

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2022

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 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, 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, 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

Table with 4 columns: Field ID (1a-2d), Field Name, Value, and Field ID (1b-1c, 2b-2d). Includes fields for Name of plan (CBERA PLAN A), Plan sponsor's name (COOPERATIVE BANKS EMPLOYEES RETIREMENT ASSOCIATION), and Mailing address (100 RIVER RIDGE DRIVE, #102 NORWOOD, MA 02062).

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.

Signature table with 4 columns: Label (SIGN HERE), Signature, Date, and Name. Includes rows for plan administrator, employer/plan sponsor, and DFE.

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

Form 5500 (2022) v. 220413

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 5084
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 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) 3030 6a(2) 3187 6b 67 6c 2050 6d 5304 6e 41 6f 5345 6g 5300 6h 194
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: 2E 2F 2G 2J 2K 2R 2S 2T 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) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> 0 A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
--	--	---

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan <u>CBERA PLAN A</u>	B Three-digit plan number (PN) ▶	<u>333</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 Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

(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)

T. ROWE PRICE RETIREMENT PLAN SRV.

52-1714114

(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?
15 18 19 21 28 33 37 38 52 64 65 71	RECORDKEEPER	810967	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)

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	PLAN ADMINISTRATOR	390000	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

04-2927339

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	90000	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)

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	AUDITOR	53053	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

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?
38	ACTUARY	15000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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/> 2022 <hr/> This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2022 or fiscal plan year beginning **01/01/2022** and ending **12/31/2022**

A Name of plan CBERA PLAN A	B Three-digit plan number (PN) ▶	333
C Plan or DFE 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	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:	TRP STABLE VALUE COMMON TRUST FUND		
b Name of sponsor of entity listed in (a):	T. ROWE PRICE TRUST COMPANY		
c EIN-PN 52-1309931-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	95155617
a Name of MTIA, CCT, PSA, or 103-12 IE:	TRP BLUE CHIP GROWTH TRUST		
b Name of sponsor of entity listed in (a):	T. ROWE PRICE TRUST COMPANY		
c EIN-PN 80-0470272-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	65464629
a Name of MTIA, CCT, PSA, or 103-12 IE:	TRP EQUITY INCOME TRUST		
b Name of sponsor of entity listed in (a):	T. ROWE PRICE TRUST COMPANY		
c EIN-PN 52-6559833-011	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	41410784
a Name of MTIA, CCT, PSA, or 103-12 IE:	TRP RETIREMENT 2005 TRUST		
b Name of sponsor of entity listed in (a):	T. ROWE PRICE TRUST COMPANY		
c EIN-PN 61-6434302-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3058482
a Name of MTIA, CCT, PSA, or 103-12 IE:	TRP RETIREMENT 2010 TRUST		
b Name of sponsor of entity listed in (a):	T. ROWE PRICE TRUST COMPANY		
c EIN-PN 32-6199795-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	10689805
a Name of MTIA, CCT, PSA, or 103-12 IE:	TRP RETIREMENT 2015 TRUST		
b Name of sponsor of entity listed in (a):	T. ROWE PRICE TRUST COMPANY		
c EIN-PN 35-6941654-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	8324397
a Name of MTIA, CCT, PSA, or 103-12 IE:	TRP RETIREMENT 2020 TRUST		
b Name of sponsor of entity listed in (a):	T. ROWE PRICE TRUST COMPANY		
c EIN-PN 36-7594871-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	47136784

a Name of MTIA, CCT, PSA, or 103-12 IE: **TRP RETIREMENT 2025 TRUST**

b Name of sponsor of entity listed in (a): **T. ROWE PRICE TRUST COMPANY**

c EIN-PN 37-6495447-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	56347397
---------------------------------------	-------------------------------	---	-----------------

a Name of MTIA, CCT, PSA, or 103-12 IE: **TRP RETIREMENT 2030 TRUST**

b Name of sponsor of entity listed in (a): **T. ROWE PRICE TRUST COMPANY**

c EIN-PN 38-7010946-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	66680540
---------------------------------------	-------------------------------	---	-----------------

a Name of MTIA, CCT, PSA, or 103-12 IE: **TRP RETIREMENT 2035 TRUST**

b Name of sponsor of entity listed in (a): **T. ROWE PRICE TRUST COMPANY**

c EIN-PN 36-7595013-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	42053631
---------------------------------------	-------------------------------	---	-----------------

a Name of MTIA, CCT, PSA, or 103-12 IE: **TRP RETIREMENT 2040 TRUST**

b Name of sponsor of entity listed in (a): **T. ROWE PRICE TRUST COMPANY**

c EIN-PN 35-6941729-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	35265214
---------------------------------------	-------------------------------	---	-----------------

