

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>NEWTOWN SAVINGS BANK DEFINED BENEFIT PENSION PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>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) <u>NEWTOWN SAVINGS BANK</u></p> <p><u>P.O. BOX 497</u> <u>39 MAIN STREET</u> <u>NEWTOWN, CT 06470</u></p>	<p>1c Effective date of plan <u>10/01/1958</u></p> <p>2b Employer Identification Number (EIN) <u>06-0472240</u></p> <p>2c Plan Sponsor's telephone number <u>203-426-4440</u></p> <p>2d Business code (see instructions) <u>522120</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	06/24/2025	JAIME MOSS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	155
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	51
	6a(2)	47
	6b	24
	6c	74
	6d	145
	6e	5
	6f	150
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	

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

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

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

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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 10/01/2023 and ending 09/30/2024

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

A Name of plan <u>NEWTOWN SAVINGS BANK DEFINED BENEFIT PENSION PLAN</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>NEWTOWN SAVINGS BANK</u>	D Employer Identification Number (EIN) <u>06-0472240</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>10</u> Day <u>01</u> Year <u>2023</u>		
2	Assets:		
	a Market value	2a	<u>11977027</u>
	b Actuarial value	2b	<u>13174729</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>27</u>	<u>3178376</u>
	b For terminated vested participants	<u>77</u>	<u>4530419</u>
	c For active participants	<u>51</u>	<u>2837941</u>
	d Total	<u>155</u>	<u>10546736</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.26 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>89000</u>
	c Target normal cost	6c	<u>89000</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>06/24/2025</u>
	<u>JONATHAN DAVID PLUMB</u>	Date
	Type or print name of actuary	<u>23-08701</u>
	<u>USI CONSULTING GROUP</u>	Most recent enrollment number
	Firm name	<u>860-521-8400</u>
	<u>95 GLASTONBURY BLVD, SUITE 102</u> <u>GLASTONBURY, CT 06033</u>	Telephone number (including area code)
	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	2840138
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	2840138
10	Interest on line 9 using prior year's actual return of <u>1.60</u> %	0	45442
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	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>5.45</u> %		0
	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		0
	d Portion of (c) to be added to prefunding balance		
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	2885580

Part III Funding Percentages			
14	Funding target attainment percentage	14	97.55 %
15	Adjusted funding target attainment percentage	15	124.91 %
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	105.66 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a 0
	b Contributions made to avoid restrictions adjusted to valuation date	19b 0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 0
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 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> 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..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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 89000
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	257587		23590	
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 112590
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	112590		112590	
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 0
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 0
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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 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 **10/01/2023** and ending **09/30/2024**

A Name of plan NEWTOWN SAVINGS BANK DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 NEWTOWN SAVINGS BANK	D Employer Identification Number (EIN) 06-0472240	

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)

BANK OF AMERICA

94-1687665

(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	NONE	45220	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)

USI CONSULTING GROUP, INC

06-1053228

(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	NONE	20800	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024	
A Name of plan NEWTOWN SAVINGS BANK DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 NEWTOWN SAVINGS BANK	D Employer Identification Number (EIN) 06-0472240

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	124052	107346
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	360637	286096
(2) U.S. Government securities	1c(2)	1396408	1584552
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	5240350	5148834
(B) All other	1c(3)(B)	4855580	4424490
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(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)		
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	11977027	11551318
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	11977027	11551318

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)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	23704	
(B) U.S. Government securities	2b(1)(B)	1616	
(C) Corporate debt instruments	2b(1)(C)	402595	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		427915
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	8486044	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	8443568	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		42476
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1224388	
(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)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1694779

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2034700	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2034700
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	0	
(3) Recordkeeping fees.....	2i(3)	0	
(4) IQPA audit fees.....	2i(4)	45220	
(5) Investment advisory and investment management fees.....	2i(5)		
(6) Bank or trust company trustee/custodial fees.....	2i(6)		
(7) Actuarial fees.....	2i(7)	20800	
(8) Legal fees.....	2i(8)		
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)		
(11) Other expenses.....	2i(11)	19768	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		85788
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2120488

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-425709
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		7000000
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 535590.

