & GAS INC	4,785	SHARES OF COMMON STOCK	116,134	177,821	
	CHEMED CORP	332	SHARES OF COMMON STOCK	144,736	176,049	
	UTZ BRANDS INC	11,165	SHARES OF COMMON STOCK	168,661	174,841	
	AIR LEASE CORP	3,579	SHARES OF COMMON STOCK	168,663	172,522	
	US PHYSICAL THERAPY INC	1,943	SHARES OF COMMON STOCK	198,473	172,385	
	KINSALE CAPITAL GROUP INC	368	SHARES OF COMMON STOCK	115,962	171,150	
	SCHNEIDER NATIONAL INC	5,799	SHARES OF COMMON STOCK	142,113	169,806	
	POWER INTEGRATIONS INC	2,699	SHARES OF COMMON STOCK	168,069	166,551	
	TRAVEL + LEISURE CO	3,267	SHARES OF COMMON STOCK	163,252	164,823	
	VALMONT INDUSTRIES INC	535	SHARES OF COMMON STOCK	133,600	164,068	
	PRICESMART INC	1,768	SHARES OF COMMON STOCK	146,090	162,945	
	CABOT CORP	1,754	SHARES OF COMMON STOCK	133,239	160,122	
	WINGSTOP INC	553	SHARES OF COMMON STOCK	115,288	157,284	
	NAPCO SECURITY TECHNOLOGIES IN	4,394	SHARES OF COMMON STOCK	191,825	156,255	
	HEXCEL CORP	2,490	SHARES OF COMMON STOCK	167,966	156,094	
	NEXSTAR MEDIA GROUP INC	957	SHARES OF COMMON STOCK	120,493	151,186	
	WYNDHAM HOTELS & RESORTS INC	1,499	SHARES OF COMMON STOCK	111,102	151,103	
	CASEY'S GENERAL STORES INC	373	SHARES OF COMMON STOCK	80,004	147,681	
	MATERION CORP	1,480	SHARES OF COMMON STOCK	110,128	146,359	
	FIRSTSERVICE CORP	806	SHARES OF COMMON STOCK	125,181	145,914	
	TERRENO REALTY CORP	2,442	SHARES OF COMMON STOCK	152,209	144,418	
	CHESAPEAKE UTILITIES CORP	1,179	SHARES OF COMMON STOCK	107,761	143,045	
	KULICKE & SOFFA INDUSTRIES INC	3,062	SHARES OF COMMON STOCK	149,534	142,872	
	SHOE CARNIVAL INC	4,281	SHARES OF COMMON STOCK	99,539	141,622	
	PERRIGO CO PLC	5,478	SHARES OF COMMON STOCK	185,102	140,850	
	LANDSTAR SYSTEM INC	806	SHARES OF COMMON STOCK	112,330	138,531	
	ALLISON TRANSMISSION HOLDINGS	1,277	SHARES OF COMMON STOCK	60,587	138,042	
	NEXPOINT RESIDENTIAL TRUST INC	3,281	SHARES OF COMMON STOCK	121,930	136,996	
	TETRA TECH INC	3,340	SHARES OF COMMON STOCK	88,814	133,049	

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, 2024

a	b Identity of Issue, Borrower, Lessor or Similar Party	c Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	d		e	
			Cost	Current Value	Current Value	Current Value
	BRUNSWICK CORP/DE	2,046 SHARES OF COMMON STOCK	135,557		132,340	
	LITTELFUSE INC	556 SHARES OF COMMON STOCK	105,416		131,116	
	MATADOR RESOURCES CO	2,305 SHARES OF COMMON STOCK	121,182		129,694	
	COGNEX CORP	3,616 SHARES OF COMMON STOCK	148,583		129,670	
	UNIFIRST CORP/MA	752 SHARES OF COMMON STOCK	134,260		128,655	
	CONCENTRIX CORP	2,963 SHARES OF COMMON STOCK	202,226		128,222	
	UFP INDUSTRIES INC	1,094 SHARES OF COMMON STOCK	99,318		123,214	
	UNIVERSAL DISPLAY CORP	835 SHARES OF COMMON STOCK	142,881		122,018	
	QUAKER CHEMICAL CORP	816 SHARES OF COMMON STOCK	148,251		114,801	
	KFORCE INC	1,971 SHARES OF COMMON STOCK	119,135		111,732	
	CLEAR SECURE INC	4,155 SHARES OF COMMON STOCK	108,988		110,694	
	MSA SAFETY INC	663 SHARES OF COMMON STOCK	114,933		109,873	
	SHUTTERSTOCK INC	3,562 SHARES OF COMMON STOCK	174,288		108,104	
	PATRICK INDUSTRIES INC	1,298 SHARES OF COMMON STOCK	108,197		107,860	
	SENSATA TECHNOLOGIES HOLDING P	3,691 SHARES OF COMMON STOCK	150,565		101,147	
	IRADIMED CORP	1,758 SHARES OF COMMON STOCK	75,918		96,710	
	WINMARK CORP	244 SHARES OF COMMON STOCK	92,300		96,033	
	EXP WORLD HOLDINGS INC	8,265 SHARES OF COMMON STOCK	146,086		95,132	
	INSPIRITY INC	943 SHARES OF COMMON STOCK	95,095		73,076	
	HEALTHSTREAM INC	1,437 SHARES OF COMMON STOCK	44,558		45,708	
	TOTAL EQUITY SECURITIES		8,284,373		9,636,065	
		TOTAL INVESTMENTS	\$ 113,622,896		\$ 128,333,117	