a Name of MTIA, CCT, PSA, or 103-12 IE: **TRP RETIREMENT 2045 TRUST**

b Name of sponsor of entity listed in (a): **T. ROWE PRICE TRUST COMPANY**

c EIN-PN 32-6199848-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	21867790
---------------------------------------	-------------------------------	---	-----------------

a Name of MTIA, CCT, PSA, or 103-12 IE: **TRP RETIREMENT 2050 TRUST**

b Name of sponsor of entity listed in (a): **T. ROWE PRICE TRUST COMPANY**

c EIN-PN 30-6303214-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	19270534
---------------------------------------	-------------------------------	---	-----------------

a Name of MTIA, CCT, PSA, or 103-12 IE: **TRP RETIREMENT 2055 TRUST**

b Name of sponsor of entity listed in (a): **T. ROWE PRICE TRUST COMPANY**

c EIN-PN 35-6941728-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	13364724
---------------------------------------	-------------------------------	---	-----------------

a Name of MTIA, CCT, PSA, or 103-12 IE: **TRP RETIREMENT 2060 TRUST**

b Name of sponsor of entity listed in (a): **T. ROWE PRICE TRUST COMPANY**

c EIN-PN 47-1088316-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5783182
---------------------------------------	-------------------------------	---	----------------

a Name of MTIA, CCT, PSA, or 103-12 IE: **TRP RETIREMENT 2065 TRUST**

b Name of sponsor of entity listed in (a): **T. ROWE PRICE TRUST COMPANY**

c EIN-PN 85-1763138-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	916931
---------------------------------------	-------------------------------	---	---------------

a Name of MTIA, CCT, PSA, or 103-12 IE: **TRP RETIREMENT BALANCED TRUST**

b Name of sponsor of entity listed in (a): **T. ROWE PRICE TRUST COMPANY**

c EIN-PN 38-7011316-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5509666
---------------------------------------	-------------------------------	---	----------------

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP U.S. MID-CAP GRWTH EQUITY TRUST

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 35-2425738-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11162610
--------------------------------	------------------------	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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> 2022 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A Name of plan CBERA PLAN A	B Three-digit plan number (PN) ▶ 333
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.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	476881	0
(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)	0	0
(2) U.S. Government securities.....	1c(2)	0	0
(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)	0	0
(5) Partnership/joint venture interests.....	1c(5)	0	0
(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)	8246186	8717666
(9) Value of interest in common/collective trusts.....	1c(9)	648063540	549462717
(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)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	111513832	95197281
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	0
(15) Other.....	1c(15)	5042570	4124619

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	773343009	657502283
Liabilities			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h	108750	123362
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	108750	123362
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	773234259	657378921

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)	15570760	
(B) Participants.....	2a(1)(B)	23815976	
(C) Others (including rollovers).....	2a(1)(C)	15285310	
(2) Noncash contributions.....	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		54672046
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)	0	
(C) Corporate debt instruments.....	2b(1)(C)	0	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	316153	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		316153
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	0	
(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)		0
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	0	
(B) Other.....	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-108999156
(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)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-15271265
c Other income	2c		-1174646
d Total income. Add all income amounts in column (b) and enter total	2d		-70456868
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	46759251	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		46759251
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) Professional fees	2i(1)	68053	
(2) Contract administrator fees.....	2i(2)	390000	
(3) Investment advisory and management fees	2i(3)	900967	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1359020
j Total expenses. Add all expense amounts in column (b) and enter total	2j		48118271
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-118575139
l Transfers of assets:			
(1) To this plan	2l(1)		3137392
(2) From this plan.....	2l(2)		417591

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** because:

- (1) This form is filed for a CCT, PSA, 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.

During the plan year:

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.)

	Yes	No	Amount
4a		X	

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... Yes 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)
CBERA PLAN C	04-6035593	334

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 _____.

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> 2022 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan <u>CBERA PLAN A</u>	B Three-digit plan number (PN) ▶	<u>333</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): 52-1481931

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		
---	--	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <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) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
 0-3 years 3-6 years 6-9 years 9-12 years 12-15 years 15-18 years 18-21 years 21 years or more

c What duration measure was used to calculate line 19(b)?
 Effective duration Macaulay duration Modified duration Other (specify): _____

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 _____



The Defined Contribution Plan (Plan A) of CBERA
Financial Statements and Supplemental Schedule
Years Ended December 31, 2022 and 2021



The Defined Contribution Plan (Plan A) of CBERA

E.I.N. 04-6035593

Plan Number 333

Financial Statements and Supplemental Schedule
for the Years Ended December 31, 2022 and 2021

Table of Contents

Independent Auditor's Report	1-3
Statements of Net Assets Available for Benefits at December 31, 2022 and 2021	4
Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2022 and 2021	5
Notes to Financial Statements for the years ended December 31, 2022 and 2021	6-16
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	17



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 Contribution Plan (Plan A) 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, 2022 and 2021, 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, 2022 and 2021, 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.