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 **10/01/2023** and ending **09/30/2024**

A Name of plan NEWTOWN SAVINGS BANK DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 NEWTOWN SAVINGS BANK	D Employer Identification Number (EIN) 06-0472240	

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

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

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

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 94-1687665

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	3
--	----------	----------

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

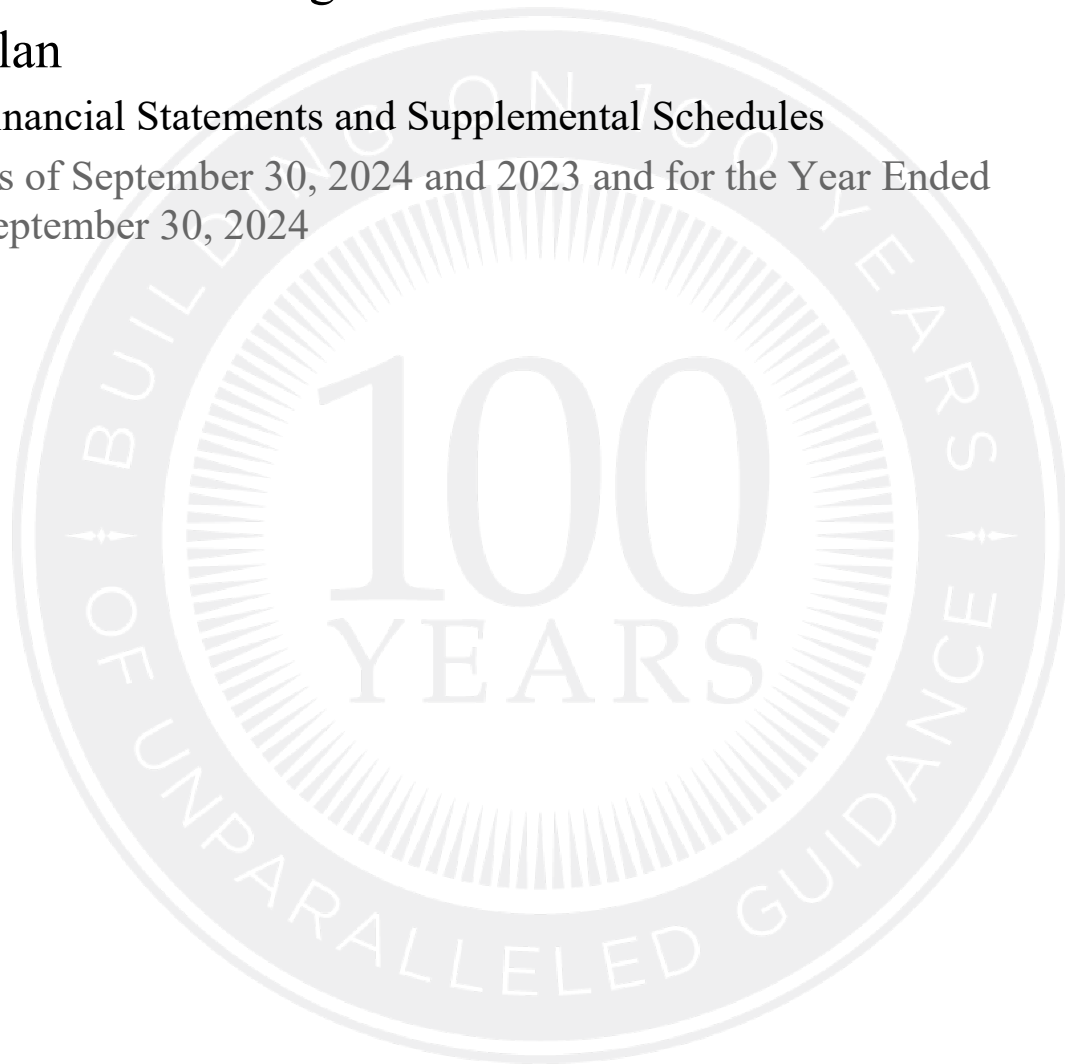
22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.