* Party-in-interest

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, 2024

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 of Acquisitions	Proceeds of Dispositions
	US 10YR ULTRA FUTURE (CBT)	US 10YR ULTRA FUTURE (CBT) EXP JUN 24	\$ -	\$ (130,892)
	US 10YR ULTRA FUTURE (CBT)	US 10YR ULTRA FUTURE (CBT) EXP SEP 24	-	395,378
	US 10YR ULTRA FUTURE (CBT)	US 10YR ULTRA FUTURE (CBT) EXP DEC 24	-	(205,918)
	US LONG BOND FUTURE (CBT)	US LONG BOND FUTURE (CBT) EXP JUN 24	-	(154,943)
	US TREAS BD FUTURE (CBT)	US TREAS BD FUTURE (CBT) EXP SEP 24	-	720,381
	US TREAS BD FUTURE (CBT)	US TREAS BD FUTURE (CBT) EXP DEC 24	-	(1,036,416)
	US 10YR NOTE FUTURE (CBT)	US 10YR NOTE FUTURE (CBT) EXP JUN 24	-	(39,271)
	US 10YR NOTE FUTURE (CBT)	US 10YR NOTE FUTURE (CBT) EXP SEP 24	-	140,487
	US 10YR TREAS NTS FUTURE (CBT)	US 10YR TREAS NTS FUTURE (CBT) EXP DEC 24	-	(93,581)
	US 5YR NOTE FUTURE (CBT)	US 5YR NOTE FUTURE (CBT) EXP JUN 24	-	17,520
	US 5YR NOTE FUTURE (CBT)	US 5YR NOTE FUTURE (CBT) EXP SEP 24	-	31,736
	US 5YR TREAS NTS FUTURE (CBT)	US 5YR TREAS NTS FUTURE (CBT) EXP DEC 24	-	(60,368)
	US 2YR NOTE FUTURE (CBT)	US 2YR NOTE FUTURE (CBT) EXP JUN 24	-	59,838
	US 2YR NOTE FUTURE (CBT)	US 2YR NOTE FUTURE (CBT) EXP SEP 24	-	(12,901)
	US 2YR TREAS NTS FUT (CBT)	US 2YR TREAS NTS FUT (CBT) EXP DEC 24	-	(5,311)
	US ULTRA BOND (CBT)	US ULTRA BOND (CBT) EXP JUN 24	-	(396,612)
	US ULTRA BOND FUTURE (CBT)	US ULTRA BOND FUTURE (CBT) EXP SEP 24	-	1,066,327
	US ULTRA BOND FUTURE (CBT)	US ULTRA BOND FUTURE (CBT) EXP DEC 24	-	(1,042,956)

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.

The Defined Benefit Plan (Plan C) of CBERA

Schedule H, Line 4j - Schedule of Reportable Transactions

E.I.N. 04-6035593 Plan Number 334

Year Ended December 31, 2024

a	b	c	d	e	f	g	h	i
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred With Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Category (1) - A single transaction in excess of 5% of plan assets:								
EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	shares of EB TEMP INV FD	\$ 21,300,000	\$ -	\$ -	\$ -	\$ 21,300,000	\$ 21,300,000	\$ -
EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	shares of EB TEMP INV FD	-	21,300,000	-	-	21,300,000	21,300,000	-
EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	shares of EB TEMP INV FD	28,897,300	-	-	-	28,897,300	28,897,300	-
EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	shares of EB TEMP INV FD	-	28,897,300	-	-	28,897,300	28,897,300	-
BLACKROCK INSTITUTIONAL TRUST CO	CBERA DUAL BETA STRATEGY UA	-	38,575,866	-	-	9,576,934	9,576,934	28,998,932
INCOME INTERMED CORP	IR-M INTERMEDIATE CORPORATE COLLECTIVE FUND	-	43,000,000	-	-	41,283,843	41,283,843	1,716,157
BLACKROCK LDI	US LONG CORPORATE BOND FUND	-	21,300,000	-	-	20,141,274	20,141,274	1,158,726
FIAM SP 500	SPARTAN 500 INDEX POOL CL C	28,897,300	-	-	-	28,897,300	28,897,300	-
Category (2) - A series of transactions with the same person involving property other than securities and aggregating to more than 5% of plan assets								
None								
Category (3) - A series of securities transactions in excess of 5% of plan assets:								
US TREASURY BOND 4.750% 11/15/2053 DD 11/15/23	US TREASURY BOND	-	14,934,751	-	-	15,413,463	15,413,463	(478,712)
US TREASURY BOND 4.750% 11/15/2053 DD 11/15/23	US TREASURY BOND	15,414,463	-	-	-	15,414,463	15,414,463	-
US TREASURY BOND 4.250% 02/15/2054 DD 02/15/24	US TREASURY BOND	16,491,520	-	-	-	16,491,520	16,491,520	-
US TREASURY BOND 4.250% 02/15/2054 DD 02/15/24	US TREASURY BOND	-	17,472,891	-	-	16,491,520	16,491,520	981,371
US TREASURY BOND 4.625% 05/15/2054 DD 05/15/24	US TREASURY BOND	-	15,541,000	-	-	16,368,392	16,368,392	(827,392)
US TREASURY BOND 4.625% 05/15/2054 DD 05/15/24	US TREASURY BOND	16,368,392	-	-	-	16,368,392	16,368,392	-
EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	shares of EB TEMP INV FD	163,705,449	-	-	-	163,705,449	163,705,449	-
EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	shares of EB TEMP INV FD	-	163,880,027	-	-	163,880,027	163,880,027	-
BLACKROCK INSTITUTIONAL TRUST CO	CBERA DUAL BETA STRATEGY UA	600,000	-	-	-	600,000	600,000	-
BLACKROCK INSTITUTIONAL TRUST CO	CBERA DUAL BETA STRATEGY UA	-	43,643,865	-	-	10,903,249	10,903,249	32,740,616
INCOME INTERMED CORP	IR-M INTERMEDIATE CORPORATE COLLECTIVE FUND	-	46,047,377	-	-	44,237,400	44,237,400	1,809,977
BLACKROCK LDI	US LONG CORPORATE BOND FUND	465,000.00	-	-	-	465,000	465,000	-
BLACKROCK LDI	US LONG CORPORATE BOND FUND	-	24,644,583	-	-	23,370,733	23,370,733	1,273,850
INCOME INTERMED CORP	IR-M LONG CORPORATE COLLECTIVE FUND	-	20,436,370	-	-	23,003,722	23,003,722	(2,567,352)
INCOME INTERMED CORP	IR-M LONG CORPORATE COLLECTIVE FUND	565,000.00	-	-	-	565,000	565,000	-
FIAM SP 500	SPARTAN 500 INDEX POOL CL C	32,747,300.00	-	-	-	32,747,300	32,747,300	-
FIAM SP 500	SPARTAN 500 INDEX POOL CL C	-	14,010,000	-	-	10,181,489	10,181,489	3,828,511
Category (4) - A single transaction with the same person in excess of 5% of plan assets:								
None								

