

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024

- 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... D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan...

Part II Basic Plan Information—enter all requested information

1a Name of plan THE DEFINED BENEFIT PLAN OF THE INSTITUTION FOR SAVINGS IN NEWBURYPORT
1b Three-digit plan number (PN) 001
1c Effective date of plan 11/01/1981
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) INSTITUTION FOR SAVINGS IN NEWBURYPORT 93 STATE STREET NEWBURYPORT, MA 01950
2b Employer Identification Number (EIN) 92-1546128
2c Plan Sponsor's telephone number 978-462-3106
2d Business code (see instructions) 522120

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, Date, and Name. Rows include Chantal Bray (plan administrator) and Kathleen Ferreira (employer/plan sponsor).

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

Form 5500 (2023) v. 230707

<p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p>COOPERATIVE BANKS EMPLOYEES RETIREMENT ASSOCIATION</p> <p>100 RIVER RIDGE DRIVE, SUITE 102 NORWOOD, MA 02062</p>	<p>3b Administrator's EIN 04-6035593</p> <p>3c Administrator's telephone number 781-551-8500</p>
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<p>4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:</p> <p>a Sponsor's name</p> <p>c Plan Name</p>	<p>4b EIN</p> <p>4d PN</p>
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5 Total number of participants at the beginning of the plan year	5	243
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	154
a(2) Total number of active participants at the end of the plan year	6a(2)	161
b Retired or separated participants receiving benefits	6b	37
c Other retired or separated participants entitled to future benefits	6c	57
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	255
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	2
f Total. Add lines 6d and 6e	6f	257
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A

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

<p>9a Plan funding arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>	<p>9b Plan benefit arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024

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

A Name of plan <u>THE DEFINED BENEFIT PLAN OF THE INSTITUTION FOR SAVINGS IN NEWBURYPORT</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>INSTITUTION FOR SAVINGS IN NEWBURYPORT</u>	D Employer Identification Number (EIN) <u>92-1546128</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>11</u> Day <u>01</u> Year <u>2023</u>		
2	Assets:		
	a Market value	2a	<u>49522791</u>
	b Actuarial value	2b	<u>49522791</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>38</u>	<u>6722092</u>
	b For terminated vested participants	<u>52</u>	<u>2928614</u>
	c For active participants	<u>154</u>	<u>17376183</u>
	d Total	<u>244</u>	<u>27026889</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)	<input type="checkbox"/>	
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.38 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>2148686</u>
	b Expected plan-related expenses	6b	<u>174000</u>
	c Target normal cost	6c	<u>2322686</u>

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

SIGN HERE		
	Signature of actuary	<u>05/09/2025</u>
	<u>JOSEPH ANZALONE</u>	Date
	Type or print name of actuary	<u>23-07813</u>
	<u>GALLAGHER BENEFIT SERVICES, INC.</u>	Most recent enrollment number
	Firm name	<u>781-373-6900</u>
	<u>30 SPEEN STREET</u>	Telephone number (including area code)
	<u>SUITE 500</u>	
	<u>FRAMINGHAM, MA 01701</u>	
	Address of the firm	

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

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code)..... **21b** 0

22 Weighted average retirement age **22** 65

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c).....	31a	2322686
b Excess assets, if applicable, but not greater than line 31a	31b	2322686

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

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

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0
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	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

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

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 1965931

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

a Total (excess, if any, of line 37 over line 36)	38a	1965931
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0

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

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

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **11/01/2023** and ending **10/31/2024**

A Name of plan THE DEFINED BENEFIT PLAN OF THE INSTITUTION FOR SAVINGS IN NEWBURYPORT	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 INSTITUTION FOR SAVINGS IN NEWBURYPORT	D Employer Identification Number (EIN) 92-1546128	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

COOP. BANKS EMPLOYEES RET ASSN.

04-6035593

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	PLAN ADMINISTRATOR	158773	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ACADIAN ASSET MANAGEMENT LLC

04-2929221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MGMT	97708	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NEPC, LLC

26-1429809

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	76815	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

HARDMAN JOHNSTON GLOBAL ADVISORS

13-3257590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MGMT	64829	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SELECT EQUITY GROUP, L.P.

46-3465710

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MGMT	60844	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AGILIS PARTNERS LLC

04-3513306

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	ACTUARY	32650	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

THE BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	CUSTODIAL SECURITIES	30879	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

COPELAND CAPITAL MANAGEMENT, LLC

20-3145515

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MGMT	26238	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BLACKROCK INSTITUTION TRUST CO.

94-3112180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 24 28 50 51	INVESTMENT MGMT	25250	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"/>

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)

MONDRIAN INVESTMENT GROUP

56-2475915

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MGMT	24330	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FIDELITY INSTITUTIONAL ASSET

20-2159373

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MGMT	19142	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

LEGAL & GENERAL INVEST MGMT AMERICA

20-8058531

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MGMT	8329	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"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2023 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024

A Name of plan <u>THE DEFINED BENEFIT PLAN OF THE INSTITUTION FOR SAVINGS IN NEWBURYPORT</u>	B Three-digit plan number (PN) ▶	<u>001</u>
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>INSTITUTION FOR SAVINGS IN NEWBURYPORT</u>	D Employer Identification Number (EIN) <u>92-1546128</u>
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Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: EB TEMPORARY INVESTMENT

b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

c EIN-PN <u>25-6078093-023</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>237391</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: SHORT TERM INVESTMENT FUND

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

c EIN-PN <u>94-6450621-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: LONG TERM CREDIT BOND INDEX FUND

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

c EIN-PN <u>94-3118550-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3385615</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM EME SM CAP POOL

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MGMT TRUST COMPANY

c EIN-PN <u>20-4659714-119</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: SPARTAN 500 INDEX POOL CLASS C

b Name of sponsor of entity listed in (a): GEODE CAPITAL MGMT TRUST CO., LLC

c EIN-PN <u>82-6293122-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>24164396</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: IR+M LONG CORPORATE COLLECTIVE FUND

b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY

c EIN-PN <u>37-6567224-005</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3053436</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: HARDMAN JOHNSTON INT'L EQ GRP TRUST

b Name of sponsor of entity listed in (a): HARDMAN JOHNSTON GLOBAL ADVISORS LLC

c EIN-PN <u>26-6493485-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6658659</u>
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For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule D (Form 5500) 2023
v. 230707

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning **11/01/2023** and ending **10/31/2024**

A Name of plan THE DEFINED BENEFIT PLAN OF THE INSTITUTION FOR SAVINGS IN NEWBURYPORT	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 INSTITUTION FOR SAVINGS IN NEWBURYPORT	D Employer Identification Number (EIN) 92-1546128	

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	20000
(2) U.S. Government securities	1c(2)	4625051	6378539
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	5056044	6786618
(5) Partnership/joint venture interests	1c(5)	11148384	14610382
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	22351490	30840838
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	4363688	6658659
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	2014038	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	49558695	65295036
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	35905	62225
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	35905	62225
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	49522790	65232811

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2000000	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	2000000
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	661237
(B) U.S. Government securities	2b(1)(B)	661237	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		661237
(2) Dividends:			
(A) Preferred stock	2b(2)(A)	0	132267
(B) Common stock	2b(2)(B)	132267	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		132267
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	3940479	-13026
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	3953505	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)	0	2816644
(B) Other	2b(5)(B)	2816644	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		7080002
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		1229239
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		0
c Other income.....	2c		3217173
d Total income. Add all income amounts in column (b) and enter total.....	2d		17123536

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	760471	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		760471
f Corrective distributions (see instructions).....	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	158773	
(3) Recordkeeping fees.....	2i(3)	0	
(4) IQPA audit fees.....	2i(4)	0	
(5) Investment advisory and investment management fees.....	2i(5)	407606	
(6) Bank or trust company trustee/custodial fees.....	2i(6)	30879	
(7) Actuarial fees.....	2i(7)	32650	
(8) Legal fees.....	2i(8)	0	
(9) Valuation/appraisal fees.....	2i(9)	0	
(10) Other trustee fees and expenses.....	2i(10)	0	
(11) Other expenses.....	2i(11)	23136	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		653044
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1413515

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		15710021
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

(2) EIN: 04-2689883

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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 540207.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024

A Name of plan <u>THE DEFINED BENEFIT PLAN OF THE INSTITUTION FOR SAVINGS IN NEWBURYPORT</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>INSTITUTION FOR SAVINGS IN NEWBURYPORT</u>	D Employer Identification Number (EIN) <u>92-1546128</u>	

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

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

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

1	<u>0</u>
----------	----------

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 25-1926855

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year

3	<u>4</u>
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Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