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2022 is presented for purposes of additional analysis and is not a required part of the financial statements but is 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 schedule, we evaluated whether the supplemental schedule, 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 schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Wolfe + Company, P.C.

Boston, Massachusetts

July 21, 2023

The Defined Contribution Plan (Plan A) of CBERA

Statements of Net Assets Available for Benefits

December 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Assets:		
Investments at fair value	\$ 648,784,617	\$ 764,619,942
Receivables:		
Notes receivable from participants	8,717,666	8,246,186
Employer contributions	-	476,881
Total receivables	<u>8,717,666</u>	<u>8,723,067</u>
Total assets	657,502,283	773,343,009
Liabilities:		
Accounts payable and accrued expenses	<u>123,362</u>	<u>108,750</u>
Net assets available for benefits	<u><u>\$ 657,378,921</u></u>	<u><u>\$ 773,234,259</u></u>

See notes to financial statements.

The Defined Contribution Plan (Plan A) of CBERA

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Additions:		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	\$ (131,070,367)	\$ 85,508,160
Dividend and interest income	<u>5,625,300</u>	<u>6,760,343</u>
Total investment income (loss)	<u>(125,445,067)</u>	<u>92,268,503</u>
Interest income on notes receivable from participants	<u>316,153</u>	<u>328,222</u>
Contributions:		
Employer contributions	15,570,760	14,577,553
Participant contributions	39,101,286	30,619,749
Transfers from Plan C	<u>3,137,392</u>	<u>1,538,659</u>
Total contributions	<u>57,809,438</u>	<u>46,735,961</u>
Total additions	<u>(67,319,476)</u>	<u>139,332,686</u>
Deductions:		
Distributions:		
Payment of benefits through lump-sum distributions	46,759,251	50,952,152
Transfers to Plan C for payment of benefits	<u>417,591</u>	<u>639,957</u>
Total distributions	<u>47,176,842</u>	<u>51,592,109</u>
Administrative expenses	<u>1,359,020</u>	<u>1,328,945</u>
Total deductions	<u>48,535,862</u>	<u>52,921,054</u>
Net increase (decrease)	(115,855,338)	86,411,632
Transfers out of the Plan	-	(14,578,549)
Net assets available for benefits:		
Beginning of the year	<u>773,234,259</u>	<u>701,401,176</u>
End of the year	<u>\$ 657,378,921</u>	<u>\$ 773,234,259</u>

See notes to financial statements.

The Defined Contribution Plan (Plan A) of CBERA

Notes to Financial Statements

Years Ended December 31, 2022 and 2021

1. DESCRIPTION OF THE PLAN

The following description of The Defined Contribution Plan (Plan A) of CBERA (“Plan A” 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.

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 A is a defined contribution plan incorporating the provisions of Section 401(k) of the Internal Revenue Code (the “Code”). Employees of participating employers can participate in Plan A on the first of the month following, generally, the completion of one year of service and the attainment of age 21. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Contributions - Eligible employees may contribute to Plan A up to 75% of their salary on a pre-tax or Roth basis. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participating employers generally have varying matching percentages ranging from 50% to 200% of an employee’s contributions, as elected by the employer on behalf of the employee. Employers may also make discretionary contributions.

Participant Accounts - Each participant’s account is credited with the participant’s contributions and the employer’s contributions, as well as allocations of Plan earnings. Participant accounts are charged with an allocation of administrative expenses. Allocations are based on participant earnings, account balances, or specific participant directed transactions. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

The Defined Contribution Plan (Plan A) of CBERA

Vesting - Employees are fully and immediately vested in their individual accounts. Vesting in the employee's matching or discretionary contribution account is based on years of service under one of five vesting schedules elected by the participating employer as follows; 1) upon the completion of two years of service, an employee becomes 20% vested and is 100% vested after six years of service, or at early or normal retirement date regardless of years of service, 2) full and immediate vesting, 3) two year cliff vesting, 4) three year cliff vesting, 5) upon the completion of the first year of service, an employee becomes 20% vested and is 100% vested after five years of service, or at early or normal retirement date regardless of years of service.

Notes Receivable from Participants - Participants of the Plan are permitted to borrow up to 50% of the vested portion of their account or \$50,000, whichever is less. Interest is charged on the unpaid balance at a rate equal to the Federal Home Loan Bank five-year advances rate plus 2% as determined for the month of issue. At December 31, 2022, the prevailing interest rates on outstanding loans range from 2.8% to 6.57%.

Payment of Benefits - Employees are generally eligible for benefit payments at termination of employment. Additional benefit payment options are available after termination of employment, after normal retirement age 65, or after early retirement (age 50 with 15 years of service; age 55 with 5 years of service; or age 62).

