

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

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 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan... [X] a single-employer plan [ ] a DFE... B This return/report is: [ ] the first return/report [ ] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [ ] automatic 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

1a Name of plan: COLUMBIA BANK RETIREMENT PLAN
1b Three-digit plan number (PN): 003
1c Effective date of plan: 07/01/2005
2a Plan sponsor's name (employer, if for a single-employer plan): COLUMBIA BANK
2b Employer Identification Number (EIN): 22-0900560
2c Plan Sponsor's telephone number: 201-796-3600
2d Business code (see instructions): 522110

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

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

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

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

Form 5500 (2023) v. 230707

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	784
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	297
	<b>6a(2)</b>	289
	<b>6b</b>	322
	<b>6c</b>	201
	<b>6d</b>	812
	<b>6e</b>	29
	<b>6f</b>	841
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		0
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
1A 3D 3H

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

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

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

**a Pension Schedules**

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

**b General Schedules**

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

---

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

---

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

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

---

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

---

**11c** Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 \_\_\_\_\_

---

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
---	--	--

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

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

<b>A</b> Name of plan <u>COLUMBIA BANK RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>003</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>COLUMBIA BANK</u>	<b>D</b> Employer Identification Number (EIN) <u>22-0900560</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b> Enter the valuation date:	Month <u>07</u> Day <u>01</u> Year <u>2023</u>		
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>		<u>432058248</u>
<b>b</b> Actuarial value .....	<b>2b</b>		<u>455204062</u>
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>344</u>	<u>137636318</u>	<u>137636318</u>
<b>b</b> For terminated vested participants .....	<u>143</u>	<u>10878081</u>	<u>10878081</u>
<b>c</b> For active participants .....	<u>297</u>	<u>66081530</u>	<u>71035404</u>
<b>d</b> Total .....	<u>784</u>	<u>214595929</u>	<u>219549803</u>
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....	<input type="checkbox"/>		
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>		<u>5.31 %</u>
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>		<u>6438997</u>
<b>b</b> Expected plan-related expenses .....	<b>6b</b>		<u>188961</u>
<b>c</b> Target normal cost .....	<b>6c</b>		<u>6627958</u>

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

<b>SIGN HERE</b>			
	Signature of actuary	<u>03/12/2025</u>	Date
	<u>AXAY A. PATEL</u>	<u>23-07879</u>	Most recent enrollment number
	<u>AON CONSULTING, INC.</u>	<u>973-463-6159</u>	Telephone number (including area code)
	<u>MSC# 17741 P.O. BOX 6718 SOMERSET, NJ 08875</u>		
	Address of the firm		

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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	66021372	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....		
<b>9</b>	Amount remaining (line 7 minus line 8) .....	66021372	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>8.19</u> % .....	5407150	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		9951796
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.49</u> % .....		546354
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		10498150
	<b>d</b> Portion of (c) to be added to prefunding balance .....		
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....	71428522	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	174.80 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	207.33 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	214.71 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

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

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

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

**20** Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 64
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

**Part VI Miscellaneous Items**

<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>26</b> Demographic and benefit information		
<b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	<b>27</b>	

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

**Part VIII Minimum Required Contribution For Current Year**

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	6627958	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	6627958	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	0	0	
<b>b</b> Waiver amortization installment .....	0	0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	0	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....			0
<b>36</b> Additional cash requirement (line 34 minus line 35).....	<b>36</b>	0	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	<b>37</b>	0	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	0	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>		
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0	

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

<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021
---

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
--	--	---

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

<b>A</b> Name of plan <b>COLUMBIA BANK RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>003</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>COLUMBIA BANK</b>	<b>D</b> Employer Identification Number (EIN) <b>22-0900560</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

<b>ARIEL FUND</b>	<b>200 EAST RANDOLPH STREET SUITE 2900 CHICAGO, IL 60601</b>
-------------------	--

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

<b>FEDERATED HERMES</b>	<b>1001 LIBERTY AVENUE PITTSBURGH, PA 15222-3779</b>
-------------------------	--

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

<b>DFA US SMALL CAP</b>	<b>DIMENSIONAL 6300 BEE CAVE ROAD, BUILDING ONE AUSTIN, TX 78746</b>
-------------------------	--

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

<b>DODGE &amp; COX</b>	<b>C/O DST ASSET MANAGER SOLUTION, INC 430 W. 7TH STREET, SUITE 219502 KANSAS CITY, MO 64105-1407</b>
------------------------	---

---

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

FIRST AMERICAN FUNDS

P.O. BOX 701  
MILWAUKEE, WI 53201-0701

---

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

TRANSAMERICA

6400 C ST SW  
CEDAR RAPIDS, IA 52404

---

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

LAZARD ASSAT MANAGEMENT

30 ROCKEFELLER PLAZA  
NEW YORK, NY 10112

---

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

MFS HERITAGE TRUST COMPANY

57-1187281

---

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

PIMCO

C/O DST ASSET MANAGER SOLUTION, INC  
430 W 7TH STREET, STE 219294  
KANSAS CITY, MO 64105-1407

---

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

VANGUARD

P.O. BOX 1101  
VALLEY FORGE, PA 19482-1101

---

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

BLACKROCK

3455 PEACHTREE  
ATLANTA, GA 30326

---

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

US BANCORP ASSET MANAGEMENT

41-2003732

---

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

FRANKLIN TEMPLETON INVESTMENTS

1 FRANKLIN PKWY  
SAN MATEO, CA 94403

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

U.S BANCORP FUND SERVICES LLC

39-1939072

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

PAYDEN LOW DURATION FUND

265 FRANKLIN STREET  
16TH FLOOR  
BOSTON, MA 02110

**(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)

AON CONSULTING, INC.

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	161641	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)

AON INVESTMENTS USA INC.

36-3109431

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	25000	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)

US BANK

PO BOX 790408  
ST. LOUIS, MO 63179-0408

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	14875	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
--	--	--

For calendar plan year 2023 or fiscal plan year beginning <b>07/01/2023</b> and ending <b>06/30/2024</b>	
<b>A</b> Name of plan <b>COLUMBIA BANK RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>003</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>COLUMBIA BANK</b>	<b>D</b> Employer Identification Number (EIN) <b>22-0900560</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	432058248	465150696
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities .....	1d(1)		
(2) Employer real property .....	1d(2)		
e Buildings and other property used in plan operation .....	1e		
f Total assets (add all amounts in lines 1a through 1e) .....	1f	432058248	465150696
<b>Liabilities</b>			
g Benefit claims payable .....	1g		
h Operating payables .....	1h		
i Acquisition indebtedness .....	1i		
j Other liabilities .....	1j		
k Total liabilities (add all amounts in lines 1g through 1j) .....	1k	0	0
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f) .....	1l	432058248	465150696