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

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

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

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

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

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

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

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... Yes No

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

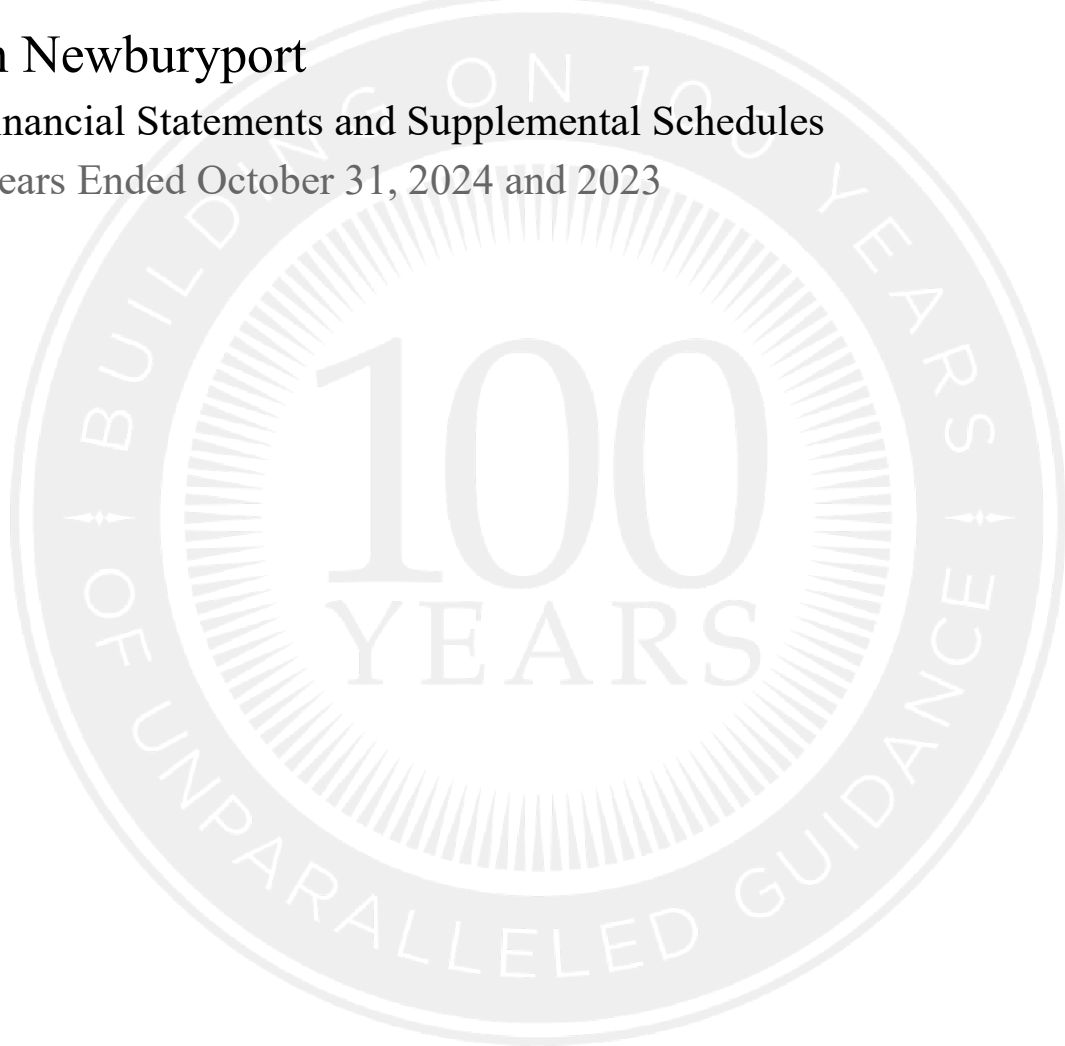
21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

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

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



The Defined Benefit Plan of the Institution for Savings
in Newburyport
Financial Statements and Supplemental Schedules
Years Ended October 31, 2024 and 2023



The Defined Benefit Plan of the Institution for Savings in Newburyport

E.I.N. 92-1546128

Plan Number 001

Financial Statements and Supplemental Schedules
For the Years Ended October 31, 2024 and 2023

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Independent Auditor's Report

To the Board of Trustees and Plan Administrator of The Defined Benefit Plan of the Institution for Savings in Newburyport:

Opinion

We have audited the financial statements of The Defined Benefit Plan of the Institution for Savings in Newburyport (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of October 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of October 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) and reportable transactions for the year ended October 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Wolfe + Company, P.C.

Boston, Massachusetts

June 4, 2025

The Defined Benefit Plan of the Institution for Savings in Newburyport

Statements of Net Assets Available for Benefits

October 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets:		
Investments, at fair value:		
Cash and liquid investments	\$ 62,670	\$ 77,054
Investment in CBERA Group Trust, a common collective trust	<u>65,232,366</u>	<u>49,481,641</u>
Total assets	65,295,036	49,558,695
Liabilities:		
Accounts payable and accrued expenses	<u>62,225</u>	<u>35,905</u>
Net assets available for benefits	<u>\$ 65,232,811</u>	<u>\$ 49,522,790</u>

See notes to financial statements.

The Defined Benefit Plan of the Institution for Savings in Newburyport

Statements of Changes in Net Assets Available for Benefits

Years Ended October 31, 2024 and 2023

	2024	2023
Investment income:		
Interest income	\$ 14,389	\$ 7,980
Net appreciation in fair value of investments in CBERA Group Trust	15,109,147	3,568,714
Total investment income	15,123,536	3,576,694
 Employer contributions	 2,000,000	 1,000,000
Total additions	17,123,536	4,576,694
 Payment of benefits through lump-sum distributions and annuity payments	 760,471	 617,280
Administrative expenses	653,044	477,279
Total deductions	1,413,515	1,094,559
 Net increase	 15,710,021	 3,482,135
 Net assets available for benefits:		
Beginning of year	49,522,790	46,040,655
End of year	\$ 65,232,811	\$ 49,522,790

See notes to financial statements.

The Defined Benefit Plan of the Institution for Savings in Newburyport

Notes to Financial Statements

Years Ended October 31, 2024 and 2023

1. DESCRIPTION OF THE PLAN

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

General - The Plan is a noncontributory defined benefit pension plan covering all employees of the Institution for Savings in Newburyport (the “Employer”) who, generally, have completed two years of service and have attained the age of 21. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

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

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

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

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

The Defined Benefit Plan of the Institution for Savings in Newburyport

The Plan is able to set its own target asset allocation, while choosing from the selection of fund managers in the Group Trust. A unitization methodology, maintained by Mellon is utilized to keep track of the proportion of each fund that is allocated to the Plan as of October 31, 2024 and 2023, there were three trusts participating in the Group Trust. At October 31, 2024 and 2023, the Plan held 29.62% and 15.60%, respectively, of the units of participation in the Group Trust.

Participation - Participants are entitled to pension benefits beginning at normal retirement age (65) equal to the sum of (a) and (b), where (a) is 1.25% times the participant's average annual compensation up to the participant's covered compensation times years of benefit service up to 25 years of benefit service; and (b) is 1.85% times the participant's average annual compensation above the participant's covered compensation times years of benefit service up to 25 years of benefit service. Participants will receive these pension benefits in the form of a life annuity or in any other form as agreed upon between the participant and the Plan.

Effective November 1, 2024, the Plan was amended such that participants pension benefits beginning at normal retirement age (65) are increased to 1.50% times the participant's average annual compensation up to the participant's covered compensation times years of benefit service up to 25 years of benefit service plus 2.10% times the participant's average annual compensation above the participant's covered compensation times years of benefit service up to 25 years of benefit service.

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

Vesting - An employee becomes 100% vested in an accrued benefit upon entry into the Plan.

Payment of Benefits - Employees are generally eligible for benefit payments upon the attainment of age 65. Early retirement may be elected at age 50 with a minimum of 15 years of service, at age 55 with a minimum of 10 years of service, or at age 62 with no minimum years of service. Retirement before the age of 65 may result in reduced benefit payments.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

The Defined Benefit Plan of the Institution for Savings in Newburyport

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

Investment Valuation and Income Recognition – Investments are reported at fair value utilizing information provided by the Plan’s investment advisers and custodians. See Notes 4 and 5 for discussion of fair value measurements. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan’s gains and losses on investments purchased and sold as well as held during the year.

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

Administrative Expenses – Administrative expenses are charged directly to the Plan. These expenses include actuarial, audit, trustee, recordkeeping, investment, legal, Pension Benefit Guaranty Corporation (“PBGC”) premiums, and plan consulting expenses.

3. TRUSTEE AND INVESTMENT MANAGERS

The Bank of New York Mellon has trust agreements with the Plan and the Association under which Mellon acts as trustee for the assets of the Plan and the Group Trust.

Acadian Asset Management, Blackrock, Select Equity Group, L.P., Fidelity Institutional Asset Management Trust Company, Copeland Capital Management, LLC, Legal & General Investment Management America, Inc., Income Research + Management, and Hardman Johnston Global Advisors LLC are the investment managers for the portfolio as of October 31, 2024.

4. FAIR VALUE MEASUREMENTS

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

The Defined Benefit Plan of the Institution for Savings in Newburyport

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

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used to determine fair value in the financial statements at October 31, 2024 and 2023.

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

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

The Defined Benefit Plan of the Institution for Savings in Newburyport

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of October 31, 2024 and 2023.