Benefit payments are equal to the vested contribution account balances as determined at the most recent previous valuation date.

Lump-sum distributions are paid directly from Plan A. For other distributions, employee accounts are transferred to Plan C, from which pension benefits are paid.

Forfeitures - Upon termination of employment, the unvested portion of an employee's matching or discretionary contribution account, if any, remains credited to the benefit of the employee until five one-year breaks in service have passed or when the employee withdraws their vested portion, at which time it is used to reduce future contributions from the respective employer. At December 31, 2022 and 2021, forfeited nonvested accounts totaled \$130,937 and \$196,826, respectively. In 2022 and 2021, employer contributions were reduced by \$530,638 and \$593,761, respectively, from forfeited nonvested accounts.

The Defined Contribution Plan (Plan A) of CBERA

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Trustees to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. 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 3 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.

Notes Receivable from Participants - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2022 or 2021. Delinquent participant loans are recorded as distributions on the basis of the terms of the Plan agreement.

Benefits to Participants - Benefits to participants are recorded when paid.

Administrative Expenses - Certain administrative expenses are charged directly to the Plan. These expenses include audit, trustee, recordkeeping, investment, legal and Plan consulting expenses.

3. FAIR VALUE MEASUREMENTS

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

The Defined Contribution Plan (Plan A) of CBERA

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

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

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

Level 3 – Inputs include unobservable inputs that reflect management’s assumptions about the assumptions that market participants would use in pricing the asset. Management develops these inputs based on the best information available, including the entity’s own data.

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 at December 31, 2022 and 2021.

Retirement Date Trusts - Comprised of the 14 common trusts formed under the T. Rowe Price Strategic Common Trust Fund. The net asset value is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the trust will sell the investment for an amount different from the reported net asset value. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the Retirement Date Trusts, the issuer reserves the right to require 12 months' notification in order to ensure that securities liquidations will be carried out in an orderly business manner.

Stable Value Common Trust Fund - A Stable Value Fund that is composed primarily of fully benefit-responsive investment contracts that is valued at the net asset value of units of the collective trust. The net asset value is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the Stable Value Fund, the issuer reserves the right to require 12 months’ notification in order to ensure that securities liquidations will be carried out in an orderly business manner.

The Defined Contribution Plan (Plan A) of CBERA

Blue Chip Growth Trust - Comprised of common stocks of large and medium-sized blue chip growth companies. The net asset value is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the trust will sell the investment for an amount different from the reported net asset value. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the Blue Chip Growth Trusts, the issuer reserves the right to require 12 months' notification in order to ensure that securities liquidations will be carried out in an orderly business manner.

U.S. Mid-Cap Growth Equity Trust - Comprised of common stocks of mid-cap companies. The net asset value is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the trust will sell the investment for an amount different from the reported net asset value. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the U.S. Mid-Cap Growth Equity Trusts, the issuer reserves the right to require 12 months' notification in order to ensure that securities liquidations will be carried out in an orderly business manner.

Equity Income Trust - Comprised of common stocks of large-cap companies. The net asset value is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the trust will sell the investment for an amount different from the reported net asset value. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the Equity Income Trusts, the issuer reserves the right to require 12 months' notification in order to ensure that securities liquidations will be carried out in an orderly business manner.

Self-directed Brokerage Accounts - Accounts primarily consist of mutual funds and common stocks that are valued on the basis of readily determinable market prices.

The Defined Contribution Plan (Plan A) 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, 2022 and 2021.

	Assets at Fair Value as of December 31, 2022			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 95,197,281	\$ -	\$ -	\$ 95,197,281
Self-directed brokerage accounts	4,124,619	-	-	4,124,619
Total assets in the fair value hierarchy	<u>\$ 99,321,900</u>	<u>\$ -</u>	<u>\$ -</u>	99,321,900
Investments measured at net asset value (a)				549,462,717
Investments at fair value				<u>\$ 648,784,617</u>

	Assets at Fair Value as of December 31, 2021			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 111,513,832	\$ -	\$ -	\$ 111,513,832
Self-directed brokerage accounts	5,042,570	-	-	5,042,570
Total assets in the fair value hierarchy	<u>\$ 116,556,402</u>	<u>\$ -</u>	<u>\$ -</u>	116,556,402
Investments measured at net asset value (a)				648,063,540
Investments at fair value				<u>\$ 764,619,942</u>

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

Transfers between Levels

For the years ended December 31, 2022 and 2021, there were no transfers in or out of Level 3.