EIN: 04-6035593, Plan ID: 334, CBERA Plan C
 Attachment to 2024 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		7								
25 to 29		9	6							
30 to 34		16	17	3	1					
35 to 39		9	12	11	4					
40 to 44		11	9	7	10	2				
45 to 49		18	9	4	5	8	3	1		
50 to 54	2	9	16	4	10	4	7	4	4	
55 to 59		9	9	12	11	13	7	3	9	1
60 to 64		9	22	11	11	15	4	3	6	4
65 to 69		4	4	5	12	5	1	1		3
70 & up		2	4	3	5		2			1

EIN: 04-6035593, Plan ID: 334, CBERA Plan C
 Attachment to 2024 Schedule SB
 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

ERISA Funding Valuation Assumptions

Discount Rate

January 2024 IRS Segment Rates:

First Segment	4.37%
Second Segment	4.96%
Third Segment	4.95%
Single Effective Rate	4.92%

January 2024 IRS Segment Rates (reflecting segment rate stabilization as amended under ARPA 2021):

First Segment	4.75%
Second Segment	4.96%
Third Segment	5.59%
Single Effective Rate	5.20%

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	4.00%
60+	2.75%

Plan-related Expenses

\$1,190,000 has been added to the Target Normal Cost for 2024. This amount is deemed to approximate the administrative expenses expected to be paid out of the trust during 2024.

Mortality

IRS 2024 Generational Mortality Table, sex distinct, with separate rates for annuitants and non-annuitants.

Lump Sum Mortality

2024 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%

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%

EIN: 04-6035593, Plan ID: 334, CBERA Plan C
Attachment to 2024 Schedule SB
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Retirement Rates	Rates varying by age:										
	<table border="0"> <thead> <tr> <th style="text-align: center;"><u>Age</u></th> <th style="text-align: center;"><u>Probability of Retirement</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">60-61</td> <td style="text-align: center;">5%</td> </tr> <tr> <td style="text-align: center;">62-64</td> <td style="text-align: center;">10%</td> </tr> <tr> <td style="text-align: center;">65-69</td> <td style="text-align: center;">25%</td> </tr> <tr> <td style="text-align: center;">70</td> <td style="text-align: center;">100%</td> </tr> </tbody> </table>	<u>Age</u>	<u>Probability of Retirement</u>	60-61	5%	62-64	10%	65-69	25%	70	100%
<u>Age</u>	<u>Probability of Retirement</u>										
60-61	5%										
62-64	10%										
65-69	25%										
70	100%										
Disabled Mortality	Same as healthy.										
Disability Incidence	None.										
Form of Payment	50% of active participants assumed to elect lump sum and 50% of active participants assumed to elect 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	Later of death of participant or earliest eligible retirement date of participant.										
New Employees	No new or rehired employees are assumed.										

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

Attachment to 2024 Schedule SB

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

ERISA Funding Valuation Methods

Valuation Date

January 1, 2024.

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 solely for development of maximum deductible contribution.

Asset Valuation Method

Fair market value of assets as of December 31, 2023, adjusted to reflect (1) interest-adjusted receivable contributions and transfers and (2) other payables and receivables.

Rationale for Significant Actuarial Assumptions

Interest Rate	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.
Plan-related Expenses	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.
Salary Increases	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.
Lump Sum Conversion Basis	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.
Mortality	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.
Termination and Retirement	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 most recent experience study was completed in 2019, confirming that the assumptions accurately represent actual experience.
Commencement Dates for Terminated Vested Participants	The commencement dates for terminated vested participants are based on the plan sponsor's expectations of future experience.
Form of Payment	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 Defined Benefit Plan (Plan C) of CBERA