	Assets at Fair Value as of October 31, 2024			
	Level 1	Level 2	Level 3	Total
Cash and liquid investments	\$ 62,670	\$ -	\$ -	\$ 62,670
Total assets in the fair value hierarchy	\$ 62,670	\$ -	\$ -	62,670
Investments measured at net asset value (a)				65,232,366
Investments at fair value				\$ 65,295,036

	Assets at Fair Value as of October 31, 2023			
	Level 1	Level 2	Level 3	Total
Cash and liquid investments	\$ 77,054	\$ -	\$ -	\$ 77,054
Total assets in the fair value hierarchy	\$ 77,054	\$ -	\$ -	77,054
Investments measured at net asset value (a)				49,481,641
Investments at fair value				\$ 49,558,695

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

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following table summarizes investments for which fair value is measured using the net asset value per share as a practical expedient as of October 31, 2024 and 2023. There are no redemption restrictions for these investments other than the redemption notice period.

	Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
October 31, 2024				
CBERA Group Trust	\$ 65,232,366	n/a	Daily	Daily
October 31, 2023				
CBERA Group Trust	\$ 49,481,641	n/a	Daily	Daily

The Defined Benefit Plan of the Institution for Savings in Newburyport

5. INVESTMENT IN CBERA GROUP TRUST

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

The net assets of the Group Trust at October 31, 2024 and 2023 are as follows:

	October 31, 2024		October 31, 2023	
	Group Trust Balances	Plan's Interest in Group Trust Balances	Group Trust Balances	Plan's Interest in Group Trust Balances
Cash and liquid investments	\$ 2,879,576	\$ 852,968	\$ 4,809,940	\$ 750,548
Equity securities	16,464,915	4,877,119	14,581,126	2,275,257
Investments measured at net asset value	171,430,813	50,780,022	256,979,916	40,099,455
U.S. Treasury Bonds	30,915,473	9,157,563	42,075,409	6,565,497
U.S. Treasury Bond futures	(1,879,361)	(556,691)	(2,021,540)	(315,443)
Total investments at fair value	219,811,416	65,110,981	316,424,851	49,375,314
Dividends and interest receivable	459,798	136,198	681,016	106,267
Due from (payable to) broker for securities sold	(50,009)	(14,813)	385	60
Total net assets	\$ 220,221,205	\$ 65,232,366	\$ 317,106,252	\$ 49,481,641

The Defined Benefit Plan of the Institution for Savings in Newburyport

The following tables set forth by level, within the fair value hierarchy, the Group Trust's assets at fair value as of October 31, 2024 and 2023.

	Assets at Fair Value at October 31, 2024			Fair Value
	Level 1	Level 2	Level 3	
Cash and liquid investments	\$ 2,879,576	\$ -	\$ -	\$ 2,879,576
Equity securities	16,464,915	-	-	16,464,915
U.S. Treasury Bonds	30,915,473	-	-	30,915,473
U.S. Treasury Bond futures	(1,879,361)	-	-	(1,879,361)
Total assets in the fair value hierarchy	\$ 48,380,603	\$ -	\$ -	48,380,603
Investments measured at net asset value (a)				171,430,813
Investments at fair value				<u>\$ 219,811,416</u>

	Assets at Fair Value at October 31, 2023			Fair Value
	Level 1	Level 2	Level 3	
Cash and liquid investments	\$ 4,809,940	\$ -	\$ -	\$ 4,809,940
Equity securities	14,581,126	-	-	14,581,126
U.S. Treasury Bonds	42,075,409	-	-	42,075,409
U.S. Treasury Bond futures	(2,021,540)	-	-	(2,021,540)
Total assets in the fair value hierarchy	\$ 59,444,935	\$ -	\$ -	59,444,935
Investments measured at net asset value (a)				256,979,916
Investments at fair value				<u>\$ 316,424,851</u>

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

The Defined Benefit Plan of the Institution for Savings in Newburyport

The following table summarizes investments in the Group Trust for which fair value is measured using the net asset value per share or its equivalent as a practical expedient as of October 31, 2024 and 2023.

	Fair Value	Unfunded Commitment	Redemption Frequency *
<u>October 31, 2024</u>			
Acadian Emerging Markets	\$ 20,944,453	\$ -	Monthly
FIAM Spartan Index 500 Pool Class C	70,084,848	-	Daily
Black Rock U.S. Long Corporate Bond Fund	14,608,513	-	Daily
Baxter Street Offshore Fund, Ltd.	18,444,887	-	Monthly
Hardman Johnston International Equity Group Trust	17,809,147	-	Monthly
IR+M Long Corporate Collective Fund	13,175,204	-	Daily
IR+M income Intermediate Corporate Collective Fund	6,470,510	-	Daily
L&G Long Liability Treasury	9,893,251	-	Weekly
	<u>\$ 171,430,813</u>	<u>\$ -</u>	
<u>October 31, 2023</u>			
FIAM Emerging Markets Equity Small Cap Commingled Pools	\$ 7,672,652	\$ -	Daily
Acadian Emerging Markets	11,969,844	-	Monthly
Mondrian Emerging Markets Debt Fund, L.P.	17,788,938	-	Monthly
FIAM Spartan Index 500 Pool Class C	37,520,286	-	Daily
Black Rock U.S. Long Corporate Bond Fund	32,732,468	-	Daily
CBERA Dual Beta Strategy UA Fund	29,344,630	-	Daily
Baxter Street Offshore Fund, Ltd.	18,871,730	-	Monthly
Hardman Johnston International Equity Group Trust	15,481,043	-	Monthly
IR+M Long Corporate Collective Fund	28,167,034	-	Daily
IR+M income Intermediate Corporate Collective Fund	50,456,186	-	Daily
L&G Long Liability Treasury	6,975,105	-	Weekly
	<u>\$ 256,979,916</u>	<u>\$ -</u>	

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

The following is a description of the investments in alternative investments held at October 31, 2024:

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

The Defined Benefit Plan of the Institution for Savings in Newburyport

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

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

Legal & General Investment Management (LGIMA) Long Liability Treasury CIT Fund utilizes Treasury securities to achieve returns similar to a Long Treasury Benchmark. This portfolio provides a capital efficient interest rate hedge relative to corporate pension liabilities.

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

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

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

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

The Defined Benefit Plan of the Institution for Savings in Newburyport

6. TAX STATUS OF THE PLAN

The Plan has obtained a determination letter from the Internal Revenue Service (“IRS”) dated June 23, 2017 in which the IRS stated that the Plan, as amended, is in compliance with the applicable requirements of the Internal Revenue Code (the “Code”).

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

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS or the Department of Labor (“DOL”). The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of October 31, 2024 and 2023, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by the IRS and DOL, however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to examinations for years prior to October 31, 2021.

7. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

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

The actuarial present value of accumulated benefits under the Plan was determined by consulting actuaries, Agilis Partners LLC, as of November 1, 2023, using the unit credit cost method and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of November 1, 2023 and 2022, respectively were: (a) assumed rate of return on investments of 6.50% (b) retirement at age 65 or attained age if greater; (c) assumed mortality rates based upon the Pri-2012 total dataset mortality rates for employees and retirees projected generationally with Scale MP-2021 in 2023 and 2022; (d) rates of participants’ withdrawal based upon completed years of service; (e) the social security wagebase increase assumption was 3.00% and (f) assumed discount rate of 6.50%. The change in the mortality assumptions are responsible for the assumption increase of \$43,636.

The Defined Benefit Plan of the Institution for Savings in Newburyport

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

At November 1, 2023, the actuarial present value of accumulated plan benefits is as follows:

Actuarial present value of accumulated plan benefits	
Vested:	
Participants currently receiving payments	\$ 5,989,190
Other participants	17,106,817
Total	23,096,007
Nonvested benefits	-
Total actuarial present value of accumulated plan benefits	\$ 23,096,007

The changes in the actuarial present value of accumulated plan benefits for the period November 1, 2022 to November 1, 2023 is as follows:

Actuarial present value of accumulated plan benefits, at beginning of period	\$ 20,429,712
Increase (decrease) during the period attributable to:	
Benefits accumulated	1,931,754
Interest due to decrease in discount period	1,308,185
Benefit payments	(617,280)
Assumption changes	43,636
Net increase	2,666,295
Actuarial present value of accumulated plan benefits, at end of period	\$ 23,096,007

8. FUNDING POLICY

The Plan's funding policy is to make annual contributions to the Plan in amounts that equal or exceed the minimum funding requirements under ERISA. As of November 1, 2023, the Plan had exceeded the minimum funding requirements of ERISA.

The Defined Benefit Plan of the Institution for Savings in Newburyport

9. PLAN TERMINATION

Benefits under the Plan are insured by the PBGC. 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. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees which is adjusted periodically. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or Plan termination, whichever comes later. For younger annuitants or for those who elect to receive benefits in some form other than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

10. PARTY-IN-INTEREST TRANSACTIONS

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

11. RISKS AND UNCERTAINTIES

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

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

12. SUBSEQUENT EVENTS

Management has evaluated subsequent events through June 4, 2025, which is the date the financial statements were available to be issued. There were no subsequent events that require adjustment to or disclosure in the financial statements other than as noted in Note 1.