The Defined Contribution Plan (Plan A) of CBERA

Investments Measured Using the Net Asset Value per Share Practical Expedient

The follow table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2022 and 2021. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

	Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
<u>December 31, 2022</u>				
T. Rowe Price Stable Value Common Trust Fund	\$ 95,155,617	n/a	Daily	12 months
T. Rowe Price Blue Chip Growth Trust T2	65,464,629	n/a	Daily	12 months
T. Rowe Price Equity Income Trust	41,410,784	n/a	Daily	12 months
T. Rowe Price U.S. Mid-Cap Growth Equity Trust	11,162,610	n/a	Daily	12 months
T. Rowe Price Retirement Balanced Trust	5,509,666	n/a	Daily	12 months
T. Rowe Price Retirement 2005 Trust	3,058,482	n/a	Daily	12 months
T. Rowe Price Retirement 2010 Trust	10,689,805	n/a	Daily	12 months
T. Rowe Price Retirement 2015 Trust	8,324,397	n/a	Daily	12 months
T. Rowe Price Retirement 2020 Trust	47,136,784	n/a	Daily	12 months
T. Rowe Price Retirement 2025 Trust	56,347,397	n/a	Daily	12 months
T. Rowe Price Retirement 2030 Trust	66,680,540	n/a	Daily	12 months
T. Rowe Price Retirement 2035 Trust	42,053,631	n/a	Daily	12 months
T. Rowe Price Retirement 2040 Trust	35,265,214	n/a	Daily	12 months
T. Rowe Price Retirement 2045 Trust	21,867,790	n/a	Daily	12 months
T. Rowe Price Retirement 2050 Trust	19,270,534	n/a	Daily	12 months
T. Rowe Price Retirement 2055 Trust	13,364,724	n/a	Daily	12 months
T. Rowe Price Retirement 2060 Trust	5,783,182	n/a	Daily	12 months
T. Rowe Price Retirement 2065 Trust	916,931	n/a	Daily	12 months
Total	<u>\$ 549,462,717</u>			
<u>December 31, 2021</u>				
T. Rowe Price Stable Value Common Trust Fund	\$ 88,209,902	n/a	Daily	12 months
T. Rowe Price Blue Chip Growth Trust	109,017,120	n/a	Daily	12 months
T. Rowe Price Equity Income Trust	43,333,553	n/a	Daily	12 months
T. Rowe Price U.S. Mid-Cap Growth Equity Trust	13,885,935	n/a	Daily	12 months
T. Rowe Price Retirement Balanced Trust	6,571,610	n/a	Daily	12 months
T. Rowe Price Retirement 2005 Trust	3,592,291	n/a	Daily	12 months
T. Rowe Price Retirement 2010 Trust	13,201,248	n/a	Daily	12 months
T. Rowe Price Retirement 2015 Trust	11,420,488	n/a	Daily	12 months
T. Rowe Price Retirement 2020 Trust	64,814,398	n/a	Daily	12 months
T. Rowe Price Retirement 2025 Trust	66,057,069	n/a	Daily	12 months
T. Rowe Price Retirement 2030 Trust	73,937,090	n/a	Daily	12 months
T. Rowe Price Retirement 2035 Trust	48,879,105	n/a	Daily	12 months
T. Rowe Price Retirement 2040 Trust	39,899,357	n/a	Daily	12 months
T. Rowe Price Retirement 2045 Trust	23,576,115	n/a	Daily	12 months
T. Rowe Price Retirement 2050 Trust	21,170,243	n/a	Daily	12 months
T. Rowe Price Retirement 2055 Trust	14,219,383	n/a	Daily	12 months
T. Rowe Price Retirement 2060 Trust	5,562,962	n/a	Daily	12 months
T. Rowe Price Retirement 2065 Trust	715,671	n/a	Daily	12 months
Total	<u>\$ 648,063,540</u>			

The Defined Contribution Plan (Plan A) of CBERA

Stable Value Fund

The Plan invests in the T. Rowe Price Stable Value Common Trust Fund (the “Stable Value Fund”) which in turn invests in guaranteed and synthetic investment contracts (“GICs” and “SICs”). GICs are annuity contracts issued by an insurance company. SICs are portfolios of securities (debt securities or units of collective trusts) owned by the Stable Value Fund with wrap contracts associated with the portfolios. The Stable Value Fund is included in the statement of net assets available for benefits at fair value which represents the price at which Plan participants may buy or sell units.

Equity Income Trust

The Plan invests in the T. Rowe Price Equity Income Trust which is formed under the T. Rowe Price Institutional Common Trust. The trust will normally invest substantially all of its assets in the common stocks of companies that compose the Standards & Poor’s 500 Composite Stock Index.