Schedule H, Line 4j - Schedule of Reportable Transactions

E.I.N. 04-6035593 Plan Number 334

Year Ended December 31, 2024

a	b	c	d	e	f	g	h	i
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred With Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Category (1) - A single transaction in excess of 5% of plan assets:								
EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	shares of EB TEMP INV FD	\$ 21,300,000	\$ -	\$ -	\$ -	\$ 21,300,000	\$ 21,300,000	\$ -
EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	shares of EB TEMP INV FD	-	21,300,000	-	-	21,300,000	21,300,000	-
EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	shares of EB TEMP INV FD	28,897,300	-	-	-	28,897,300	28,897,300	-
EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	shares of EB TEMP INV FD	-	28,897,300	-	-	28,897,300	28,897,300	-
BLACKROCK INSTITUTIONAL TRUST CO	CBERA DUAL BETA STRATEGY UA	-	38,575,866	-	-	9,576,934	9,576,934	28,998,932
INCOME INTERMED CORP	IR-M INTERMEDIATE CORPORATE COLLECTIVE FUND	-	43,000,000	-	-	41,283,843	41,283,843	1,716,157
BLACKROCK LDI	US LONG CORPORATE BOND FUND	-	21,300,000	-	-	20,141,274	20,141,274	1,158,726
FIAM SP 500	SPARTAN 500 INDEX POOL CL C	28,897,300	-	-	-	28,897,300	28,897,300	-
Category (2) - A series of transactions with the same person involving property other than securities and aggregating to more than 5% of plan assets								
None								
Category (3) - A series of securities transactions in excess of 5% of plan assets:								
US TREASURY BOND 4.750% 11/15/2053 DD 11/15/23	US TREASURY BOND	-	14,934,751	-	-	15,413,463	15,413,463	(478,712)
US TREASURY BOND 4.750% 11/15/2053 DD 11/15/23	US TREASURY BOND	15,414,463	-	-	-	15,414,463	15,414,463	-
US TREASURY BOND 4.250% 02/15/2054 DD 02/15/24	US TREASURY BOND	16,491,520	-	-	-	16,491,520	16,491,520	-
US TREASURY BOND 4.250% 02/15/2054 DD 02/15/24	US TREASURY BOND	-	17,472,891	-	-	16,491,520	16,491,520	981,371
US TREASURY BOND 4.625% 05/15/2054 DD 05/15/24	US TREASURY BOND	-	15,541,000	-	-	16,368,392	16,368,392	(827,392)
US TREASURY BOND 4.625% 05/15/2054 DD 05/15/24	US TREASURY BOND	16,368,392	-	-	-	16,368,392	16,368,392	-
EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	shares of EB TEMP INV FD	163,705,449	-	-	-	163,705,449	163,705,449	-
EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	shares of EB TEMP INV FD	-	163,880,027	-	-	163,880,027	163,880,027	-
BLACKROCK INSTITUTIONAL TRUST CO	CBERA DUAL BETA STRATEGY UA	600,000	-	-	-	600,000	600,000	-
BLACKROCK INSTITUTIONAL TRUST CO	CBERA DUAL BETA STRATEGY UA	-	43,643,865	-	-	10,903,249	10,903,249	32,740,616
INCOME INTERMED CORP	IR-M INTERMEDIATE CORPORATE COLLECTIVE FUND	-	46,047,377	-	-	44,237,400	44,237,400	1,809,977
BLACKROCK LDI	US LONG CORPORATE BOND FUND	465,000.00	-	-	-	465,000	465,000	-
BLACKROCK LDI	US LONG CORPORATE BOND FUND	-	24,644,583	-	-	23,370,733	23,370,733	1,273,850
INCOME INTERMED CORP	IR-M LONG CORPORATE COLLECTIVE FUND	-	20,436,370	-	-	23,003,722	23,003,722	(2,567,352)
INCOME INTERMED CORP	IR-M LONG CORPORATE COLLECTIVE FUND	565,000.00	-	-	-	565,000	565,000	-
FIAM SP 500	SPARTAN 500 INDEX POOL CL C	32,747,300.00	-	-	-	32,747,300	32,747,300	-
FIAM SP 500	SPARTAN 500 INDEX POOL CL C	-	14,010,000	-	-	10,181,489	10,181,489	3,828,511
Category (4) - A single transaction with the same person in excess of 5% of plan assets:								
None								

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

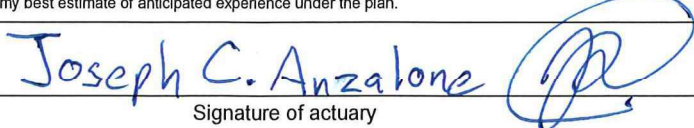
▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan 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 Cooperative Banks Employees Retirement Association	D Employer Identification Number (EIN) 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 <u>1</u> Day <u>1</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a		270,201,707
b Actuarial value	2b		270,201,707
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	972	146,245,427	146,245,427
b For terminated vested participants	1,058	51,720,854	51,720,854
c For active participants	453	52,579,130	53,016,581
d Total	2,483	250,545,411	250,982,862
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		5.20 %
6 Target normal cost			
a Present value of current plan year accruals	6a		4,736,383
b Expected plan-related expenses	6b		1,190,000
c Target normal cost	6c		5,926,383

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

SIGN HERE	 Signature of actuary	<u>9/26/2025</u> Date
	Joseph Anzalone Type or print name of actuary	23-07813 Most recent enrollment number
	Gallagher Benefit Services, Inc. Firm name	(781) 373-6900 Telephone number (including area code)
	420 Lexington Ave Suite 2220 New York NY 10170 Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	16,273,283
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	16,273,283
10	Interest on line 9 using prior year's actual return of <u>11.71</u> %	0	1,905,601
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		317,282
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.28</u> %		16,752
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		334,034
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	18,178,884

Part III Funding Percentages			
14	Funding target attainment percentage	14	100.41%
15	Adjusted funding target attainment percentage	15	107.65%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	97.24%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls							
18 Contributions made to the plan for the plan year by employer(s) and employees:							
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
Totals ▶			18(b)	0	18(c)	0	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1,218,415
20	Quarterly contributions and liquidity shortfalls:		
	a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
-------------------------	------------------------	------------------------	------------------------	---

b Applicable month (enter code) **21b** 0

22 Weighted average retirement age **22** 66

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	5,926,383
b Excess assets, if applicable, but not greater than line 31a	31b	1,039,961

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment.....	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount..... **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	4,886,422
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement	0	4,886,422
36 Additional cash requirement (line 34 minus line 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	1,218,415

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

a Total (excess, if any, of line 37 over line 36)	38a	1,218,415
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	1,218,415