The Defined Benefit Plan of the Institution for Savings in Newburyport

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

E.I.N. 92-1546128

Plan Number 001

October 31, 2024

a	b	c	d	e
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
	(UNITS)			
Investment in CBERA Group Trust, a common collective trust	12,964,795	Units of Participation in CBERA Group Trust	\$ 58,199,768	\$ 12,964,795
* EB Temporary Investment Fund II	(SHARES) 62,670	EB Temporary Investment Fund II, Variable rate, 12/31/2049	62,670	62,670
TOTAL INVESTMENTS			<u>58,262,438</u>	<u>13,027,465</u>
Investment in CBERA Group Trust, a common collective trust (The Plan's allocated portion of the Trust's investments since the CBERA Group Trust is not a direct filing entity with the Department of Labor)				
CASH AND LIQUID INVESTMENTS				
	(SHARES)			
* FIDELITY S&P 500	42,951	BNY MELLON CASH RESERVE	42,951	42,951
* ACADIAN EME	1,556	EB TEMP INV FD	1,556	1,556
* BR LONG CORPORAT	272	EB TEMP INV FD	272	272
* INCOME INTERMED CORP	240	EB TEMP INV FD	240	240
* LGIMA CUSTOM	145,193	EB TEMP INV FD	145,193	145,193
* FIDELITY S&P 500	8,876	EB TEMP INV FD	8,876	8,876
* LGIMA TREASURY FUND	409	EB TEMP INV FD	409	409
* INCOME LONG CORPORAT	347	EB TEMP INV FD	347	347
* HJ INTERNATIONAL EQ	529	EB TEMP INV FD	529	529
* COPELAND SMALL CAP	101,344	EB TEMP INV FD	101,344	101,344
* SELECT EQUITY FUND	730	EB TEMP INV FD	730	730
* LGIMA CUSTOM	-	CASH - BROKER	550,522	550,522
* COPELAND SMALL CAP	-	DIVIDENDS RECEIVABLE	2,422	2,422
* COPELAND SMALL CAP	-	DIVIDENDS RECEIVABLE RECLAIM	3,625	3,625
* COPELAND SMALL CAP	-	INTEREST RECEIVABLE	441	441
* LGIMA CUSTOM	-	INTEREST RECEIVABLE	129,659	129,659
* LGIMA TREASURY FUND	-	INTEREST RECEIVABLE	2	2
* INCOME LONG CORPORAT	-	INTEREST RECEIVABLE	1	1
* BR LONG CORPORAT	-	INTEREST RECEIVABLE	1	1
* SELECT EQUITY FUND	-	INTEREST RECEIVABLE	3	3
* HJ INTERNATIONAL EQ	-	INTEREST RECEIVABLE	2	2
* FIDELITY S&P 500	-	INTEREST RECEIVABLE	34	34
* INCOME INTERMED CORP	-	INTEREST RECEIVABLE	1	1
* ACADIAN EME	-	INTEREST RECEIVABLE	6	6
* COPELAND SMALL CAP	-	PAYABLE FOR INVESTMENTS PURCHASED	(14,813)	(14,813)
TOTAL CASH AND LIQUID INVESTMENTS			<u>974,353</u>	<u>974,353</u>
ALTERNATIVE INVESTMENT FUNDS				
	(SHARES/UNITS)			
* ACADIAN EME	1,276	ACADIAN EM SM CAP EQ FD	4,032,191	6,204,017
* SELECT EQUITY FUND	3,319	SELECT EQUITY	4,051,972	5,463,614
* FIDELITY S&P 500	77,840	SPARTAN 500 INDEX POOL CL C	16,402,171	20,760,037
* HJ INTERNATIONAL EQ	122,604	HARDMAN JOHNSTON I.E. GROUP	4,416,621	5,275,300
* INCOME INTERMED CORP	186,378	IR+M INTERMEDIATE CORPORATE	1,787,348	1,916,649
* BR LONG CORPORAT	268,873	US LONG CORPORATE BOND FUND	4,036,642	4,327,230
* INCOME LONG CORPORAT	428,501	IR+M LONG CORPORATE COLLECTIVE	4,274,282	3,902,666
* LGIMA TREASURY FUND	31,885	L&G LONG LIABILITY TREASURY	3,377,614	2,930,509
TOTAL ALTERNATIVE INVESTMENT FUNDS			<u>42,378,841</u>	<u>50,780,022</u>
U.S. TREASURY BONDS				
	(PAR VALUE)			
* LEGAL & GENERAL INVESTMENT MANAGEMENT	2,397,844	U S TREASURY BOND	2,238,035	1,241,628
* LEGAL & GENERAL INVESTMENT MANAGEMENT	740,532	U S TREASURY BOND	618,793	475,962
* LEGAL & GENERAL INVESTMENT MANAGEMENT	392,482	U S TREASURY BOND	381,146	289,165
* LEGAL & GENERAL INVESTMENT MANAGEMENT	669,441	U S TREASURY BOND	613,330	495,018
* LEGAL & GENERAL INVESTMENT MANAGEMENT	371,747	U S TREASURY BOND	302,609	282,193
* LEGAL & GENERAL INVESTMENT MANAGEMENT	185,133	U S TREASURY BOND	171,565	158,274
* LEGAL & GENERAL INVESTMENT MANAGEMENT	259,186	U S TREASURY BOND	269,618	238,361
* LEGAL & GENERAL INVESTMENT MANAGEMENT	266,592	U S TREASURY BOND	260,252	228,997
* LEGAL & GENERAL INVESTMENT MANAGEMENT	152,550	U S TREASURY BOND	136,064	131,139
* LEGAL & GENERAL INVESTMENT MANAGEMENT	4,151,424	U S TREASURY BOND	4,436,967	4,251,972
* LEGAL & GENERAL INVESTMENT MANAGEMENT	192,538	U S TREASURY BOND	202,324	193,532
* LEGAL & GENERAL INVESTMENT MANAGEMENT	199,944	U S TREASURY BOND	197,737	187,791
* LEGAL & GENERAL INVESTMENT MANAGEMENT	1,481,065	U S TREASURY BD CPN STRIP	957,034	983,531
TOTAL U.S. TREASURY BONDS			<u>10,785,474</u>	<u>9,157,563</u>
U.S. TREASURY BOND FUTURES				
	(CONTRACTS)			
* U.S. TREASURY BOND FUTURES	11	US 10YR ULTRA FUTURE (CBT)	-	(48,775)
* U.S. TREASURY BOND FUTURES	37	US TRES BD FUTURE (CBT)	-	(248,311)
* U.S. TREASURY BOND FUTURES	7	US 10YR TRES NTS FUTURE (CBT)	-	(26,725)
* U.S. TREASURY BOND FUTURES	6	US 5YR TRES NTS FUTURE (CBT)	-	(15,266)
* U.S. TREASURY BOND FUTURES	1	US 2YR TRES NTS FUT (CBT)	-	(1,060)
* U.S. TREASURY BOND FUTURES	32	US ULTRA BOND FUTURE (CBT)	-	(216,554)
TOTAL U.S. TREASURY BOND FUTURES			<u>\$ -</u>	<u>\$ (556,691)</u>