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers .....	2a(1)(A)		
(B) Participants .....	2a(1)(B)		
(C) Others (including rollovers) .....	2a(1)(C)		
(2) Noncash contributions .....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2) .....	2a(3)		0
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit) .....	2b(1)(A)		
(B) U.S. Government securities .....	2b(1)(B)		
(C) Corporate debt instruments .....	2b(1)(C)		
(D) Loans (other than to participants) .....	2b(1)(D)		
(E) Participant loans .....	2b(1)(E)		
(F) Other .....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F) .....	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock .....	2b(2)(A)		
(B) Common stock .....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds) .....	2b(2)(C)	12668918	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C) .....	2b(2)(D)		12668918
(3) Rents .....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds .....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions) .....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result .....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate .....	2b(5)(A)		
(B) Other .....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) .....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		24910150
<b>c</b> Other income .....	<b>2c</b>		35107
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		37614175

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	11086370	
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		11086370
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	<b>2i(1)</b>		
(2) Contract administrator fees.....	<b>2i(2)</b>		
(3) Recordkeeping fees.....	<b>2i(3)</b>		
(4) IQPA audit fees.....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	25000	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	14875	
(7) Actuarial fees .....	<b>2i(7)</b>	161641	
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	541	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		202057
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		11288427

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		26325748
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		6766700
(2) From this plan .....	<b>2l(2)</b>		

**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: COHNREZNICK LLP

(2) EIN: 22-1478099

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		15000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 536145.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
--	---	---

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

<b>A</b> Name of plan <u>COLUMBIA BANK RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>003</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>COLUMBIA BANK</u>	<b>D</b> Employer Identification Number (EIN) <u>22-0900560</u>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

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

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<b>1</b>	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): 41-6271370

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

<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	<b>3</b>	0
--	----------	---

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

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

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

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

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

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

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

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation.....

**Part VII IRS Compliance Questions**

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

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 04 / 28 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number J502288A.

**COLUMBIA BANK RETIREMENT PLAN**

Financial Statements with Supplementary Information

June 30, 2024 and 2023

(With Independent Auditor's Report Thereon)

# COLUMBIA BANK RETIREMENT PLAN

## Index

	Page
Independent Auditor's Report	3
Financial Statements	
Statements of Net Assets Available for Benefits as of June 30, 2024 and 2023	6
Statement of Changes in Net Assets Available for Benefits for the Year Ended June 30, 2024	7
Statements of Accumulated Plan Benefits for the Years Ended June 30, 2024 and 2023	8
Statement of Changes in Accumulated Plan Benefits for the Year Ended June 30, 2024	9
Notes to Financial Statements	10
Supplementary Schedules	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of June 30, 2024	17
Schedule H, Line 4j - Schedule of Reportable Transactions for the Year Ended June 30, 2024	18

## Independent Auditor's Report

To the Retirement Plan Committee of  
Columbia Bank Retirement Plan

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

We have performed audits of the financial statements of the Columbia Bank Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C)"). The financial statements comprise the statements of net assets available for benefits and accumulated plan benefits as of June 30, 2024 and 2023, and the related statement of changes in net assets available for benefits and of changes in accumulated benefits for the year ended June 30, 2024 and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of June 30, 2024 and 2023, and for the year ended June 30, 2024, stating that the certified investment information, as described in Note 9 to the financial statements, is complete and accurate.

### *Opinion*

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

- The amounts and disclosures in the accompanying 2024 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying 2024 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### *Basis for Opinion*

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

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

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

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

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

#### Other Matters

##### *Supplemental Schedules Required by ERISA*

The supplemental Schedule of Assets (Held at End of Year) (Schedule H, Line 4i) and Schedule of Reportable Transactions (Schedule H, Line 4j) as of or for the year ended June 30, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

*CohnReznick LLP*

Parsippany, New Jersey  
April 9, 2025

**COLUMBIA BANK RETIREMENT PLAN**  
**Statements of Net Assets Available for Benefits**  
**June 30, 2024 and 2023**

	<b>June 30,</b>	
	<b>2024</b>	<b>2023</b>
Assets:		
Investments, at fair value (see Note 5)	\$ 465,150,696	\$ 432,058,248
Net assets available for benefits	\$ 465,150,696	\$ 432,058,248

See accompanying notes to financial statements.

**COLUMBIA BANK RETIREMENT PLAN**  
**Statement of Changes in Net Assets Available for Benefits**  
**Year Ended June 30, 2024**

Additions:

Investment income	
Net appreciation in fair value of investments	\$ 24,945,257
Interest and dividends	12,668,918
Total investment income	<u>37,614,175</u>

Deductions:

Benefits paid	11,086,370
Administrative expenses	202,057
Total deductions	<u>11,288,427</u>

Increase in net assets before transfers	26,325,748
---	------------

Transfers to Plan	6,766,700
-------------------	-----------

Net assets available for benefits at beginning of year	<u>432,058,248</u>
--	--------------------

Net assets available for benefits at end of year	<u><u>\$ 465,150,696</u></u>
--	------------------------------

See accompanying notes to financial statements.

**COLUMBIA BANK RETIREMENT PLAN**  
**Statements of Accumulated Plan Benefits**  
**Years Ended June 30, 2024 and 2023**

	<b>June 30,</b>	
	<b>2024</b>	<b>2023</b>
Actuarial present value of accumulated plan benefits		
Vested benefits:		
Participants currently receiving payments	\$ 117,202,341	\$ 108,859,261
Vested benefits for other participants	72,946,965	54,242,915
Nonvested benefits	2,985,407	3,730,074
Total actuarial present value of accumulated plan benefits	\$ 193,134,713	\$ 166,832,250

See accompanying notes to financial statements.

**COLUMBIA BANK RETIREMENT PLAN**  
**Statement of Changes in Accumulated Plan Benefits**  
**Year Ended June 30, 2024**

Actuarial present value of accumulated plan benefits at beginning of year	\$ 166,832,250
Interest accumulation	12,102,176
Benefits paid	(11,086,370)
Plan Amendments - RSI Pension Plan merger	5,265,137
Changes in actuarial assumptions	9,873,022
Benefits accumulated including actuarial (gains) losses	10,148,498
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 193,134,713</u>

See accompanying notes to financial statements.

# COLUMBIA BANK RETIREMENT PLAN

## Notes to Financial Statements

June 30, 2024 and 2023

### (1) Description of Plan

The following description of the Columbia Bank Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

#### (a) *General*

The Plan is a noncontributory, defined benefit pension plan sponsored by Columbia (the "Bank"). Under the terms of the Plan, an employee who has completed one year of eligible service with the Bank in any plan year becomes eligible to participate in the Plan. One year of eligible service is defined as a year in which an employee has received pay for 1,000 hours of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

The Plan is administered by the Bank's Retirement Plan Committee (the "Committee"), which is a committee appointed by the Board of Directors of the Bank. The Committee has overall responsibility for the operation and administration of the Plan. The Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan sponsor's Board of Directors.