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

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

Attachment to 2024 Schedule SB

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

<i>(a)</i>	<i>(b)</i>	<i>(c)</i>
<i>Month-Day- Year</i>	<i>Amount paid by employer</i>	<i>Amount paid by employees</i>
09/09/2024	15,035	
09/19/2024	55,000	
12/16/2024	24,167	
12/17/2024	78,000	
12/18/2024	89,922	
12/24/2024	209,765	
01/06/2025	107,322	
01/08/2025	388,736	
01/09/2025	76,833	
01/13/2025	175,250	
01/14/2025	22,500	
01/21/2025	3,750	
01/24/2025	35,000	
Total	1,281,280	

EIN: 04-6035593, Plan ID: 334, CBERA Plan C
Attachment to 2024 Schedule SB
Schedule SB, line 22- Description of Weighted Average Retirement Age

Weighted Average Retirement Age

Age	Assumed Retirement Rate	% Remaining	Effective Retirement Rate	Weighted Age
60	5.00%	100.00%	5.00%	3.00000
61	5.00%	95.00%	4.75%	2.89750
62	10.00%	90.25%	9.03%	5.59550
63	10.00%	81.23%	8.12%	5.11718
64	10.00%	73.10%	7.31%	4.67856
65	25.00%	65.79%	16.45%	10.69124
66	25.00%	49.34%	12.34%	8.14179
67	25.00%	37.01%	9.25%	6.19886
68	25.00%	27.76%	6.94%	4.71854
69	25.00%	20.82%	5.20%	3.59095
70	100.00%	15.61%	15.61%	10.92897
			Total	65.55909

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

Attachment to 2024 Schedule SB

Schedule SB, Line 26b - Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries		Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	
			Receiving Payments	Total				Receiving Payments	Total
2024	4,159,638	823,380	14,154,178	19,137,196	2049	2,676,584	3,916,511	2,161,901	8,754,996
2025	2,653,253	1,122,504	13,865,307	17,641,064	2050	2,619,402	3,766,594	1,820,152	8,206,148
2026	2,467,687	1,341,572	13,555,424	17,364,683	2051	2,547,103	3,636,447	1,516,191	7,699,741
2027	2,637,799	1,680,612	13,219,692	17,538,103	2052	2,465,012	3,466,444	1,249,358	7,180,814
2028	3,088,058	1,919,320	12,865,570	17,872,948	2053	2,337,936	3,294,836	1,018,214	6,650,986
2029	3,356,534	2,269,990	12,485,941	18,112,465	2054	2,280,544	3,119,113	820,631	6,220,288
2030	3,103,314	2,662,500	12,083,950	17,849,764	2055	2,151,607	2,938,042	653,990	5,743,639
2031	3,478,364	3,014,614	11,548,947	18,041,925	2056	2,075,833	2,768,977	515,345	5,360,155
2032	3,296,628	3,317,359	10,961,092	17,575,079	2057	1,920,428	2,581,942	401,529	4,903,899
2033	3,671,832	3,544,706	10,483,727	17,700,265	2058	1,841,748	2,388,673	309,348	4,539,769
2034	3,444,007	3,807,371	9,958,125	17,209,503	2059	1,711,646	2,203,497	235,684	4,150,827
2035	3,556,798	3,954,229	9,435,114	16,946,141	2060	1,605,354	2,020,795	177,585	3,803,734
2036	3,732,651	4,079,837	8,872,232	16,684,720	2061	1,475,709	1,847,692	132,361	3,455,762
2037	3,270,283	4,168,611	8,320,067	15,758,961	2062	1,381,770	1,682,332	97,609	3,161,711
2038	3,481,613	4,235,693	7,751,107	15,468,413	2063	1,277,654	1,523,855	71,233	2,872,742
2039	3,328,066	4,266,257	7,170,489	14,764,812	2064	1,165,051	1,374,463	51,456	2,590,970
2040	3,262,486	4,343,362	6,601,118	14,206,966	2065	1,061,087	1,235,075	36,801	2,332,963
2041	3,219,492	4,416,741	6,033,851	13,670,084	2066	974,581	1,105,729	26,060	2,106,370
2042	2,976,888	4,460,807	5,473,657	12,911,352	2067	889,808	986,322	18,276	1,894,406
2043	2,941,022	4,433,433	4,925,717	12,300,172	2068	806,170	876,615	12,694	1,695,479
2044	2,907,704	4,373,762	4,395,285	11,676,751	2069	735,050	776,264	8,735	1,520,049
2045	3,028,556	4,323,601	3,887,364	11,239,521	2070	668,556	684,855	5,958	1,359,369
2046	2,855,803	4,261,613	3,406,541	10,523,957	2071	607,907	601,924	4,029	1,213,860
2047	2,850,300	4,171,564	2,956,778	9,978,642	2072	552,456	526,996	2,702	1,082,154
2048	2,723,139	4,053,079	2,541,177	9,317,395	2073	502,076	459,568	1,799	963,443