The Defined Benefit Plan of the Institution for Savings in Newburyport

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

E.I.N. 92-1546128

Plan Number 001

October 31, 2024

EQUITY SECURITIES

	(SHARES)			
AIR LEASE CORP	1,783	SHARES OF COMMON STOCK	\$ 84,045	\$ 79,085
ALLISON TRANSMISSION HOLDINGS	637	SHARES OF COMMON STOCK	30,191	68,023
BWX TECHNOLOGIES INC	801	SHARES OF COMMON STOCK	49,773	97,553
BROOKFIELD INFRASTRUCTURE HOLD	2,230	SHARES OF COMMON STOCK	86,287	91,592
BRUNSWICK CORP/DE	1,020	SHARES OF COMMON STOCK	67,548	81,300
CRA INTERNATIONAL INC	510	SHARES OF COMMON STOCK	55,618	92,852
CABOT CORP	874	SHARES OF COMMON STOCK	66,393	94,225
CASEY'S GENERAL STORES INC	186	SHARES OF COMMON STOCK	39,866	73,180
CHEMED CORP	166	SHARES OF COMMON STOCK	72,122	89,455
CHESAPEAKE UTILITIES CORP	587	SHARES OF COMMON STOCK	53,698	70,363
CIVITAS RESOURCES INC	1,182	SHARES OF COMMON STOCK	63,493	57,664
COGENT COMMUNICATIONS HOLDINGS	610	SHARES OF COMMON STOCK	37,129	48,957
COGNEX CORP	1,802	SHARES OF COMMON STOCK	74,039	72,489
COHEN & STEERS INC	1,071	SHARES OF COMMON STOCK	62,347	105,822
CONCENTRIX CORP	1,064	SHARES OF COMMON STOCK	82,421	45,243
ENCOMPASS HEALTH CORP	1,353	SHARES OF COMMON STOCK	80,528	134,609
ENSIGN GROUP INC/THE	1,050	SHARES OF COMMON STOCK	68,081	162,751
EXP WORLD HOLDINGS INC	4,118	SHARES OF COMMON STOCK	72,795	54,859
FEDERAL AGRICULTURAL MORTGAGE	529	SHARES OF COMMON STOCK	54,870	96,902
FIRSTSERVICE CORP	402	SHARES OF COMMON STOCK	62,378	74,376
HAMILTON LANE INC	933	SHARES OF COMMON STOCK	92,413	167,562
HEALTHSTREAM INC	124	SHARES OF COMMON STOCK	3,606	3,628
HEXCEL CORP	1,241	SHARES OF COMMON STOCK	83,698	72,807
HOME BANCSHARES INC/AR	3,458	SHARES OF COMMON STOCK	66,867	94,377
INSPERITY INC	470	SHARES OF COMMON STOCK	47,386	37,006
IRADIMED CORP	815	SHARES OF COMMON STOCK	34,510	40,149
KFORCE INC	982	SHARES OF COMMON STOCK	59,365	56,747
KINSALE CAPITAL GROUP INC	183	SHARES OF COMMON STOCK	57,784	78,496
KULICKE & SOFFA INDUSTRIES INC	1,526	SHARES OF COMMON STOCK	74,513	68,447
LAKELAND FINANCIAL CORP	1,363	SHARES OF COMMON STOCK	69,348	88,663
LANDSTAR SYSTEM INC	402	SHARES OF COMMON STOCK	55,974	70,601
LEMAITRE VASCULAR INC	1,257	SHARES OF COMMON STOCK	56,404	111,091
LITTELFUSE INC	277	SHARES OF COMMON STOCK	52,529	67,825
MATADOR RESOURCES CO	888	SHARES OF COMMON STOCK	45,399	46,292
MATERION CORP	738	SHARES OF COMMON STOCK	54,877	74,959
NAPCO SECURITY TECHNOLOGIES INC	1,915	SHARES OF COMMON STOCK	85,508	73,678
ATLAS ENERGY SOLUTIONS INC	4,015	SHARES OF COMMON STOCK	83,705	78,600
NEXSTAR MEDIA GROUP INC	477	SHARES OF COMMON STOCK	60,042	83,897
NEXPOINT RESIDENTIAL TRUST INC	1,635	SHARES OF COMMON STOCK	60,758	68,102
NORTHERN OIL & GAS INC	2,385	SHARES OF COMMON STOCK	57,870	86,439
PATRICK INDUSTRIES INC	227	SHARES OF COMMON STOCK	29,051	28,547
POWER INTEGRATIONS INC	1,345	SHARES OF COMMON STOCK	83,749	81,285
PRICESMART INC	881	SHARES OF COMMON STOCK	72,797	73,188
QUAKER CHEMICAL CORP	406	SHARES OF COMMON STOCK	73,874	61,603
SCHNEIDER NATIONAL INC	2,890	SHARES OF COMMON STOCK	70,815	81,725
SHOE CARNIVAL INC	2,133	SHARES OF COMMON STOCK	49,601	73,109
SHUTTERSTOCK INC	1,775	SHARES OF COMMON STOCK	86,848	56,957
STANDEX INTERNATIONAL CORP	623	SHARES OF COMMON STOCK	57,513	114,491
TERRENO REALTY CORP	1,217	SHARES OF COMMON STOCK	75,846	72,950
TETRA TECH INC	1,985	SHARES OF COMMON STOCK	52,796	97,038
TRAVEL + LEISURE CO	1,628	SHARES OF COMMON STOCK	81,349	77,834
UFP INDUSTRIES INC	545	SHARES OF COMMON STOCK	49,490	66,679
UMH PROPERTIES INC	5,038	SHARES OF COMMON STOCK	86,043	93,986
US PHYSICAL THERAPY INC	968	SHARES OF COMMON STOCK	98,900	77,640
UNIFIRST CORP/MA	375	SHARES OF COMMON STOCK	66,902	67,376
UNIVERSAL DISPLAY CORP	416	SHARES OF COMMON STOCK	71,198	74,992
UTZ BRANDS INC	5,562	SHARES OF COMMON STOCK	84,044	95,803
VALMONT INDUSTRIES INC	313	SHARES OF COMMON STOCK	78,038	97,401
WINGSTOP INC	276	SHARES OF COMMON STOCK	57,448	79,337
WINMARK CORP	122	SHARES OF COMMON STOCK	45,993	45,397
WYNDHAM HOTELS & RESORTS INC	747	SHARES OF COMMON STOCK	55,363	65,979
SENSATA TECHNOLOGIES HOLDING P	1,839	SHARES OF COMMON STOCK	75,027	63,169
FERRIGO CO PLC	2,730	SHARES OF COMMON STOCK	92,237	69,967
TOTAL EQUITY SECURITIES			4,061,100	4,877,119

* Party-in-interest

TOTAL INVESTMENTS

\$ 58,199,768 \$ 65,232,366

The Defined Benefit Plan of the Institution for Savings in Newburyport

Schedule H, Line 4j - Schedule of Reportable Transactions

E.I.N. 92-1546128

Plan Number 001

October 31, 2024

a	b	c	d	e	f	g	h	i
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred With Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
<u>Category (1)</u> - A single transaction in excess of 5% of plan assets:								
BNY MELLON	shares of BNY MELLON CASH RESERVE	\$ 6,320,677	\$ -	\$ -	\$ -	\$ 6,320,677	\$ 6,320,677	\$ -
BNY MELLON	shares of BNY MELLON CASH RESERVE	-	6,320,677	-	-	6,320,677	6,320,677	-
<u>Category (2)</u> - A series of transactions with the same person involving property other than securities and aggregating to more than 5% of plan assets:								
None								
<u>Category (3)</u> - A series of securities transactions in excess of 5% of plan assets:								
BNY MELLON	shares of BNY MELLON CASH RESERVE	\$ 6,340,677	\$ -	\$ -	\$ -	\$ 6,340,677	\$ 6,340,677	\$ -
BNY MELLON	shares of BNY MELLON CASH RESERVE	-	6,320,677	-	-	6,320,677	6,320,677	-
EB TEMP INV FD	shares of EB TEMP INV FD	7,133,683	-	-	-	7,133,683	7,133,683	-
EB TEMP INV FD	shares of EB TEMP INV FD	-	7,167,777	-	-	7,167,777	7,167,777	-
<u>Category (4)</u> - A single transaction with the same person in excess of 5% of plan assets:								
None								

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

The Defined Benefit Plan of the Institution for Savings in Newburyport
EIN: 92-1546128 Plan Number: 001
Attachment to 2023 Schedule SB
Line 26 – Schedule of Active Participant Data as of November 1, 2023

Attained Age	Years of Credited Service										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	
Under 25		1									1
25 to 29		2	8								10
30 to 34		3	12	1	1						17
35 to 39		4	5	4	3	1					17
40 to 44		2	6	3	5	1					17
45 to 49		2	1	3	3		2				11
50 to 54		1	8	3	4			1			17
55 to 59		2	15	3	6	1	1	1	1		30
60 to 64		3	14	3	9	1		1		1	32
65 to 69			1	1							2
70 & up											0
Total	0	20	70	21	31	4	3	3	1	1	154

The Defined Benefit Plan of the Institution for Savings in Newburyport

EIN: 92-1546128 Plan Number: 001

Attachment to 2023 Schedule SB

Part V Statement of Actuarial Assumptions/Methods

Actuarial Methods

Funding Method

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

Asset Valuation Method

Fair market value of assets as of October 31, 2023, adjusted to reflect interest-adjusted receivable contributions and expenses payable.

Measurement Date

November 1, 2023.

Valuation Date

First day of the plan year.

Benefits Not Valued

We are not aware of any benefits required to be valued that were not. To the best of our knowledge we have reflected all material provisions of the plan.

The Defined Benefit Plan of the Institution for Savings in Newburyport
EIN: 92-1546128 Plan Number: 001
Attachment to 2023 Schedule SB
Part V Statement of Actuarial Assumptions/Methods (continued)

Economic Assumptions

Interest Rate	November 2023 IRS Segment Rates (reflecting segment rate stabilization as amended under ARP 2021):
	First Segment 4.75%
	Second Segment 5.00%
	Third Segment 5.74%
	Single Effective Rate 5.38%
Salary Increases	5.00% per annum
Future Increases in Social Security Wage Base	3.00%
Future Increases in Maximum Pay and Benefits	2.50%
Lump Sum Interest Rate	Same as valuation interest rates above.
Plan-related Expenses	\$174,000 added to Target Normal Cost for the 2023 plan year. This amount is deemed to approximate the administrative expenses to be paid out of the trust during the 2023 plan year.