Effective October 1, 2018, the Plan is frozen to new employees. In addition, cost of living adjustments provided for service earned after July 1, 2018 will be limited to 1% per year regardless of when the participant is hired.

Through the acquisition of RSI Bancorp, M.H.C., RSI Bancorp, Inc. and RSI Bank on May 1, 2022, the Bank acquired a funded pension plan. Effective September 30, 2023, certain RSI Pension Plan assets totaling \$6,766,700 were transferred into the Columbia Bank Pension Plan.

#### (b) *Funding Policy*

The Plan's funding policy is for the Bank to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. During the year ended June 30, 2024, the Bank was not required to contribute to the Plan, and did not make a discretionary contribution. Participant contributions are not permitted under the Plan.

#### (c) *Vesting*

If participants terminate their employment with the Bank before rendering five years of service, they forfeit the right to receive plan benefits. After completion of five years of service, a participant who terminates employment is entitled to 100% of the accrued benefit payable. Active Plan participants who reach their normal retirement date are 100% vested regardless of the number of years of service rendered.

#### (d) *Benefit Provisions*

Under the Plan's provisions, a participant's accrued benefit is calculated under the fractional method on the basis of years and months of credited service and the average annual compensation for the highest five consecutive years of service.

Plan participants may elect to receive their pension benefits in the form of a life annuity, a life joint and 50% survivor annuity, a life joint and 75% annuity, a life joint and 100% survivor annuity, and a ten years certain/life annuity. The amount to be received by each vested participant is based upon total creditable service, average compensation, age at retirement, age at which benefit payments commence, and the form of benefit elected.

# COLUMBIA BANK RETIREMENT PLAN

## Notes to Financial Statements

June 30, 2024 and 2023

### (1) Description of Plan (continued)

Plan participants are entitled to annual pension benefits beginning when the Participant reaches age sixty-five (65) which is defined as the normal retirement age or if the participant terminated service with the employer and has reached age fifty-five (55) with at least ten years of service.

An active participant who met the age and service requirements and who becomes disabled as defined within the adoption agreement shall be eligible to retire and shall be entitled to receive the actuarial equivalent of his or her accrued benefit.

### (2) Summary of Significant Accounting Policies

The following are the significant accounting policies followed by the Plan:

#### (a) *Basis of Presentation*

The Plan's financial statements are prepared on the accrual basis of accounting, which is in accordance with accounting principles generally accepted in the United States of America ("US GAAP").

#### (b) *Use of Estimates*

The preparation of financial statements in accordance with US GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities and the actuarial present value of accumulated plan benefits. These estimates primarily include fair value of investments and assumptions related to the actuarial present value of accumulated plan benefits. Actual results could differ from those estimates.

#### (c) *Investment Valuation and Income Recognition*

Investments are reported at fair value. 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. The Plan's Retirement Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance companies. See Note 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Gain/(loss) on sale of securities is based on average cost. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

#### (d) *Payment of Benefits*

Benefit payments to participants are recorded upon distribution.

#### (e) *Administrative Expenses*

The Plan's expenses are paid either by the Plan or the Bank, as provided by the Plan document. Expenses that are paid directly by the Bank are excluded from these financial statements. Certain expenses incurred in connection with general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation in fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

# COLUMBIA BANK RETIREMENT PLAN

## Notes to Financial Statements

June 30, 2024 and 2023

### (2) Summary of Significant Accounting Policies (continued)

#### (f) *Subsequent Events*

The Plan has evaluated subsequent events through April 9, 2025, the date the financial statements were available to be issued.

### (3) Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances (retirement, death and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date. The value of annuity contracts and the benefits to be provided to participants who have retired and for whom annuity contracts were purchased are excluded from plan assets and accumulated plan benefits, respectively. Any benefit less than \$5,000 is paid in a lump-sum distribution rather than annuity. Any benefit between \$5,000 and \$25,000 is paid in either a lump-sum distribution or under certain annuity options.

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

The significant actuarial assumptions used in the valuations as of June 30, 2024 were as follows:

Mortality:	Pri-2012 Mortality Table projected with scale MP 2021(with endemic adjustment)
Retirement age:	Graded from age 55 to 75
Investment return:	Assumed average rate of 7.25%

The significant actuarial assumptions used in the valuations as of June 30, 2023 were as follows:

Mortality:	Pri-2012 Mortality Table projected with scale MP 2021(with endemic adjustment)
Retirement age:	Graded from age 55 to 75
Investment return:	Assumed average rate of 7.00%

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of July 1, 2024 and 2023. Had the valuations been performed as of June 30, there would be no material differences.

# COLUMBIA BANK RETIREMENT PLAN

## Notes to Financial Statements

June 30, 2024 and 2023

### (4) Plan Termination

While sponsoring employers of the Plan intend to continue the Plan indefinitely, they assume no contractual obligation as to its continuance, and the Plan sponsor may terminate the Plan, subject to the provisions of ERISA. The Plan may be amended at any time to reduce, restrict or suspend the amount of any benefit payments being made or to be made, provided that any such amendment conforms to the requirements of ERISA.

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA, generally to provide the following benefits in the order indicated:

- Annuity benefits former employees, or their beneficiaries have been receiving for at least three years, or that employees eligible to retire in that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.
- Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") (a U.S. government agency) up to the applicable limitations.
- All other vested benefits (that is, vested benefits not insured by the PBGC).
- All non-vested benefits.

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

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

### (5) Fair Value Measurements of Investments

The Plan measures its investments at fair value on a recurring basis in accordance with US GAAP, which establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. There are three levels of inputs that may be used to measure fair values:

- Level 1 - Unadjusted quoted prices for identical assets or liabilities in active markets that are accessible on the measurement date.
- Level 2 - Inputs other than quoted prices included in Level 1 that are observable for the asset or liability, either directly or indirectly. These might include quoted prices for similar instruments in markets that are active or not active, or inputs that are observable or can be corroborated by observable market data for substantially the full term of the asset or liability.
- Level 3 - Prices or valuation techniques that require unobservable inputs that are both significant to the fair value measurement and unobservable (i.e., supported by minimal or no market activity). Valuation techniques include the use of option pricing models, discounted cash flow models and similar techniques.