Investment Descriptions

The Plan’s investments at December 31, 2022 consist of the following:

- *T. Rowe Price Stable Value Common Trust* – This fund seeks to preserve the principal investment and offers competitive income consistent with the preservation of principal.
- *MFS Institutional International Equity Fund* – This fund invests in equity securities of foreign companies.
- *T. Rowe Price Spectrum Income Fund* – This fund takes a diversified approach to high income. It may invest in other T. Rowe Price mutual funds including U.S. bond funds, international bond funds, a money market fund and an equity fund.
- *T. Rowe Price Blue Chip Growth Trust* – This Trust seeks long-term growth. It invests in large and medium-sized blue chip growth companies that are well established and have the potential for above-average growth.
- *T. Rowe Price Equity Income Trust* – This Trust seeks high income and long-term growth. It takes a relatively conservative approach by investing in stocks that pay above-average dividends.
- *T. Rowe Price U.S. Mid-Cap Growth Equity Trust* – This Trust seeks long-term appreciation by investing in a diversified portfolio of common stocks of mid-cap companies whose earnings are expected to grow faster than the average company.
- *DFA US Small Cap Inst* – The Trust seeks to achieve long-term capital appreciation by investing at least 80% of its net assets in U.S. small cap companies.

The Defined Contribution Plan (Plan A) of CBERA

- *T. Rowe Price Retirement Balanced Trust* – This trust seeks the highest total return over time by emphasizing both capital growth and income. It invests in a diversified portfolio of underlying T. Rowe Price trusts consisting of about 60% bonds and 40% stocks. The Retirement Balanced Trust is intended for retired investors who seek income and relative stability from bonds and capital appreciation potential from stocks.
- *T. Rowe Price Retirement Date Trusts* – These trusts invest in an actively managed portfolio with varying amounts of stocks, bonds and cash which are adjusted over time. These trusts may be appropriate for those who are planning to retire close to the specified year of the funds.
- *T. Rowe Price Government Money Fund* – The fund seeks preservation of capital, liquidity, and, consistent with these goals, the highest possible current income. The Fund invests in high quality, short-term securities with maturities of 13 months or less.
- *Fidelity 500 Index Fund* – The fund seeks to provide investment results that correspond to the total return (i.e., the combination of capital changes and income) performance of common stocks publicly traded in the United States.
- *Self-directed Brokerage Accounts* – Provides participants the ability to select individual investments as allowed by the Plan’s provisions. The composition of these accounts at December 31, 2022 consists of \$1,883,582 of common stock, \$390,630 of mutual funds, \$884,938 of exchange traded funds, \$4,881 of corporate debt, \$3,621 of preferred stock, and \$956,967 of cash and cash equivalents; and December 31, 2021 consists of \$2,369,860 of common stock, \$457,866 of mutual funds, \$916,160 of exchange traded funds, and \$1,298,684 of cash.

4. PLAN MERGERS

The Association may permit a tax-qualified defined contribution plan of another employer to be merged with and into the Plan. In connection with such a merger, all of the provisions of the Plan are substituted for the provisions of the other plan, except those provisions of the other plan which constitute a protected benefit right or feature within the meaning of the Code, which provisions of the other plan shall continue to be in effect under the Plan, to the extent required by the Code and are incorporated herein by reference.

Furthermore, the rights to benefits of an individual who was a participant in the other plan prior to the effective date of the merger will be determined in accordance with the provisions of the other plan as in effect from time to time prior to the effective date of the merger. There were no mergers into Plan A during 2022 and 2021.

The Defined Contribution Plan (Plan A) of CBERA

5. TRANSFERS OUT OF THE PLAN

During 2021, one employer transferred the account balances of all participants to another plan. There were no such transfers during 2022.

6. TAX STATUS OF THE PLAN

The Plan obtained a determination letter from the Internal Revenue Service (“IRS”) dated August 27, 2013 in which the IRS stated that the Plan, as then designed was in compliance with the applicable requirements of the Code. Although the Plan may be amended subsequent to receiving the determination letter, the Plan’s administrator and the Plan’s tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code and therefore believe that the Plan is qualified and the related Trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the 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, 2022 and 2021, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by the IRS and DOL, however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to examinations for years prior to December 31, 2019.

7. PLAN TERMINATION

Although it has not expressed any intent to do so, the Association has the right to terminate or amend the Plan to the extent permitted by the bylaws and subject to the provisions of ERISA. In the event of plan termination, participants will become fully vested in their account balances.

8. RELATED PARTY TRANSACTIONS

Plan investments include shares of mutual funds managed by T. Rowe Price of which T. Rowe Price Trust Company, the Plan’s custodian, and T. Rowe Price Retirement Plan Services, Inc., the recordkeeper of the Plan, are affiliated companies. Transactions with these companies qualify as party-in-interest transactions. Fees paid to these companies reduce the investment return of the related mutual fund investments.

The Defined Contribution Plan (Plan A) of CBERA

9. RISKS AND UNCERTAINTIES

The Plan invests in various 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 participants' account balances and the amounts reported in the statements of net assets available for benefits.