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, 2024

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 of Acquisitions	Proceeds of Dispositions
	US 10YR ULTRA FUTURE (CBT)	US 10YR ULTRA FUTURE (CBT) EXP JUN 24	\$ -	\$ (130,892)
	US 10YR ULTRA FUTURE (CBT)	US 10YR ULTRA FUTURE (CBT) EXP SEP 24	-	395,378
	US 10YR ULTRA FUTURE (CBT)	US 10YR ULTRA FUTURE (CBT) EXP DEC 24	-	(205,918)
	US LONG BOND FUTURE (CBT)	US LONG BOND FUTURE (CBT) EXP JUN 24	-	(154,943)
	US TREAS BD FUTURE (CBT)	US TREAS BD FUTURE (CBT) EXP SEP 24	-	720,381
	US TREAS BD FUTURE (CBT)	US TREAS BD FUTURE (CBT) EXP DEC 24	-	(1,036,416)
	US 10YR NOTE FUTURE (CBT)	US 10YR NOTE FUTURE (CBT) EXP JUN 24	-	(39,271)
	US 10YR NOTE FUTURE (CBT)	US 10YR NOTE FUTURE (CBT) EXP SEP 24	-	140,487
	US 10YR TREAS NTS FUTURE (CBT)	US 10YR TREAS NTS FUTURE (CBT) EXP DEC 24	-	(93,581)
	US 5YR NOTE FUTURE (CBT)	US 5YR NOTE FUTURE (CBT) EXP JUN 24	-	17,520
	US 5YR NOTE FUTURE (CBT)	US 5YR NOTE FUTURE (CBT) EXP SEP 24	-	31,736
	US 5YR TREAS NTS FUTURE (CBT)	US 5YR TREAS NTS FUTURE (CBT) EXP DEC 24	-	(60,368)
	US 2YR NOTE FUTURE (CBT)	US 2YR NOTE FUTURE (CBT) EXP JUN 24	-	59,838
	US 2YR NOTE FUTURE (CBT)	US 2YR NOTE FUTURE (CBT) EXP SEP 24	-	(12,901)
	US 2YR TREAS NTS FUT (CBT)	US 2YR TREAS NTS FUT (CBT) EXP DEC 24	-	(5,311)
	US ULTRA BOND (CBT)	US ULTRA BOND (CBT) EXP JUN 24	-	(396,612)
	US ULTRA BOND FUTURE (CBT)	US ULTRA BOND FUTURE (CBT) EXP SEP 24	-	1,066,327
	US ULTRA BOND FUTURE (CBT)	US ULTRA BOND FUTURE (CBT) EXP DEC 24	-	(1,042,956)

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.

EIN: 04-6035593, Plan ID: 334, CBERA Plan C
Attachment to 2024 Schedule SB
Schedule SB, Part V – Summary of Plan Provisions

Plan Provisions

Effective Date	November 1, 1976, as in effect January 1, 2024.
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 2024 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)

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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.

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Lump Sum Conversion Basis	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.
Employee Contributions	None.
Maximum Pay and Benefits	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.

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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	10
3	0.50%	25	Y	2	50
4	0.50%	25	N	0	0
5	0.50%	35	N	1	3
6	0.75%	Unlimited	Y	6	67
7	0.75%	Unlimited	N	2	52
8	0.75%	25	Y	0	0
9	0.75%	25	N	0	0
10	1.00%	Unlimited	Y	3	180
11	1.00%	Unlimited	N	1	5
12	1.00%	25	Y	0	0
13	1.00%	25	N	0	0
14	1.25%	Unlimited	Y	1	5
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	11
19	1.50%	Unlimited	Y	0	0
20	1.50%	Unlimited	N	1	57
21	1.50%	25	Y	0	0
22	1.50%	25	N	<u>0</u>	<u>0</u>
Total				20	453

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Participating Banks as of January 1, 2024

As of January 1, 2024, a total of 20 banks were participating in Plan C.

Bank No.	Name of Bank	Base %	Credited Service	Unreduced Age 62?
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
470	The Pittsfield Cooperative Bank	1.00%	Unlimited	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, 2024

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	128,333,117 Units of Participation in CBERA Group Trust	\$ 113,622,896	\$ 128,333,117	
* EB Temporary Investment Fund II	(SHARES) 891,886 EB Temporary Investment Fund II, Variable rate, 12/31/2049	891,886	891,886	
TOTAL INVESTMENTS		114,514,782	129,225,003	
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)				
CASH AND LIQUID INVESTMENTS				
	(SHARES)			
* LGIMA CUSTOM	257,872 EB TEMP INV FD	257,872	257,872	
* COPELAND SMALL CAP	142,174 EB TEMP INV FD	142,174	142,174	
LGIMA TREASURY FUND	827 EB TEMP INV FD	827	827	
INCOME LONG CORPORAT	702 EB TEMP INV FD	702	702	
BR LONG CORPORAT	548 EB TEMP INV FD	548	548	
INCOME INTERMED CORP	486 EB TEMP INV FD	486	486	
FIDELITY S&P 500	278 EB TEMP INV FD	278	278	
* LGIMA CUSTOM	- RECEIVABLE FOR INVESTMENTS SOLD	880,646	880,646	
* LGIMA CUSTOM	- CASH - BROKER	420,945	420,945	
* LGIMA CUSTOM	- INTEREST RECEIVABLE	208,099	208,099	
* COPELAND SMALL CAP	- DIVIDENDS RECEIVABLE	12,205	12,205	
* COPELAND SMALL CAP	- DIVIDENDS RECEIVABLE RECLAIM	7,275	7,275	
* COPELAND SMALL CAP	INTEREST RECEIVABLE	599	599	
* FIDELITY S&P 500	INTEREST RECEIVABLE	51	51	
* ACADIAN EME	INTEREST RECEIVABLE	5	5	
* LGIMA TREASURY FUND	INTEREST RECEIVABLE	3	3	
INCOME LONG CORPORAT	INTEREST RECEIVABLE	3	3	
SELECT EQUITY FUND	INTEREST RECEIVABLE	2	2	
BR LONG CORPORAT	INTEREST RECEIVABLE	2	2	
INCOME INTERMED CORP	INTEREST RECEIVABLE	2	2	
HJ INTERNATIONAL EQ	INTEREST RECEIVABLE	2	2	
LGIMA CUSTOM	PAYABLE FOR INVESTMENTS PURCHASED	(870,423)	(870,423)	
* COPELAND SMALL CAP	PAYABLE FOR INVESTMENTS PURCHASED	(1,488)	(1,488)	
TOTAL CASH AND LIQUID INVESTMENTS		1,060,815	1,060,815	
ALTERNATIVE INVESTMENT FUNDS				
	(SHARES/UNITS)			
* FIDELITY S&P 500	153,877 SPARTAN 500 INDEX POOL CL C	32,424,179	42,409,947	
* ACADIAN EME	2,561 ACADIAN EM SM CAP EQ FD	8,091,854	12,031,221	
* SELECT EQUITY	6,660 SELECT EQUITY	8,113,549	10,657,636	
* HJ INTERNATIONAL EQ	245,634 HARDMAN JOHNSTON LE GROUP	8,848,607	10,408,105	
* BLACKROCK LDI	539,578 US LONG CORPORATE BOND FUND	8,100,785	8,496,994	
* LEGAL & GENERAL INVESTMENT MANAGEMENT	63,970 L&G LONG LIABILITY TREASURY	6,776,488	5,651,091	
* INCOME INTERMED CORP	859,695 IR+M LONG CORPORATE COLLECTIVE	8,575,411	7,658,847	
* INCOME INTERMED CORP	373,927 IR+M INTERMEDIATE CORPORATE	3,585,919	3,854,227	
TOTAL ALTERNATIVE INVESTMENT FUNDS		84,516,792	101,168,068	
U.S. TREASURY BONDS				
	(PAR)			
* LEGAL & GENERAL INVESTMENT MANAGEMENT	2,972,220 U S TREASURY BD CPN STRIP	1,920,589	1,928,881	
* LEGAL & GENERAL INVESTMENT MANAGEMENT	8,238,993 U S TREASURY BOND	7,833,732	7,537,360	
* LEGAL & GENERAL INVESTMENT MANAGEMENT	3,028,692 U S TREASURY BOND	2,826,840	1,479,698	
* LEGAL & GENERAL INVESTMENT MANAGEMENT	1,272,110 U S TREASURY BOND	1,248,212	1,234,748	
* LEGAL & GENERAL INVESTMENT MANAGEMENT	1,343,443 U S TREASURY BOND	1,230,839	941,149	
* LEGAL & GENERAL INVESTMENT MANAGEMENT	1,486,110 U S TREASURY BOND	1,241,801	902,574	
* LEGAL & GENERAL INVESTMENT MANAGEMENT	787,638 U S TREASURY BOND	764,890	561,350	
* LEGAL & GENERAL INVESTMENT MANAGEMENT	746,027 U S TREASURY BOND	607,280	536,177	