# COLUMBIA BANK RETIREMENT PLAN

## Notes to Financial Statements

June 30, 2024 and 2023

### (5) Fair Value Measurements of Investments (continued)

A financial instrument's level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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 June 30, 2024 and 2023:

*Mutual funds (excluding money market mutual funds):* Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

*Money market mutual funds:* Fair value of the money market mutual fund has been determined based upon their quoted redemption prices and recent transactions prices of \$1.00 per share (Level 1 inputs), with no discounts for credit quality or liquidity restrictions.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2024 and 2023. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement:

	<b>June 30, 2024</b>			
	<b>Total</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>
Money market mutual funds	\$ 13,172,131	\$ 13,172,131	\$ —	\$ —
Mutual funds	451,978,565	451,978,565	—	—
Total investments at fair value	<b>\$ 465,150,696</b>	<b>\$ 465,150,696</b>	<b>\$ —</b>	<b>\$ —</b>
	<b>June 30, 2023</b>			
	<b>Total</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>
Money market mutual funds	\$ 4,933,135	\$ 4,933,135	\$ —	\$ —
Mutual funds	427,125,113	427,125,113	—	—
Total investments at fair value	<b>\$ 432,058,248</b>	<b>\$ 432,058,248</b>	<b>\$ —</b>	<b>\$ —</b>

For the years ended June 30, 2024 and 2023, there were no transfers between Levels 1 and 2 and no transfers in or out of Level 3.

### (6) Tax Status

The Internal Revenue Service ("IRS") has determined and informed the Bank by a letter dated June 30, 2022 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified and the related trust is tax-exempt.

# COLUMBIA BANK RETIREMENT PLAN

## Notes to Financial Statements

June 30, 2024 and 2023

US GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions. There are currently no audits for any tax periods in progress.

### **(7) Party-in-Interest Transactions**

Parties-in-interest are defined under the Department of Labor's regulations as any fiduciary of the Plan, and party rendering services to the Plan, the employer, and certain others. Amounts paid by the Plan to parties-in-interest included fees paid for investment management and actuarial services. Certain professional fees for the administration and audit of the Plan were paid by the Bank. Various administrative functions are performed by officers or employees of the Bank. No such officer or employee receives compensation from the Plan.

### **(8) 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. Due to 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.

### **(9) Certified Investments**

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Investments held at June 30, 2024 and 2023, and investment income for the year ended June 30, 2024, disclosed in the accompanying financial statements and supplemental schedules, were obtained or derived from information supplied by the Plan administrator and certified as complete and accurate by U.S. Bank, N.A., the trustee of the Plan.

## **Supplementary Schedules**

**COLUMBIA BANK RETIREMENT PLAN**

EIN: 22-0900560

Plan No: 003

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

June 30, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer	Description of Investment	Cost	Current Value
	First American Treasury Obligation Class Y	Mutual Fund - Money Market	\$ 9,135,425	\$ 9,135,426
	Federated Hermes Government Obligation Fund	Mutual Fund - Money Market	4,036,705	4,036,705
	DFA US Small Cap Portfolio	Mutual Fund - Other	6,630,236	9,568,154
	Lazard International Equity Fund	Mutual Fund - Other	860,219	800,800
	Lazard International Equity Inst	Mutual Fund - Other	6,331,270	6,419,403
	Vanguard Institutional Index Fund	Mutual Fund - Other	31,885,412	65,841,432
	Vanguard Total Stock Market Index	Mutual Fund - Other	33,807,804	75,471,359
	Blackrock Start Inc Opp Ins	Mutual Fund - Other	98	93
	Dodge & Cox Income Fund	Mutual Fund - Other	36,034,287	32,224,475
	PIMCO Total Return Fund Inst	Mutual Fund - Other	9,849,994	8,061,977
	PIMCO Real Return Fund	Mutual Fund - Other	13,274,258	12,346,965
	PIMCO Investment Grade Corp In	Mutual Fund - Other	68,619,656	58,838,759
	PIMCO Long Duration Total Return Is	Mutual Fund - Other	131,653,440	109,403,540
	MFS International Growth R6	Mutual Fund - Other	38,971,078	39,001,032
	Transamerica Mid Cap Value	Mutual Fund - Other	7,664,696	6,218,117
	Franklin Long Duration Credit R6	Mutual Fund - Other	20,822,834	22,743,754
	Payden Low Duration	Mutual Fund - Other	5,023,176	5,038,705
	Total		<u>\$ 424,600,588</u>	<u>\$ 465,150,696</u>

See Independent Auditor's Report.

**COLUMBIA BANK RETIREMENT PLAN**

EIN: 22-0900560

Plan No: 003

Schedule H, Line 4j - Schedule of Reportable Transactions  
Year Ended June 30, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Issuer	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
<b>Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5% of the beginning value of total Plan assets</b>								
First American Treasury Obligation Class Y	First American Treasury Obligation Class Y							
	Purchases - 28	\$ 21,574,009	\$ —	\$ —	\$ —	\$ 21,574,009	\$ 21,574,009	\$ —
	Sales - 39	—	13,344,553	—	—	13,344,553	13,344,553	—
PIMCO Long Duration Total Return Is	PIMCO Long Duration Total Return Is							
	Reinvestments - 12	\$ 4,032,785	\$ —	\$ —	\$ —	\$ 4,032,785	\$ 4,032,785	\$ —
	Sales - 1	—	20,000,000	—	—	26,965,899	26,965,899	(6,965,899)

See Independent Auditor's Report.

Schedule SB Attachment (Form 5500)—2023 Plan Year  
 Columbia Bank Retirement Plan  
 EIN: 22-0900560 PN: 003

**Schedule SB, Line 26—Schedule of Active Participant Data  
 As of July 1, 2023**

**Columbia Bank  
 Columbia Bank Retirement Plan  
 Active Employees**

**EIN: 22-0900560 PN: 003**

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29		3	30 \$77,115	3						
30-34		3	12	13	2					
35-39		2	12	6	10	2				
40-44			8	2	4	13				
45-49			12	4	8	11				
50-54		3	8	2	3	10	6	3		
55-59		1	10	6	7	8	6	4	10	
60-64			8	5	3	9	1	2	6	1
65-69		1	2	1	1	3	2			1
70+		1				1	2			

N-297

Schedule SB Attachment (Form 5500)—2023 Plan Year  
 Columbia Bank Retirement Plan  
 EIN: 22-0900560 PN: 003

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of March 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	4.75%
2nd Segment Rate	5.00%
3rd Segment Rate	5.74%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of March 2023), without regard to interest rate stabilization
1st Segment Rate	2.50%
2nd Segment Rate	3.83%
3rd Segment Rate	4.06%
Salary Increases (including inflation)	3.5% per year
Social Security COLA Increases	2.3% per year
Optional Payment Form Election Percentage	100% Life annuity
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2023 Static Mortality Table for annuitants and non-annuitants per section 1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2
Disability Rates	None assumed
Decrement Timing	Middle of year decrements, with 100% retirement occurring at beginning of year
Surviving Spouse Benefit	It is assumed that 85% of males and 85% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation Compensation	2022 pensionable earnings rolled forward one year with the salary increase assumption

Schedule SB Attachment (Form 5500)—2023 Plan Year  
Columbia Bank Retirement Plan  
EIN: 22-0900560 PN: 003

Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$245,000 and the 401(a)(17) compensation limit of \$305,000.
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
Expected Return on Assets	
2022 Plan Year	7.00% The applicable third segment rate limitation is 5.92%.
2021 Plan Year	6.20% The applicable third segment rate limitation is 6.11%.
Trust Expenses Included in Target Normal Cost	Prior year expense less prior year's PBGC premium plus current year's PBGC premium
Actuarial Method	Standard unit credit cost method
Valuation Date	July 1, 2023

Schedule SB Attachment (Form 5500)—2023 Plan Year  
 Columbia Bank Retirement Plan  
 EIN: 22-0900560 PN: 003

Table 1

**Salary Rate Increase (Including Merit and Inflation)**

<b>Service</b>	<b>Rate</b>	<b>Service</b>	<b>Rate</b>
0	5.50%	19	4.50%
1	5.50%	20	3.50%
2	5.50%	21	3.50%
3	5.50%	22	3.50%
4	5.50%	23	3.50%
5	5.50%	24	3.50%
6	5.50%	25	3.50%
7	5.50%	26	3.50%
8	5.50%	27	3.50%
9	5.50%	28	3.50%
10	4.50%	29	3.50%
11	4.50%	30	3.50%
12	4.50%	31	3.50%
13	4.50%	32	3.50%
14	4.50%	33	3.50%
15	4.50%	34	3.50%
16	4.50%	35	3.50%
17	4.50%	36+	3.50%
18	4.50%		

Schedule SB Attachment (Form 5500)—2023 Plan Year  
Columbia Bank Retirement Plan  
EIN: 22-0900560 PN: 003

Table 2

**Retirement Rates**

<b>Age</b>	<b>Rate</b>
55	2.0%
56	2.0%
57	2.0%
58	2.0%
59	10.0%
60	10.0%
61	10.0%
62	10.0%
63	10.0%
64	10.0%
65	50.0%
66	50.0%
67	15.0%
68	15.0%
69	15.0%
70	15.0%
71	15.0%
72	27.0%
73	27.0%
74	27.0%
75	100.0%

Schedule SB Attachment (Form 5500)—2023 Plan Year  
 Columbia Bank Retirement Plan  
 EIN: 22-0900560 PN: 003

Table 3

**Withdrawal Rates**

Age	Service				Age	Service			
	0	1	2	3+		0	1	2	3+
15	0.00%	0.00%	0.00%	0.00%	40	23.00%	13.00%	12.00%	9.40%
16	30.00%	29.00%	28.00%	20.94%	41	23.00%	13.00%	12.00%	9.09%
17	30.00%	29.00%	28.00%	20.94%	42	22.00%	12.00%	11.00%	8.75%
18	30.00%	29.00%	28.00%	20.94%	43	22.00%	12.00%	11.00%	8.38%
19	30.00%	29.00%	28.00%	20.94%	44	21.00%	11.00%	10.00%	7.97%
20	30.00%	29.00%	28.00%	20.94%	45	20.00%	10.00%	9.00%	7.54%
21	30.00%	29.00%	28.00%	20.88%	46	20.00%	10.00%	9.00%	7.08%
22	30.00%	29.00%	28.00%	20.82%	47	19.00%	9.00%	8.00%	6.58%
23	30.00%	29.00%	28.00%	20.76%	48	18.00%	8.00%	7.00%	6.04%
24	29.00%	28.00%	27.00%	20.69%	49	18.00%	8.00%	7.00%	5.46%
25	29.00%	24.00%	23.00%	16.62%	50	17.00%	7.00%	6.00%	4.83%
26	29.00%	24.00%	23.00%	16.55%	51	16.00%	6.00%	5.00%	4.18%
27	29.00%	24.00%	23.00%	16.47%	52	16.00%	6.00%	5.00%	3.53%
28	29.00%	24.00%	23.00%	16.39%	53	15.00%	5.00%	4.00%	2.88%
29	28.00%	23.00%	22.00%	16.30%	54	14.00%	4.00%	3.00%	2.28%
30	19.00%	16.00%	15.00%	9.21%	55	14.00%	4.00%	3.00%	1.73%
31	27.00%	17.00%	16.00%	11.11%	56	13.00%	3.00%	2.00%	1.25%
32	27.00%	17.00%	16.00%	10.99%	57	13.00%	3.00%	2.00%	0.86%
33	27.00%	17.00%	16.00%	10.86%	58	13.00%	3.00%	2.00%	0.55%
34	26.00%	16.00%	15.00%	10.72%	59	12.00%	2.00%	1.00%	0.32%
35	26.00%	16.00%	15.00%	10.55%	60	12.00%	2.00%	1.00%	0.16%
36	25.00%	15.00%	14.00%	10.37%	61	12.00%	2.00%	1.00%	0.07%
37	25.00%	15.00%	14.00%	10.16%	62	12.00%	2.00%	1.00%	0.02%
38	24.00%	14.00%	13.00%	9.93%	63	12.00%	2.00%	1.00%	0.00%
39	24.00%	14.00%	13.00%	9.68%	64	12.00%	2.00%	1.00%	0.00%
					65+	9.00%	0.00%	0.00%	0.00%

<b>Plan Name</b>	<b>Columbia Bank Retirement Plan</b>
<b>Plan Sponsor EIN</b>	<b>22-0900560</b>
<b>ERISA Plan No.</b>	<b>003</b>
<b>Plan Year End</b>	<b>6/30/2024</b>

**The required attachment noted below is included within the Accountant's Opinion attachment to the Form 5500 Schedule H, Part III, which consists of the entire Audit report issued by the Plan's Independent Qualified Public Accountant (IQPA).**

<b>Form/Schedule</b>	<b>Line Item</b>	<b>Description</b>
5500 Schedule H	Line 4j	Schedule of Reportable Transactions

<b>SCHEDULE SB</b> <b>(Form 5500)</b> <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	OMB No. 1210-0110 <hr/> <b>2023</b> <hr/> <b>This Form is Open to Public Inspection</b>
---	--	---

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

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

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

<b>A</b> Name of plan COLUMBIA BANK RETIREMENT PLAN	<b>B</b> Three-digit plan number (PN) ▶	003
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Columbia Bank	<b>D</b> Employer Identification Number (EIN) 22-0900560	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

<b>Part I</b>	<b>Basic Information</b>		
<b>1</b>	Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2023</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value.....	<b>2a</b>	432,058,248
	<b>b</b> Actuarial value.....	<b>2b</b>	455,204,062
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	344	137,636,318
	<b>b</b> For terminated vested participants.....	143	10,878,081
	<b>c</b> For active participants.....	297	66,081,530
	<b>d</b> Total .....	784	214,595,929
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions.....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate.....	<b>5</b>	5.31%
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals.....	<b>6a</b>	6,438,997
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	188,961
	<b>c</b> Target normal cost.....	<b>6c</b>	6,627,958