The Defined Benefit Plan of the Institution for Savings in Newburyport
EIN: 92-1546128 Plan Number: 001
Attachment to 2023 Schedule SB
Part V Statement of Actuarial Assumptions/Methods (continued)

Demographic Assumptions

Healthy Mortality	IRS 2023 Static Mortality Table, sex distinct, with separate rates for annuitants and non-annuitants.												
Disabled Mortality	Same as healthy.												
Lump Sum Mortality Table	2023 Applicable Mortality Table pursuant to IRC 417(e).												
Disability Incidence	None.												
Retirement	100% at age 65.												
Termination	<u>Unisex rates, based on service:</u>												
	<table> <thead> <tr> <th><u>Years of service</u></th> <th><u>Rate</u></th> </tr> </thead> <tbody> <tr> <td><1</td> <td>30.0%</td> </tr> <tr> <td>2</td> <td>20.0%</td> </tr> <tr> <td>3</td> <td>10.0%</td> </tr> <tr> <td>4</td> <td>5.0%</td> </tr> <tr> <td>≥5</td> <td>2.5%</td> </tr> </tbody> </table>	<u>Years of service</u>	<u>Rate</u>	<1	30.0%	2	20.0%	3	10.0%	4	5.0%	≥5	2.5%
<u>Years of service</u>	<u>Rate</u>												
<1	30.0%												
2	20.0%												
3	10.0%												
4	5.0%												
≥5	2.5%												
Decrement Timing	Beginning of year decrements.												
Commencement Date for Deferred Vested Benefits	Age 65.												
Commencement Date for Pre-retirement Death Benefits	Age 65.												
Marriage	100% of participants (both male and female) are assumed to be married. Husbands are assumed to be 3 years older than their wives.												
Form of Payment	90% of retiring and terminating actives assumed to receive immediate lump sum. 10% of retiring and terminating actives are assumed to receive a life annuity. All current terminated vested assumed to receive a life annuity at age 65.												
New Employees	No new or rehired employees are assumed.												

The Defined Benefit Plan of the Institution for Savings in Newburyport

EIN: 92-1546128 Plan Number: 001

Attachment to 2023 Schedule SB

Part V Statement of Actuarial Assumptions/Methods (continued)

Rational for Significant Actuarial Assumptions

Interest Rate (ERISA Funding Valuation)

The lookback basis was selected from the methods permitted by IRC Section 430. The underlying rates are based on historical market data and are published periodically by the IRS.

Plan-related Expenses

As required by IRC Section 430, we have estimated plan-related expenses anticipated to be paid from the plan's assets for the coming plan year. This may include, but is not limited to, anticipated PBGC premiums, trustee fees, actuarial fees, legal fees, and administration costs that are paid from the plan trust.

Salary Increases

The salary increase rate is based on the plan sponsor's expectations of future experience, taking current conditions into account.

Lump Sum Conversion Basis

Lump sum benefits are valued using annuity substitution as required by IRC Section 430. This means the valuation interest rates are also used for lump sum payments, so only the lump sum mortality may differ from the valuation mortality assumption.

Mortality (ERISA Funding Valuation)

The mortality tables and any applicable improvement projection scales used for purposes of this valuation were selected from those permitted by IRC Section 430. Updates are published periodically by the IRS.

Termination and Retirement

The termination and retirement rates are based on the plan sponsor's expectations of future experience.

Commencement Dates for Terminated Vested Participants

The commencement dates for terminated vested participants are based on the plan sponsor's expectations of future experience.

Marriage Assumptions

The percentage married and spousal age difference assumptions are based on the plan sponsor's expectations of their population.

The Defined Benefit Plan of the Institution for Savings in Newburyport

EIN: 92-1546128 Plan Number: 001

Attachment to 2023 Schedule SB

Part V Statement of Actuarial Assumptions/Methods (continued)

Form of Payment

Participants are assumed to commence payments with the assumed forms based on the plan sponsor's expectations of future experience and taking the assumed marital status into account. Actual experience and gains and losses are periodically reviewed to identify any significant deviation from expectations that would materially affect the results.

The Defined Benefit Plan of the Institution for Savings in Newburyport

Schedule H, Line 4j - Schedule of Reportable Transactions

E.I.N. 92-1546128 Plan Number 001

October 31, 2024

a	b	c	d	e	f	g	h	i
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred With Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
<u>Category (1)</u> - A single transaction in excess of 5% of plan assets:								
BNY MELLON	shares of BNY MELLON CASH RESERVE	\$ 6,320,677	\$ -	\$ -	\$ -	\$ 6,320,677	\$ 6,320,677	\$ -
BNY MELLON	shares of BNY MELLON CASH RESERVE	-	6,320,677	-	-	6,320,677	6,320,677	-
<u>Category (2)</u> - A series of transactions with the same person involving property other than securities and aggregating to more than 5% of plan assets:								
None								
<u>Category (3)</u> - A series of securities transactions in excess of 5% of plan assets:								
BNY MELLON	shares of BNY MELLON CASH RESERVE	\$ 6,340,677	\$ -	\$ -	\$ -	\$ 6,340,677	\$ 6,340,677	\$ -
BNY MELLON	shares of BNY MELLON CASH RESERVE	-	6,320,677	-	-	6,320,677	6,320,677	-
EB TEMP INV FD	shares of EB TEMP INV FD	7,133,683	-	-	-	7,133,683	7,133,683	-
EB TEMP INV FD	shares of EB TEMP INV FD	-	7,167,777	-	-	7,167,777	7,167,777	-
<u>Category (4)</u> - A single transaction with the same person in excess of 5% of plan assets:								
None								

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

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No. 1210-0110

2023

**This Form is Open to Public
Inspection**

For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024

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

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

A Name of plan The Defined Benefit Plan of the Institution for Savings in Newburyport	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Institution for Savings in Newburyport	D Employer Identification Number (EIN) 92-1546128	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		
F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500		

Part I	Basic Information		
1	Enter the valuation date: Month <u>11</u> Day <u>1</u> Year <u>2023</u>		
2	Assets:		
	a Market value	2a	49,522,791
	b Actuarial value	2b	49,522,791
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment.....	38	6,722,092
	b For terminated vested participants.....	52	2,928,614
	c For active participants	154	17,376,183
	d Total.....	244	27,026,889
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b	
5	Effective interest rate	5	5.38 %
6	Target normal cost.....		
	a Present value of current plan year accruals.....	6a	2,148,686
	b Expected plan-related expenses	6b	174,000
	c Target normal cost	6c	2,322,686

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

SIGN HERE	Joseph C. Anzalone	5/9/2025
	Signature of actuary	Date
	Joseph Anzalone	23-07813
	Type or print name of actuary	Most recent enrollment number
	Gallagher Benefit Services, Inc.	(781) 373-6900
	Firm name	Telephone number (including area code)
	30 Speen St Suite 500 Framingham	
	Address of the firm	
	MA 01701	
	Address of the firm	

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

Part II	Beginning of Year Carryover and Prefunding Balances	(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>7.09%</u>	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		986,308
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.56%</u>		54,839
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		1,041,147
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III	Funding Percentages		
14	Funding target attainment percentage	14	183.23%
15	Adjusted funding target attainment percentage	15	183.23%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	197.01%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV	Contributions and Liquidity Shortfalls		
18	Contributions made to the plan for the plan year by employer(s) and employees:		
	(a) Date (MM-DD-YYYY) (b) Amount paid by employer(s) (c) Amount paid by employees	(a) Date (MM-DD-YYYY) (b) Amount paid by employer(s) (c) Amount paid by employees	
	02/29/2024 2,000,000		
	Totals ▶	18(b)	2,000,000 18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1,965,931
20	Quarterly contributions and liquidity shortfalls:		
	a Did the plan have a "funding shortfall" for the prior year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:		
	Liquidity shortfall as of end of quarter of this plan year		
	(1) 1st (2) 2nd (3) 3rd (4) 4th		

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

21 Discount rate:

a Segment rates:

1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
------------------------	------------------------	------------------------	---

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

22 Weighted average retirement age **22** 65

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c) **31a** 2,322,686

b Excess assets, if applicable, but not greater than line 31a **31b** 2,322,686

32 Amortization installments:

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

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

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 0

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

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

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 1,965,931

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

a Total (excess, if any, of line 37 over line 36) **38a** 1,965,931

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances..... **38b** 0

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

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

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

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

The Defined Benefit Plan of the Institution for Savings in Newburyport

EIN: 92-1546128 Plan Number: 001

Attachment to 2023 Schedule SB

Line 22 – Description of Weighted Average Retirement Age

100% assumed to retire at age 65. Weighted average retirement age = 65.

The Defined Benefit Plan of the Institution for Savings in Newburyport
EIN: 92-1546128 Plan Number: 001
Attachment to 2023 Schedule SB
Part V Summary of Plan Provisions

Definitions

Effective Date	November 1, 1981, as in effect November 1, 2023.
Participation Date	On the Entry Date coincident with or next following the date on which the Eligible Employee completes two Years of Eligibility Service and attains age 21.
Entry Date	The first day of each month.
Plan Year	November 1 to October 31.
Fiscal Year	January 1 to December 31.
Eligible Employee	Common-law employees of The Institution for Savings in Newburyport.
Hour of Service	As defined in Section 3.4 of the plan document.
Employment Commencement Date	The date on which an Employee first performs an Hour of Service.
Year of Eligibility Service	A 12-consecutive-month period commencing on an Employee's Employment Commencement Date (or Reemployment Commencement Date, if applicable), or any anniversary thereof, during which s/he completes 1,000 Hours of Service.
Eligibility	On the Entry Date coincident with or next following the date on which the Eligible Employee completes two Years of Eligibility Service and attains age 21.
Credited Service	One Year of Benefit Service is credited for each plan year in which an employee completes 1,000 or more hours of service.
Vesting Service	One Year of Vesting Service is granted for each plan year during which a participant works 1,000 or more hours.
Compensation	In general, Compensation includes W-2 wages determined on the basis of the 12-month period from October 1 to September 30 and also includes amounts which would have been received by the Participant but for an election under sections 125, 132(f)(4), 401(k), 403(b), or 457(b) of the Internal Revenue Code.
Average Annual Compensation	The average of a Participant's Compensation for the highest three consecutive computation periods up to his/her applicable determination date (e.g., retirement or termination date). If a Participant has fewer than 3 complete computation periods, the Average Annual Compensation equals his/her total Compensation divided by his/her total period of employment. For this purpose, "computation period" is defined as October 1 to September 30.