10. SUBSEQUENT EVENTS

Management has evaluated subsequent events through July 21, 2023, which is the date the financial statements were available to be issued. In July 2023, one employer transferred the account balances of all active participants to another plan in the amount of \$38,021,424. There were no other subsequent events that require adjustment to or disclosure in the financial statements.

The Defined Contribution Plan (Plan A) of CBERA

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

E.I.N. 04-6035593

Plan Number 333

December 31, 2022

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	Number of Shares	Fund	Cost (1)	Current Value
*	T. Rowe Price	95,155,617	Stable Value Common Trust Fund		\$ 95,155,617
	MFS Institutional International Equity	602,113	Institutional International Equity Fund		16,943,465
	Fidelity	218,964	Fidelity 500 Index Fund		29,148,422
*	T. Rowe Price	2,671,938	Spectrum Income Fund		29,231,005
*	T. Rowe Price	1,381,402	Blue Chip Growth Trust T2		65,464,629
*	T. Rowe Price	168,099	Government Money Fund		168,099
*	T. Rowe Price	1,292,875	Equity Income Trust		41,410,784
*	T. Rowe Price	320,765	U.S. Mid-Cap Growth Equity Trust		11,162,610
	Dimensional Fund Advisors	509,075	DFA US Small Cap Inst		19,706,290
*	T. Rowe Price	324,862	Retirement Balanced Trust		5,509,666
*	T. Rowe Price	176,996	Retirement 2005 Trust		3,058,482
*	T. Rowe Price	584,781	Retirement 2010 Trust		10,689,805
*	T. Rowe Price	419,788	Retirement 2015 Trust		8,324,397
*	T. Rowe Price	2,203,683	Retirement 2020 Trust		47,136,784
*	T. Rowe Price	2,447,758	Retirement 2025 Trust		56,347,397
*	T. Rowe Price	2,722,766	Retirement 2030 Trust		66,680,540
*	T. Rowe Price	1,635,056	Retirement 2035 Trust		42,053,631
*	T. Rowe Price	1,321,785	Retirement 2040 Trust		35,265,214
*	T. Rowe Price	806,930	Retirement 2045 Trust		21,867,790
*	T. Rowe Price	711,352	Retirement 2050 Trust		19,270,534
*	T. Rowe Price	494,075	Retirement 2055 Trust		13,364,724
*	T. Rowe Price	334,095	Retirement 2060 Trust		5,783,182
*	T. Rowe Price	84,666	Retirement 2065 Trust		916,931
	Charles Schwab Bank		Self directed brokerage accounts		4,124,619
*	Loans to Participants		Interest rates from 2.8% to 6.6% with maturity in one month to ten years		8,717,666
TOTAL ASSETS					<u>\$ 657,502,283</u>

* - Party-in-interest

(1) - Cost information is not required for participant directed investments.

See independent auditor's report.