**Statement by Enrolled Actuary**

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

<b>SIGN HERE</b>	Signature of actuary Axay A. Patel <i>AAP</i> _____ Signature of actuary	03-12-2005 _____ Date 2307879 _____ Most recent enrollment number 973-463-6159 _____ Telephone number (including area code)
	Axay A. Patel _____ Type or print name of actuary AON CONSULTING, INC. _____ Firm name	
	MSC# 17741 P.O. Box 6718 SOMERSET NJ 08875 _____ Address of the firm	

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



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

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 64
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

**Part VI Miscellaneous Items**

<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>26</b> Demographic and benefit information		
<b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment .....	<b>27</b>	

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

**Part VIII Minimum Required Contribution For Current Year**

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	6,627,958	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	6,627,958	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	0	0	
<b>b</b> Waiver amortization installment .....	0	0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	<b>34</b>	0	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement.....			0
<b>36</b> Additional cash requirement (line 34 minus line 35) .....	<b>36</b>	0	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	<b>37</b>	0	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	0	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>		
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years.....	<b>40</b>	0	

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

<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021
---

Schedule SB Attachment (Form 5500)—2023 Plan Year  
 Columbia Bank Retirement Plan  
 EIN: 22-0900560 PN: 003

Schedule SB, Line 22—Description of Weighted Average Retirement Age

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	2.00%	1.0000	1.11
56.5	2.00%	0.9800	1.11
57.5	2.00%	0.9604	1.10
58.5	2.00%	0.9412	1.10
59.5	10.00%	0.9224	5.49
60.5	10.00%	0.8301	5.02
61.5	10.00%	0.7471	4.59
62.5	10.00%	0.6724	4.20
63.5	10.00%	0.6052	3.84
64.5	10.00%	0.5446	3.51
65.5	50.00%	0.4902	16.05
66.5	50.00%	0.2451	8.15
67.5	15.00%	0.1225	1.24
68.5	15.00%	0.1042	1.07
69.5	15.00%	0.0885	0.92
70.5	15.00%	0.0753	0.80
71.5	15.00%	0.0640	0.69
72.5	27.00%	0.0544	1.06
73.5	27.00%	0.0397	0.79
74.5	27.00%	0.0290	0.58
75.0	100.00%	0.0212	1.59
Weighted Average			64.01

Schedule SB Attachment (Form 5500)—2023 Plan Year  
 Columbia Bank Retirement Plan  
 EIN: 22-0900560 PN: 003

**Schedule SB, Line 26—Schedule of Active Participant Data  
 As of July 1, 2023**

**Columbia Bank  
 Columbia Bank Retirement Plan  
 Active Employees**

**EIN: 22-0900560 PN: 003**

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29		3	30 \$77,115	3						
30-34		3	12	13	2					
35-39		2	12	6	10	2				
40-44			8	2	4	13				
45-49			12	4	8	11				
50-54		3	8	2	3	10	6	3		
55-59		1	10	6	7	8	6	4	10	
60-64			8	5	3	9	1	2	6	1
65-69		1	2	1	1	3	2			1
70+		1				1	2			

N-297

Schedule SB Attachment (Form 5500)—2023 Plan Year  
Columbia Bank Retirement Plan  
EIN: 22-0900560 PN: 003

## Plan Provisions

*This summary outlines the major features of the Plan. It does not give full details or cover all aspects of the Plan. The actual terms and conditions of the plan are stated in the formal document.*

<b>Effective Date:</b>	Original: July 1, 2005
<b>Plan Year:</b>	July 1 to June 30
<b>Participation</b>	An employee becomes a plan participant on the 1 <sup>st</sup> of the month following completion of 12 months of employment of at least 1,000 hours of service and hired before October 1, 2018.
<b>Vesting Service</b>	Each plan year of at least 1,000 hours of service, beginning at date of hire.
<b>Benefit Service</b>	A month of service is granted for any month of employment when working at the rate of 1,000 or more hours per year.
<b>Plan Compensation</b>	Base pay.
<b>Average Annual Compensation</b>	The average of five consecutive calendar years during which plan compensation is highest.
<b>Accrued Benefit</b>	The product of (A) or (B) times (C), as follows:  (A) 2% of average annual compensation for participants hired prior to 7/1/2005,  (B) 1.8% of average annual compensation for participants hired on or after 7/1/2005  (C) Years and months of Benefit Service. Subject to a maximum of 45 years.
<b>Normal Retirement</b>	Eligibility: The first day of the month coinciding with or next following age 65.  Benefit: Accrued Benefit as of normal retirement date.
<b>Early Retirement</b>	Eligibility: The first day of the month coinciding with or following the later of age 55 and 10 years of service.  Benefit: Accrued Benefit as of early retirement date reduced by:  Hired prior to 7/1/2005: 0.25% per month benefit commencement precedes normal retirement.

Schedule SB Attachment (Form 5500)—2023 Plan Year  
Columbia Bank Retirement Plan  
EIN: 22-0900560 PN: 003

Hired after 7/1/2005: 1/15<sup>th</sup> per year for 1<sup>st</sup> five years, 1/30<sup>th</sup> per year for next 5 years preceding normal retirement.

**Late Retirement Benefit**

The greater of the benefit based upon continued accruals or the actuarial equivalent of the normal retirement benefit.

**Cost of Living Adjustment**

A participant will be eligible to receive a post retirement increase as of January 1<sup>st</sup> after having received payments for 12 months. The annual benefit will be based on the lesser of the percentage determined under A) or B) below or the Consumer Price Index.

A) 3.0% for service through July 1, 2018 and 1% for service thereafter for participants hired prior to July 1, 2005

B) 1.0% for participants hired after July 1, 2005

**Termination Prior to Retirement**

Vesting schedule: 100% after completion of 5 years of vesting service.

Benefit: Vested portion of accrued benefit as of date of termination, payable at age 65 normal retirement date. Earlier benefit commencement may be elected, subject to early retirement eligibility and reduction factors.

**Death Prior to Retirement**

Eligibility: Completion of 5 years of vesting service. Must be married for at least 12 months prior to death.

Benefit: Surviving spouse's benefit is 50% of the benefit that would have been payable to the participant if the participant had: (1) terminated immediately before death, (2) elected to retire at earliest retirement eligibility, or date of death if later, and (3) elected a 50% joint and survivor annuity. The surviving spouse's benefit is first payable on the date that would have been the participant's earliest retirement date. If the participant has already satisfied early retirement eligibility, the surviving spouse's benefit is payable immediately.

**Death While in Active Service**

Beneficiary receives the choice of (A), (B), or (C):

(A) Traditional surviving spouse benefit noted above.