The Defined Benefit Plan of the Institution for Savings in Newburyport

EIN: 92-1546128 Plan Number: 001

Attachment to 2023 Schedule SB

Part V Summary of Plan Provisions (continued)

Definitions (continued)

Covered Compensation	The 35-year average of Social Security wage bases ending in the year in which the participant first becomes eligible to receive unreduced Social Security Retirement benefits.
Social Security Wage Base	Maximum wages on which Social Security taxes may be imposed for a given year.
Normal Retirement Date (NRD)	First of month coincident with or next following the Participant's 65th birthday.
Normal Retirement	
<i>Eligibility</i>	Retire as of Normal Retirement Date (NRD).
<i>Annual Benefit</i>	Accrued Normal Retirement Benefit.
Accrued Normal Retirement Benefit	The annual pension payable to a Participant who retires on his/ her Normal Retirement Date is equal to the sum of (a) plus (b): (a) 1.25% times Average Annual Compensation up to Covered Compensation times Years of Benefit Service (not exceeding 25 years); plus (b) 1.85% times Average Annual Compensation above Covered Compensation times Years of Benefit Service (not exceeding 25 years).
Early Retirement	
<i>Eligibility</i>	Retire before NRD, and on/after the date which is the earliest of (a), (b), and (c): (a) Age 62; (b) Age 55 and completion of ten Years of Eligibility Service; and (c) Age 50 and completion of fifteen Years of Eligibility Service.
<i>Annual Benefit</i>	Accrued Early Retirement Benefit, reduced by 7% for each year by which the annuity starting date precedes the Participant's NRD.
Accrued Early Retirement Benefit	The annual pension calculated using the formula for "Accrued Normal Retirement Benefit" but based on Average Annual Compensation, Covered Compensation, and Years of Benefit Service as of the Participant's termination date.

The Defined Benefit Plan of the Institution for Savings in Newburyport

EIN: 92-1546128 Plan Number: 001

Attachment to 2023 Schedule SB

Part V Summary of Plan Provisions (continued)

Definitions (continued)

Accrued Deferred Retirement Benefit	As of any date after a Participant's Normal Retirement Date, the greater of (1) and (2): (1) The annual pension calculated using the formula for "Accrued Normal Retirement Benefit" but based on Average Annual Compensation, Covered Compensation, and Years of Benefit Service as of the Participant's Deferred Retirement Date; or (2) The annual pension calculated using the formula for "Accrued Normal Retirement Benefit" increased to its Actuarial Equivalent as of the Participant's Deferred Retirement Date.
Surviving Spouse Death Benefit	If a Participant dies prior to his/her annuity starting date, his/her Beneficiary is entitled to the Actuarial Equivalent of the deceased Participant's accrued pension calculated as of the date of the Participant's death.
Terminated Vested Retirement Benefit <i>Eligibility</i>	Terminate for reasons other than death or retirement with at least two Years of Eligibility Service.
<i>Annual Benefit</i>	Accrued Normal Retirement Benefit, payable at NRD or decreased to its actuarial equivalent on the early commencement date.
Actuarial Equivalence	Actuarial adjustments are generally based on the following assumptions: Mortality: <u>Post-retirement:</u> 1971 Individual Annuity Mortality Table for males, set-back three years. <u>Pre-retirement:</u> None. Interest: <u>Post-retirement:</u> 6.00%. <u>Pre-retirement:</u> 7.00%.
Normal Form of Payment	If not married: Single life annuity. If married: Actuarially equivalent 100% joint and survivor annuity.

The Defined Benefit Plan of the Institution for Savings in Newburyport

EIN: 92-1546128 Plan Number: 001

Attachment to 2023 Schedule SB

Part V Summary of Plan Provisions (continued)

Definitions (continued)

Optional Forms of Payment	Upon valid waiver of the Standard Form of Pension, the Participant may elect one of the following actuarially equivalent forms: (a) Single life annuity; (b) 50% contingent annuitant (benefit reduces on the first death) (c) 67% contingent annuitant (benefit reduces on the first death)*; (d) 100% contingent annuitant (benefit reduces on the first death)*; (e) 10-year certain and continuous annuity; or (f) Lump sum payment. * These forms are also available with a 10-year guarantee.
Lump Sum Conversion Basis	Lump sums are calculated based on the normal form using the published IRS 417(e) mortality and interest rates for the applicable plan year using two month interest lookback from the start of each plan year.
Employee Contributions	None.
Maximum Pay and Benefits	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

The Defined Benefit Plan of the Institution for Savings in Newburyport

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

E.I.N. 92-1546128

Plan Number 001

October 31, 2024

a	b	c	d	e
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
	(UNITS)			
Investment in CBERA Group Trust, a common collective trust	12,964,795 Units of Participation in CBERA Group Trust	\$ 58,199,768	\$ 12,964,795	
* EB Temporary Investment Fund II	(SHARES) 62,670 EB Temporary Investment Fund II, Variable rate, 12/31/2049	62,670	62,670	
TOTAL INVESTMENTS		<u>58,262,438</u>	<u>13,027,465</u>	
Investment in CBERA Group Trust, a common collective trust (The Plan's allocated portion of the Trust's investments since the CBERA Group Trust is not a direct filing entity with the Department of Labor)				
CASH AND LIQUID INVESTMENTS				
	(SHARES)			
* FIDELITY S&P 500	42,951 BNY MELLON CASH RESERVE	42,951	42,951	
* ACADIAN EME	1,556 EB TEMP INV FD	1,556	1,556	
* BR LONG CORPORAT	272 EB TEMP INV FD	272	272	
* INCOME INTERMED CORP	240 EB TEMP INV FD	240	240	
* LGIMA CUSTOM	145,193 EB TEMP INV FD	145,193	145,193	
* FIDELITY S&P 500	8,876 EB TEMP INV FD	8,876	8,876	
* LGIMA TREASURY FUND	409 EB TEMP INV FD	409	409	
* INCOME LONG CORPORAT	347 EB TEMP INV FD	347	347	
* HJ INTERNATIONAL EQ	529 EB TEMP INV FD	529	529	
* COPELAND SMALL CAP	101,344 EB TEMP INV FD	101,344	101,344	
* SELECT EQUITY FUND	730 EB TEMP INV FD	730	730	
* LGIMA CUSTOM	-	550,522	550,522	
* COPELAND SMALL CAP	-	2,422	2,422	
* COPELAND SMALL CAP	-	3,625	3,625	
* COPELAND SMALL CAP	-	441	441	
* LGIMA CUSTOM	-	129,659	129,659	
* LGIMA TREASURY FUND	-	2	2	
* INCOME LONG CORPORAT	-	1	1	
* BR LONG CORPORAT	-	1	1	
* SELECT EQUITY FUND	-	3	3	
* HJ INTERNATIONAL EQ	-	2	2	
* FIDELITY S&P 500	-	34	34	
* INCOME INTERMED CORP	-	1	1	
* ACADIAN EME	-	6	6	
* COPELAND SMALL CAP	-	(14,813)	(14,813)	
TOTAL CASH AND LIQUID INVESTMENTS		<u>974,353</u>	<u>974,353</u>	
ALTERNATIVE INVESTMENT FUNDS				
	(SHARES/UNITS)			
* ACADIAN EME	1,276 ACADIAN EM SM CAP EQ FD	4,032,191	6,204,017	
* SELECT EQUITY FUND	3,319 SELECT EQUITY	4,051,972	5,463,614	
* FIDELITY S&P 500	77,840 SPARTAN 500 INDEX POOL CL C	16,402,171	20,760,037	
* HJ INTERNATIONAL EQ	122,604 HARDMAN JOHNSTON I.E. GROUP	4,416,621	5,275,300	
* INCOME INTERMED CORP	186,378 IR+M INTERMEDIATE CORPORATE	1,787,348	1,916,649	
* BR LONG CORPORAT	268,873 US LONG CORPORATE BOND FUND	4,036,642	4,327,230	
* INCOME LONG CORPORAT	428,501 IR+M LONG CORPORATE COLLECTIVE	4,274,282	3,902,666	
* LGIMA TREASURY FUND	31,885 L&G LONG LIABILITY TREASURY	3,377,614	2,930,509	
TOTAL ALTERNATIVE INVESTMENT FUNDS		<u>42,378,841</u>	<u>50,780,022</u>	
U.S. TREASURY BONDS				
	(PAR VALUE)			
* LEGAL & GENERAL INVESTMENT MANAGEMENT	2,397,844 U S TREASURY BOND	2,238,035	1,241,628	
* LEGAL & GENERAL INVESTMENT MANAGEMENT	740,532 U S TREASURY BOND	618,793	475,962	
* LEGAL & GENERAL INVESTMENT MANAGEMENT	392,482 U S TREASURY BOND	381,146	289,165	
* LEGAL & GENERAL INVESTMENT MANAGEMENT	669,441 U S TREASURY BOND	613,330	495,018	
* LEGAL & GENERAL INVESTMENT MANAGEMENT	371,747 U S TREASURY BOND	302,609	282,193	
* LEGAL & GENERAL INVESTMENT MANAGEMENT	185,133 U S TREASURY BOND	171,565	158,274	
* LEGAL & GENERAL INVESTMENT MANAGEMENT	259,186 U S TREASURY BOND	269,618	238,361	
* LEGAL & GENERAL INVESTMENT MANAGEMENT	266,592 U S TREASURY BOND	260,252	228,997	
* LEGAL & GENERAL INVESTMENT MANAGEMENT	152,550 U S TREASURY BOND	136,064	131,139	
* LEGAL & GENERAL INVESTMENT MANAGEMENT	4,151,424 U S TREASURY BOND	4,436,967	4,251,972	
* LEGAL & GENERAL INVESTMENT MANAGEMENT	192,538 U S TREASURY BOND	202,324	193,532	
* LEGAL & GENERAL INVESTMENT MANAGEMENT	199,944 U S TREASURY BOND	197,737	187,791	
* LEGAL & GENERAL INVESTMENT MANAGEMENT	1,481,065 U S TREASURY BD CPN STRIP	957,034	983,531	
TOTAL U.S. TREASURY BONDS		<u>10,785,474</u>	<u>9,157,563</u>	
U.S. TREASURY BOND FUTURES				
	(CONTRACTS)			
* U.S. TREASURY BOND FUTURES	11 US 10YR ULTRA FUTURE (CBT)	-	(48,775)	
* U.S. TREASURY BOND FUTURES	37 US TRES BD FUTURE (CBT)	-	(248,311)	
* U.S. TREASURY BOND FUTURES	7 US 10YR TRES NTS FUTURE (CBT)	-	(26,725)	
* U.S. TREASURY BOND FUTURES	6 US 5YR TRES NTS FUTURE (CBT)	-	(15,266)	
* U.S. TREASURY BOND FUTURES	1 US 2YR TRES NTS FUT (CBT)	-	(1,060)	
* U.S. TREASURY BOND FUTURES	32 US ULTRA BOND FUTURE (CBT)	-	(216,554)	
TOTAL U.S. TREASURY BOND FUTURES		<u>\$ -</u>	<u>\$ (556,691)</u>	