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, 2024

a	b Identity of Issue, Borrower, Lessor or Similar Party	c Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	d		e	
			Cost	Current Value	Current Value	Current Value
*	LEGAL & GENERAL INVESTMENT MANAGEMENT	520,138	U S TREASURY BOND	541,074	453,842	
*	LEGAL & GENERAL INVESTMENT MANAGEMENT	535,000	U S TREASURY BOND	522,277	435,420	
*	LEGAL & GENERAL INVESTMENT MANAGEMENT	386,389	U S TREASURY BOND	406,007	374,979	
*	LEGAL & GENERAL INVESTMENT MANAGEMENT	371,527	U S TREASURY BOND	344,300	307,019	
*	LEGAL & GENERAL INVESTMENT MANAGEMENT	306,139	U S TREASURY BOND	273,055	249,289	
	TOTAL U.S. TREASURY BONDS			19,760,916	16,942,486	
	U.S. TREASURY BOND FUTURES					
		(PAR)				
*	LEGAL & GENERAL INVESTMENT MANAGEMENT	24	US 10YR ULTRA FUTURE (CBT)	-	(32,350)	
*	LEGAL & GENERAL INVESTMENT MANAGEMENT	67	US TREAS BD FUTURE (CBT)	-	(175,822)	
*	LEGAL & GENERAL INVESTMENT MANAGEMENT	11	US 10YR TREAS NTS FUTURE (CBT)	-	(19,060)	
*	LEGAL & GENERAL INVESTMENT MANAGEMENT	15	US 5YR TREAS NTS FUTURE (CBT)	-	(8,605)	
*	LEGAL & GENERAL INVESTMENT MANAGEMENT	1	US 2YR TREAS NTS FUT (CBT)	-	158	
*	LEGAL & GENERAL INVESTMENT MANAGEMENT	65	US ULTRA BOND (CBT)	-	(238,638)	
	TOTAL U.S. TREASURY BOND FUTURES			-	(474,317)	
	EQUITY SECURITIES					
		(SHARES)				
	ENSIGN GROUP INC/THE	2,107	SHARES OF COMMON STOCK	136,625	279,976	
	HAMILTON LANE INC	1,716	SHARES OF COMMON STOCK	170,023	254,077	
	ENCOMPASS HEALTH CORP	2,716	SHARES OF COMMON STOCK	161,604	250,824	
	LEMAITRE VASCULAR INC	2,522	SHARES OF COMMON STOCK	113,193	232,398	
	FEDERAL AGRICULTURAL MORTGAGE	1,061	SHARES OF COMMON STOCK	110,114	208,980	
	STANDEX INTERNATIONAL CORP	1,109	SHARES OF COMMON STOCK	102,404	207,304	
	COHEN & STEERS INC	2,150	SHARES OF COMMON STOCK	125,118	198,541	
	HOME BANCSHARES INC/AR	6,940	SHARES OF COMMON STOCK	134,189	196,406	
	CRA INTERNATIONAL INC	1,023	SHARES OF COMMON STOCK	111,614	191,513	
	UMH PROPERTIES INC	10,113	SHARES OF COMMON STOCK	172,672	190,939	
	LAKELAND FINANCIAL CORP	2,734	SHARES OF COMMON STOCK	139,168	188,020	
	BWV TECHNOLOGIES INC	1,608	SHARES OF COMMON STOCK	99,884	179,112	
	BROOKFIELD INFRASTRUCTURE CORP	4,474	SHARES OF COMMON STOCK	173,163	179,020	
	ATLAS ENERGY SOLUTIONS INC	8,060	SHARES OF COMMON STOCK	167,980	178,772	
	NORTHERN OIL & GAS INC	4,785	SHARES OF COMMON STOCK	116,134	177,821	
	CHEMED CORP	332	SHARES OF COMMON STOCK	144,736	176,049	
	UTZ BRANDS INC	11,165	SHARES OF COMMON STOCK	168,661	174,841	
	AIR LEASE CORP	3,579	SHARES OF COMMON STOCK	168,663	172,522	
	US PHYSICAL THERAPY INC	1,943	SHARES OF COMMON STOCK	198,473	172,385	
	KINSALE CAPITAL GROUP INC	368	SHARES OF COMMON STOCK	115,962	171,150	
	SCHNEIDER NATIONAL INC	5,799	SHARES OF COMMON STOCK	142,113	169,806	
	POWER INTEGRATIONS INC	2,699	SHARES OF COMMON STOCK	168,069	166,551	
	TRAVEL + LEISURE CO	3,267	SHARES OF COMMON STOCK	163,252	164,823	
	VALMONT INDUSTRIES INC	535	SHARES OF COMMON STOCK	133,600	164,068	
	PRICESMART INC	1,768	SHARES OF COMMON STOCK	146,090	162,945	
	CABOT CORP	1,754	SHARES OF COMMON STOCK	133,239	160,122	
	WINGSTOP INC	553	SHARES OF COMMON STOCK	115,288	157,284	
	NAPCO SECURITY TECHNOLOGIES IN	4,394	SHARES OF COMMON STOCK	191,825	156,255	
	HEXCEL CORP	2,490	SHARES OF COMMON STOCK	167,966	156,094	
	NEXSTAR MEDIA GROUP INC	957	SHARES OF COMMON STOCK	120,493	151,186	
	WYNDHAM HOTELS & RESORTS INC	1,499	SHARES OF COMMON STOCK	111,102	151,103	
	CASEY'S GENERAL STORES INC	373	SHARES OF COMMON STOCK	80,004	147,681	
	MATERION CORP	1,480	SHARES OF COMMON STOCK	110,128	146,359	
	FIRSTSERVICE CORP	806	SHARES OF COMMON STOCK	125,181	145,914	
	TERRENO REALTY CORP	2,442	SHARES OF COMMON STOCK	152,209	144,418	
	CHESAPEAKE UTILITIES CORP	1,179	SHARES OF COMMON STOCK	107,761	143,045	
	KULICKE & SOFFA INDUSTRIES INC	3,062	SHARES OF COMMON STOCK	149,534	142,872	
	SHOE CARNIVAL INC	4,281	SHARES OF COMMON STOCK	99,539	141,622	
	PERRIGO CO PLC	5,478	SHARES OF COMMON STOCK	185,102	140,850	
	LANDSTAR SYSTEM INC	806	SHARES OF COMMON STOCK	112,330	138,531	
	ALLISON TRANSMISSION HOLDINGS	1,277	SHARES OF COMMON STOCK	60,587	138,042	
	NEXPOINT RESIDENTIAL TRUST INC	3,281	SHARES OF COMMON STOCK	121,930	136,996	
	TETRA TECH INC	3,340	SHARES OF COMMON STOCK	88,814	133,049	