(B) 120 monthly payments based upon the accrued benefit reduced for early retirement.

(C) Lump sum Value of Part B.

**Form of Benefit**

Normal form: Life annuity with 10 years certain benefit. For married participants, payable as an actuarially equivalent 50% joint and survivor annuity.

Schedule SB Attachment (Form 5500)—2023 Plan Year  
Columbia Bank Retirement Plan  
EIN: 22-0900560 PN: 003

**Optional Forms of Benefit** Life annuity, 100%, 75%, or 50% joint and survivor annuity.

**Actuarial Equivalence** 7.5% interest rate and 1983 Group Annuity Mortality table.

Schedule SB Attachment (Form 5500)—2023 Plan Year  
 Columbia Bank Retirement Plan  
 EIN: 22-0900560 PN: 003

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of March 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	4.75%
2nd Segment Rate	5.00%
3rd Segment Rate	5.74%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of March 2023), without regard to interest rate stabilization
1st Segment Rate	2.50%
2nd Segment Rate	3.83%
3rd Segment Rate	4.06%
Salary Increases (including inflation)	3.5% per year
Social Security COLA Increases	2.3% per year
Optional Payment Form Election Percentage	100% Life annuity
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2023 Static Mortality Table for annuitants and non-annuitants per section 1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2
Disability Rates	None assumed
Decrement Timing	Middle of year decrements, with 100% retirement occurring at beginning of year
Surviving Spouse Benefit	It is assumed that 85% of males and 85% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation Compensation	2022 pensionable earnings rolled forward one year with the salary increase assumption

Schedule SB Attachment (Form 5500)—2023 Plan Year  
Columbia Bank Retirement Plan  
EIN: 22-0900560 PN: 003

Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$245,000 and the 401(a)(17) compensation limit of \$305,000.
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
Expected Return on Assets	
2022 Plan Year	7.00% The applicable third segment rate limitation is 5.92%.
2021 Plan Year	6.20% The applicable third segment rate limitation is 6.11%.
Trust Expenses Included in Target Normal Cost	Prior year expense less prior year's PBGC premium plus current year's PBGC premium
Actuarial Method	Standard unit credit cost method
Valuation Date	July 1, 2023

Schedule SB Attachment (Form 5500)—2023 Plan Year  
 Columbia Bank Retirement Plan  
 EIN: 22-0900560 PN: 003

Table 1

**Salary Rate Increase (Including Merit and Inflation)**

<b>Service</b>	<b>Rate</b>	<b>Service</b>	<b>Rate</b>
0	5.50%	19	4.50%
1	5.50%	20	3.50%
2	5.50%	21	3.50%
3	5.50%	22	3.50%
4	5.50%	23	3.50%
5	5.50%	24	3.50%
6	5.50%	25	3.50%
7	5.50%	26	3.50%
8	5.50%	27	3.50%
9	5.50%	28	3.50%
10	4.50%	29	3.50%
11	4.50%	30	3.50%
12	4.50%	31	3.50%
13	4.50%	32	3.50%
14	4.50%	33	3.50%
15	4.50%	34	3.50%
16	4.50%	35	3.50%
17	4.50%	36+	3.50%
18	4.50%		

Schedule SB Attachment (Form 5500)—2023 Plan Year  
Columbia Bank Retirement Plan  
EIN: 22-0900560 PN: 003

Table 2

**Retirement Rates**

<b>Age</b>	<b>Rate</b>
55	2.0%
56	2.0%
57	2.0%
58	2.0%
59	10.0%
60	10.0%
61	10.0%
62	10.0%
63	10.0%
64	10.0%
65	50.0%
66	50.0%
67	15.0%
68	15.0%
69	15.0%
70	15.0%
71	15.0%
72	27.0%
73	27.0%
74	27.0%
75	100.0%

Schedule SB Attachment (Form 5500)—2023 Plan Year  
 Columbia Bank Retirement Plan  
 EIN: 22-0900560 PN: 003

Table 3

**Withdrawal Rates**

Age	Service				Age	Service			
	0	1	2	3+		0	1	2	3+
15	0.00%	0.00%	0.00%	0.00%	40	23.00%	13.00%	12.00%	9.40%
16	30.00%	29.00%	28.00%	20.94%	41	23.00%	13.00%	12.00%	9.09%
17	30.00%	29.00%	28.00%	20.94%	42	22.00%	12.00%	11.00%	8.75%
18	30.00%	29.00%	28.00%	20.94%	43	22.00%	12.00%	11.00%	8.38%
19	30.00%	29.00%	28.00%	20.94%	44	21.00%	11.00%	10.00%	7.97%
20	30.00%	29.00%	28.00%	20.94%	45	20.00%	10.00%	9.00%	7.54%
21	30.00%	29.00%	28.00%	20.88%	46	20.00%	10.00%	9.00%	7.08%
22	30.00%	29.00%	28.00%	20.82%	47	19.00%	9.00%	8.00%	6.58%
23	30.00%	29.00%	28.00%	20.76%	48	18.00%	8.00%	7.00%	6.04%
24	29.00%	28.00%	27.00%	20.69%	49	18.00%	8.00%	7.00%	5.46%
25	29.00%	24.00%	23.00%	16.62%	50	17.00%	7.00%	6.00%	4.83%
26	29.00%	24.00%	23.00%	16.55%	51	16.00%	6.00%	5.00%	4.18%
27	29.00%	24.00%	23.00%	16.47%	52	16.00%	6.00%	5.00%	3.53%
28	29.00%	24.00%	23.00%	16.39%	53	15.00%	5.00%	4.00%	2.88%
29	28.00%	23.00%	22.00%	16.30%	54	14.00%	4.00%	3.00%	2.28%
30	19.00%	16.00%	15.00%	9.21%	55	14.00%	4.00%	3.00%	1.73%
31	27.00%	17.00%	16.00%	11.11%	56	13.00%	3.00%	2.00%	1.25%
32	27.00%	17.00%	16.00%	10.99%	57	13.00%	3.00%	2.00%	0.86%
33	27.00%	17.00%	16.00%	10.86%	58	13.00%	3.00%	2.00%	0.55%
34	26.00%	16.00%	15.00%	10.72%	59	12.00%	2.00%	1.00%	0.32%
35	26.00%	16.00%	15.00%	10.55%	60	12.00%	2.00%	1.00%	0.16%
36	25.00%	15.00%	14.00%	10.37%	61	12.00%	2.00%	1.00%	0.07%
37	25.00%	15.00%	14.00%	10.16%	62	12.00%	2.00%	1.00%	0.02%
38	24.00%	14.00%	13.00%	9.93%	63	12.00%	2.00%	1.00%	0.00%
39	24.00%	14.00%	13.00%	9.68%	64	12.00%	2.00%	1.00%	0.00%
					65+	9.00%	0.00%	0.00%	0.00%