The Defined Benefit Plan of the Institution for Savings in Newburyport

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

E.I.N. 92-1546128

Plan Number 001

October 31, 2024

EQUITY SECURITIES

	(SHARES)			
AIR LEASE CORP	1,783	SHARES OF COMMON STOCK	\$ 84,045	\$ 79,085
ALLISON TRANSMISSION HOLDINGS	637	SHARES OF COMMON STOCK	30,191	68,023
BWX TECHNOLOGIES INC	801	SHARES OF COMMON STOCK	49,773	97,553
BROOKFIELD INFRASTRUCTURE HOLD	2,230	SHARES OF COMMON STOCK	86,287	91,592
BRUNSWICK CORP/DE	1,020	SHARES OF COMMON STOCK	67,548	81,300
CRA INTERNATIONAL INC	510	SHARES OF COMMON STOCK	55,618	92,852
CABOT CORP	874	SHARES OF COMMON STOCK	66,393	94,225
CASEY'S GENERAL STORES INC	186	SHARES OF COMMON STOCK	39,866	73,180
CHEMED CORP	166	SHARES OF COMMON STOCK	72,122	89,455
CHESAPEAKE UTILITIES CORP	587	SHARES OF COMMON STOCK	53,698	70,363
CIVITAS RESOURCES INC	1,182	SHARES OF COMMON STOCK	63,493	57,664
COGENT COMMUNICATIONS HOLDINGS	610	SHARES OF COMMON STOCK	37,129	48,957
COGNEX CORP	1,802	SHARES OF COMMON STOCK	74,039	72,489
COHEN & STEERS INC	1,071	SHARES OF COMMON STOCK	62,347	105,822
CONCENTRIX CORP	1,064	SHARES OF COMMON STOCK	82,421	45,243
ENCOMPASS HEALTH CORP	1,353	SHARES OF COMMON STOCK	80,528	134,609
ENSIGN GROUP INC/THE	1,050	SHARES OF COMMON STOCK	68,081	162,751
EXP WORLD HOLDINGS INC	4,118	SHARES OF COMMON STOCK	72,795	54,859
FEDERAL AGRICULTURAL MORTGAGE	529	SHARES OF COMMON STOCK	54,870	96,902
FIRSTSERVICE CORP	402	SHARES OF COMMON STOCK	62,378	74,376
HAMILTON LANE INC	933	SHARES OF COMMON STOCK	92,413	167,562
HEALTHSTREAM INC	124	SHARES OF COMMON STOCK	3,606	3,628
HEXCEL CORP	1,241	SHARES OF COMMON STOCK	83,698	72,807
HOME BANCSHARES INC/AR	3,458	SHARES OF COMMON STOCK	66,867	94,377
INSPERITY INC	470	SHARES OF COMMON STOCK	47,386	37,006
IRADIMED CORP	815	SHARES OF COMMON STOCK	34,510	40,149
KFORCE INC	982	SHARES OF COMMON STOCK	59,365	56,747
KINSALE CAPITAL GROUP INC	183	SHARES OF COMMON STOCK	57,784	78,496
KULICKE & SOFFA INDUSTRIES INC	1,526	SHARES OF COMMON STOCK	74,513	68,447
LAKELAND FINANCIAL CORP	1,363	SHARES OF COMMON STOCK	69,348	88,663
LANDSTAR SYSTEM INC	402	SHARES OF COMMON STOCK	55,974	70,601
LEMAITRE VASCULAR INC	1,257	SHARES OF COMMON STOCK	56,404	111,091
LITTELFUSE INC	277	SHARES OF COMMON STOCK	52,529	67,825
MATADOR RESOURCES CO	888	SHARES OF COMMON STOCK	45,399	46,292
MATERION CORP	738	SHARES OF COMMON STOCK	54,877	74,959
NAPCO SECURITY TECHNOLOGIES INC	1,915	SHARES OF COMMON STOCK	85,508	73,678
ATLAS ENERGY SOLUTIONS INC	4,015	SHARES OF COMMON STOCK	83,705	78,600
NEXSTAR MEDIA GROUP INC	477	SHARES OF COMMON STOCK	60,042	83,897
NEXPOINT RESIDENTIAL TRUST INC	1,635	SHARES OF COMMON STOCK	60,758	68,102
NORTHERN OIL & GAS INC	2,385	SHARES OF COMMON STOCK	57,870	86,439
PATRICK INDUSTRIES INC	227	SHARES OF COMMON STOCK	29,051	28,547
POWER INTEGRATIONS INC	1,345	SHARES OF COMMON STOCK	83,749	81,285
PRICESMART INC	881	SHARES OF COMMON STOCK	72,797	73,188
QUAKER CHEMICAL CORP	406	SHARES OF COMMON STOCK	73,874	61,603
SCHNEIDER NATIONAL INC	2,890	SHARES OF COMMON STOCK	70,815	81,725
SHOE CARNIVAL INC	2,133	SHARES OF COMMON STOCK	49,601	73,109
SHUTTERSTOCK INC	1,775	SHARES OF COMMON STOCK	86,848	56,957
STANDEX INTERNATIONAL CORP	623	SHARES OF COMMON STOCK	57,513	114,491
TERRENO REALTY CORP	1,217	SHARES OF COMMON STOCK	75,846	72,950
TETRA TECH INC	1,985	SHARES OF COMMON STOCK	52,796	97,038
TRAVEL + LEISURE CO	1,628	SHARES OF COMMON STOCK	81,349	77,834
UFP INDUSTRIES INC	545	SHARES OF COMMON STOCK	49,490	66,679
UMH PROPERTIES INC	5,038	SHARES OF COMMON STOCK	86,043	93,986
US PHYSICAL THERAPY INC	968	SHARES OF COMMON STOCK	98,900	77,640
UNIFIRST CORP/MA	375	SHARES OF COMMON STOCK	66,902	67,376
UNIVERSAL DISPLAY CORP	416	SHARES OF COMMON STOCK	71,198	74,992
UTZ BRANDS INC	5,562	SHARES OF COMMON STOCK	84,044	95,803
VALMONT INDUSTRIES INC	313	SHARES OF COMMON STOCK	78,038	97,401
WINGSTOP INC	276	SHARES OF COMMON STOCK	57,448	79,337
WINMARK CORP	122	SHARES OF COMMON STOCK	45,993	45,397
WYNDHAM HOTELS & RESORTS INC	747	SHARES OF COMMON STOCK	55,363	65,979
SENSATA TECHNOLOGIES HOLDING P	1,839	SHARES OF COMMON STOCK	75,027	63,169
FERRIGO CO PLC	2,730	SHARES OF COMMON STOCK	92,237	69,967
TOTAL EQUITY SECURITIES			<u>4,061,100</u>	<u>4,877,119</u>

* Party-in-interest

TOTAL INVESTMENTS

\$ 58,199,768 \$ 65,232,366