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, 2024

a	b Identity of Issue, Borrower, Lessor or Similar Party	c Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	d		e	
			Cost	Current	Value	Value
	BRUNSWICK CORP/DE	2,046 SHARES OF COMMON STOCK	135,557		132,340	
	LITTELFUSE INC	556 SHARES OF COMMON STOCK	105,416		131,116	
	MATADOR RESOURCES CO	2,305 SHARES OF COMMON STOCK	121,182		129,694	
	COGNEX CORP	3,616 SHARES OF COMMON STOCK	148,583		129,670	
	UNIFIRST CORP/MA	752 SHARES OF COMMON STOCK	134,260		128,655	
	CONCENTRIX CORP	2,963 SHARES OF COMMON STOCK	202,326		128,222	
	UFP INDUSTRIES INC	1,094 SHARES OF COMMON STOCK	99,318		123,214	
	UNIVERSAL DISPLAY CORP	835 SHARES OF COMMON STOCK	142,881		122,018	
	QUAKER CHEMICAL CORP	816 SHARES OF COMMON STOCK	148,251		114,801	
	KFORCE INC	1,971 SHARES OF COMMON STOCK	119,135		111,732	
	CLEAR SECURE INC	4,155 SHARES OF COMMON STOCK	108,988		110,694	
	MSA SAFETY INC	663 SHARES OF COMMON STOCK	114,933		109,873	
	SHUTTERSTOCK INC	3,562 SHARES OF COMMON STOCK	174,288		108,104	
	PATRICK INDUSTRIES INC	1,298 SHARES OF COMMON STOCK	108,197		107,860	
	SENSATA TECHNOLOGIES HOLDING P	3,691 SHARES OF COMMON STOCK	150,565		101,147	
	IRADIMED CORP	1,758 SHARES OF COMMON STOCK	75,918		96,710	
	WINMARK CORP	244 SHARES OF COMMON STOCK	92,300		96,033	
	EXP WORLD HOLDINGS INC	8,265 SHARES OF COMMON STOCK	146,086		95,132	
	INSPIRITY INC	943 SHARES OF COMMON STOCK	95,095		73,076	
	HEALTHSTREAM INC	1,437 SHARES OF COMMON STOCK	44,558		45,708	
	TOTAL EQUITY SECURITIES		8,284,373		9,636,065	
		TOTAL INVESTMENTS	\$ 113,622,896		\$ 128,333,117	

* Party-in-interest