Schedule SB Attachment (Form 5500)—2023 Plan Year  
 Columbia Bank Retirement Plan  
 EIN: 22-0900560 PN: 003

Schedule SB, Line 22—Description of Weighted Average Retirement Age

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	2.00%	1.0000	1.11
56.5	2.00%	0.9800	1.11
57.5	2.00%	0.9604	1.10
58.5	2.00%	0.9412	1.10
59.5	10.00%	0.9224	5.49
60.5	10.00%	0.8301	5.02
61.5	10.00%	0.7471	4.59
62.5	10.00%	0.6724	4.20
63.5	10.00%	0.6052	3.84
64.5	10.00%	0.5446	3.51
65.5	50.00%	0.4902	16.05
66.5	50.00%	0.2451	8.15
67.5	15.00%	0.1225	1.24
68.5	15.00%	0.1042	1.07
69.5	15.00%	0.0885	0.92
70.5	15.00%	0.0753	0.80
71.5	15.00%	0.0640	0.69
72.5	27.00%	0.0544	1.06
73.5	27.00%	0.0397	0.79
74.5	27.00%	0.0290	0.58
75.0	100.00%	0.0212	1.59
Weighted Average			64.01

Schedule SB Attachment (Form 5500)—2023 Plan Year  
Columbia Bank Retirement Plan  
EIN: 22-0900560 PN: 003

## Plan Provisions

*This summary outlines the major features of the Plan. It does not give full details or cover all aspects of the Plan. The actual terms and conditions of the plan are stated in the formal document.*

<b>Effective Date:</b>	Original: July 1, 2005
<b>Plan Year:</b>	July 1 to June 30
<b>Participation</b>	An employee becomes a plan participant on the 1 <sup>st</sup> of the month following completion of 12 months of employment of at least 1,000 hours of service and hired before October 1, 2018.
<b>Vesting Service</b>	Each plan year of at least 1,000 hours of service, beginning at date of hire.
<b>Benefit Service</b>	A month of service is granted for any month of employment when working at the rate of 1,000 or more hours per year.
<b>Plan Compensation</b>	Base pay.
<b>Average Annual Compensation</b>	The average of five consecutive calendar years during which plan compensation is highest.
<b>Accrued Benefit</b>	The product of (A) or (B) times (C), as follows:  (A) 2% of average annual compensation for participants hired prior to 7/1/2005,  (B) 1.8% of average annual compensation for participants hired on or after 7/1/2005  (C) Years and months of Benefit Service. Subject to a maximum of 45 years.
<b>Normal Retirement</b>	Eligibility: The first day of the month coinciding with or next following age 65.  Benefit: Accrued Benefit as of normal retirement date.
<b>Early Retirement</b>	Eligibility: The first day of the month coinciding with or following the later of age 55 and 10 years of service.  Benefit: Accrued Benefit as of early retirement date reduced by:  Hired prior to 7/1/2005: 0.25% per month benefit commencement precedes normal retirement.

Schedule SB Attachment (Form 5500)—2023 Plan Year  
Columbia Bank Retirement Plan  
EIN: 22-0900560 PN: 003

Hired after 7/1/2005: 1/15<sup>th</sup> per year for 1<sup>st</sup> five years, 1/30<sup>th</sup> per year for next 5 years preceding normal retirement.

**Late Retirement Benefit**

The greater of the benefit based upon continued accruals or the actuarial equivalent of the normal retirement benefit.

**Cost of Living Adjustment**

A participant will be eligible to receive a post retirement increase as of January 1<sup>st</sup> after having received payments for 12 months. The annual benefit will be based on the lesser of the percentage determined under A) or B) below or the Consumer Price Index.

A) 3.0% for service through July 1, 2018 and 1% for service thereafter for participants hired prior to July 1, 2005

B) 1.0% for participants hired after July 1, 2005

**Termination Prior to Retirement**

Vesting schedule: 100% after completion of 5 years of vesting service.

Benefit: Vested portion of accrued benefit as of date of termination, payable at age 65 normal retirement date. Earlier benefit commencement may be elected, subject to early retirement eligibility and reduction factors.

**Death Prior to Retirement**

Eligibility: Completion of 5 years of vesting service. Must be married for at least 12 months prior to death.

Benefit: Surviving spouse's benefit is 50% of the benefit that would have been payable to the participant if the participant had: (1) terminated immediately before death, (2) elected to retire at earliest retirement eligibility, or date of death if later, and (3) elected a 50% joint and survivor annuity. The surviving spouse's benefit is first payable on the date that would have been the participant's earliest retirement date. If the participant has already satisfied early retirement eligibility, the surviving spouse's benefit is payable immediately.

**Death While in Active Service**

Beneficiary receives the choice of (A), (B), or (C):

(A) Traditional surviving spouse benefit noted above.

(B) 120 monthly payments based upon the accrued benefit reduced for early retirement.

(C) Lump sum Value of Part B.

**Form of Benefit**

Normal form: Life annuity with 10 years certain benefit. For married participants, payable as an actuarially equivalent 50% joint and survivor annuity.

Schedule SB Attachment (Form 5500)—2023 Plan Year  
Columbia Bank Retirement Plan  
EIN: 22-0900560 PN: 003

**Optional Forms of Benefit** Life annuity, 100%, 75%, or 50% joint and survivor annuity.

**Actuarial Equivalence** 7.5% interest rate and 1983 Group Annuity Mortality table.

<b>Plan Name</b>	<b>Columbia Bank Retirement Plan</b>
<b>Plan Sponsor EIN</b>	<b>22-0900560</b>
<b>ERISA Plan No.</b>	<b>003</b>
<b>Plan Year End</b>	<b>6/30/2024</b>

**The required attachment noted below is included within the Accountant's Opinion attachment to the Form 5500 Schedule H, Part III, which consists of the entire Audit report issued by the Plan's Independent Qualified Public Accountant (IQPA).**

<b>Form/Schedule</b>	<b>Line Item</b>	<b>Description</b>
5500 Schedule H	Line 4i	Schedule of Assets (Held at End of Year)

**COLUMBIA BANK RETIREMENT PLAN, PN 003**  
**EIN 22-0900560**  
**ATTACHMENT TO 2023 Schedule R (FORM 5500)**

**SCHEDULE R, Line 18 - Funded Percentage of Plans Contributing to the Liabilities  
of Plan Participants**

Plan Name	EIN	PN	Funded Percentage as of 06/30/2023
THE RETIREMENT PLAN OF RSI BANK IN PENTEGRA RETIREMENT TRUST	22-0900560	001	127.72%

Note: This plan is covered under the AT&T/Bell System Mandatory Portability Agreement related to the 1984 AT&T Divestiture of its Operating Telephone Companies and, as such, there will be transfers from time to time among the participating companies under this agreement.