Multiple - Employer Plan Participating Employer Information

Name of Plan: CBERA Plan A

EIN: 04-6035593

Plan Number 333

Plan Year: January 1, 2022 - December 31, 2022

List of Participating Employers

Name of Participating Employer	EIN	Percentage of Total Contributions for Plan Yr	Aggregate Account Balance at EOY
ADAMS COMMUNITY BANK	04-1851620	2.60%	\$14,349,581.46
THE VILLAGE BANK	04-1050590	3.40%	\$21,168,850.41
CANTON CO-OPERATIVE BANK	04-1207230	0.44%	\$4,918,879.98
THE COOPERATIVE BANK OF CAPE COD	04-1148930	3.36%	\$21,884,291.85
COOPERATIVE BANKS EMP RET ASSN	04-6035593	0.23%	\$7,611,706.51
DEAN COOPERATIVE BANK	04-1237280	1.36%	\$10,405,999.25
BANK OF EASTON, A COOPERATIVE BANK	04-1677520	0.32%	\$5,491,664.35
EVERETT COOPERATIVE BANK	04-1294820	1.79%	\$7,789,490.27
FIDELITY COOPERATIVE BANK	20-5791745	3.66%	\$26,807,522.52
EXCHANGE AUTHORITY	26-2467814	0.07%	\$239,163.15
MUTUALONE BANK	04-1339820	1.98%	\$17,301,700.65
NORTH SHORE BANK, A COOPERATIVE BANK	04-3414678	3.68%	\$35,153,085.25
BANK GLOUCESTER	04-1371820	0.94%	\$6,120,922.21
GREENFIELD COOPERATIVE BANK	04-1400390	2.49%	\$17,430,576.57
HAVERHILL BANK	04-1426920	1.26%	\$15,073,011.14
COMMONWEALTH COOPERATIVE BANK	04-1465980	2.99%	\$8,581,132.94
INSTITUTION FOR SAVINGS	92-1546128	7.55%	\$46,781,356.90
MARTHA'S VINEYARD SAVINGS BANK	04-2188463	3.05%	\$13,937,342.02
MECHANICS COOPERATIVE BANK	04-1608620	2.31%	\$16,000,317.38
CHARLES RIVER BANK	27-2499211	1.21%	\$8,315,262.38
METHUEN COOPERATIVE BANK	04-1615835	1.06%	\$4,754,705.09
MIDDLESEX FEDERAL SAVINGS, F.A.	04-1618915	1.16%	\$10,839,556.88
NEEDHAM BANK	84-3556185	13.20%	\$44,210,999.55
NORTH CAMBRIDGE COOPERATIVE BANK	04-1677300	0.35%	\$6,244,522.73
ABINGTON BANK	04-1728400	5.28%	\$22,263,299.32
THE PITTSFIELD COOPERATIVE BANK	04-1731230	0.97%	\$8,170,939.72
READING COOPERATIVE BANK	04-1760720	2.82%	\$14,365,675.99
THE COOPERATIVE BANK	04-1789020	2.47%	\$11,654,321.45
SAVERS CO-OPERATIVE BANK	04-1853350	1.69%	\$19,429,417.62
COASTAL HERITAGE BANK	04-1852680	2.99%	\$23,659,487.65
STONEHAM BANK, A CO-OPERATIVE BANK	04-1875230	2.85%	\$24,626,397.33
STOUGHTON COOPERATIVE BANK	04-1875980	0.32%	\$7,133,290.57
WAKEFIELD COOPERATIVE BANK	04-1939190	0.96%	\$6,467,812.47
WALPOLE CO-OPERATIVE BANK	04-1943030	1.37%	\$14,873,339.89
EASTHAMPTON SAVINGS BANK	61-1570940	10.94%	\$40,652,327.43
HOMETOWN BANK	04-1953445	3.14%	\$18,171,937.93
WINCHESTER COOPERATIVE BANK	04-1978070	1.98%	\$13,930,399.49
WRENTHAM COOPERATIVE BANK	04-1991475	0.35%	\$3,946,774.66
*ALL OTHERS	99-9999999	1.43%	\$56,745,220.26

*No longer participating employers of CBERA Plan A

The Defined Contribution Plan (Plan A) of CBERA

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

E.I.N. 04-6035593

Plan Number 333

December 31, 2022

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 (1)	Current Value
		Number of Shares	Fund		
*	T. Rowe Price	95,155,617	Stable Value Common Trust Fund		\$ 95,155,617
	MFS Institutional International Equity	602,113	Institutional International Equity Fund		16,943,465
	Fidelity	218,964	Fidelity 500 Index Fund		29,148,422
*	T. Rowe Price	2,671,938	Spectrum Income Fund		29,231,005
*	T. Rowe Price	1,381,402	Blue Chip Growth Trust T2		65,464,629
*	T. Rowe Price	168,099	Government Money Fund		168,099
*	T. Rowe Price	1,292,875	Equity Income Trust		41,410,784
*	T. Rowe Price	320,765	U.S. Mid-Cap Growth Equity Trust		11,162,610
	Dimensional Fund Advisors	509,075	DFA US Small Cap Inst		19,706,290
*	T. Rowe Price	324,862	Retirement Balanced Trust		5,509,666
*	T. Rowe Price	176,996	Retirement 2005 Trust		3,058,482
*	T. Rowe Price	584,781	Retirement 2010 Trust		10,689,805
*	T. Rowe Price	419,788	Retirement 2015 Trust		8,324,397
*	T. Rowe Price	2,203,683	Retirement 2020 Trust		47,136,784
*	T. Rowe Price	2,447,758	Retirement 2025 Trust		56,347,397
*	T. Rowe Price	2,722,766	Retirement 2030 Trust		66,680,540
*	T. Rowe Price	1,635,056	Retirement 2035 Trust		42,053,631
*	T. Rowe Price	1,321,785	Retirement 2040 Trust		35,265,214
*	T. Rowe Price	806,930	Retirement 2045 Trust		21,867,790
*	T. Rowe Price	711,352	Retirement 2050 Trust		19,270,534
*	T. Rowe Price	494,075	Retirement 2055 Trust		13,364,724
*	T. Rowe Price	334,095	Retirement 2060 Trust		5,783,182
*	T. Rowe Price	84,666	Retirement 2065 Trust		916,931
	Charles Schwab Bank		Self directed brokerage accounts		4,124,619
*	Loans to Participants		Interest rates from 2.8% to 6.6% with maturity in one month to ten years		8,717,666
	TOTAL ASSETS				<u>\$ 657,502,283</u>

* - Party-in-interest

(1) - Cost information is not required for participant directed investments.

See independent auditor's report.