Newtown Savings Bank Defined Benefit Pension Plan

Financial Statements and Supplemental Schedules

As of September 30, 2024 and 2023 and for the Year Ended
September 30, 2024



Newtown Savings Bank Defined Benefit Pension Plan

E.I.N. 06-0472240 Plan Number 001

Financial Statements and Supplemental Schedules
As of September 30, 2024 and 2023 and for the
Year Ended September 30, 2024

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Independent Auditor's Report

To the Plan Administrator of the Newtown Savings Bank Defined Benefit Pension Plan:

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

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

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

Management has obtained certifications from a qualified institution as of September 30, 2024 and 2023, and for the year ended September 30, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

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

Other Matter - Supplemental Schedules Required by ERISA

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

information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Wolfe + Company, P.C.

Boston, Massachusetts

June 11, 2025

Newtown Savings Bank Defined Benefit Pension Plan

Statements of Net Assets Available for Benefits

As of September 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets:		
Investments, at fair value	\$ 11,443,972	\$ 11,852,975
Accrued interest and dividends	107,346	124,052
Net assets available for benefits	<u>\$ 11,551,318</u>	<u>\$ 11,977,027</u>

See independent auditor's report and notes to financial statements.

Newtown Savings Bank Defined Benefit Pension Plan

Statement of Changes in Net Assets Available for Benefits

Year Ended September 30, 2024

Additions:	
Interest and dividend income	\$ 427,915
Net appreciation in fair value of investments	1,266,864
Total additions	<u>1,694,779</u>
Deductions:	
Benefit payments to participants or beneficiaries	2,034,700
Administrative expenses	85,788
Total deductions	<u>2,120,488</u>
Net decrease	(425,709)
Net assets available for benefits:	
Beginning of year	<u>11,977,027</u>
End of year	<u>\$ 11,551,318</u>

See independent auditor's report and notes to financial statements.

Newtown Savings Bank Defined Benefit Pension Plan

Statements of Accumulated Plan Benefits

As of September 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving benefits	\$ 2,719,644	\$ 2,923,574
Terminated vested participants	3,985,297	4,389,952
Active participants	<u>2,265,021</u>	<u>2,746,319</u>
Totals	<u>\$ 8,969,962</u>	<u>\$ 10,059,845</u>

See independent auditor's report and notes to financial statements.

Newtown Savings Bank Defined Benefit Pension Plan

Statement of Changes in Accumulated Plan Benefits

Year Ended September 30, 2024

Actuarial present value of accumulated plan benefits at the beginning of year:	\$ 10,059,845
Increase (decrease) during the year attributable to:	
Benefits accumulated	495,392
Decrease in discount period	552,511
Benefits paid	(2,034,700)
Changes in actuarial assumptions	<u>(103,086)</u>
Actuarial present value of accumulated plan benefits at the end of the year	<u><u>\$ 8,969,962</u></u>

See independent auditor's report and notes to financial statements.

Newtown Savings Bank Defined Benefit Pension Plan

Notes to Financial Statements

As of September 30, 2024 and 2023 and for the Year Ended September 30, 2024

1. DESCRIPTION OF THE PLAN

The Newtown Savings Bank Defined Benefit Pension Plan (the “Plan”) is a non-contributory, defined benefit pension plan covering certain employees of Newtown Savings Bank (the “Bank” or “Plan Sponsor”). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The following description of the Plan provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

Bank of America, N.A. is the Trustee of the Plan’s assets, and the Bank is the Plan Administrator.

Eligibility and Vesting

Generally, an employee of the Bank hired prior to January 1, 2009, is eligible to participate in the Plan on the first day of the quarter subsequent to the employee’s attainment of age 21 and completion of 1,000 hours of service within a consecutive 12-month period.

Effective December 31, 2008, the Plan was amended to exclude any employee of the Plan Sponsor whose employment commencement date is after December 31, 2008 from participating in the Plan. No new participants may enter the Plan after that date.

Participants vest in their accrued benefits according to the following schedule:

<u>Years of Service</u>	<u>Vested Percentage</u>
Less than five	0%
Five or more	100%

Pension Benefits

The Plan provides monthly retirement benefits to participants beginning the month following attainment of age 65 and five years of Plan participation. An election to retire prior to the normal retirement age is available to participants who are within 10 years of their normal retirement date and have completed 10 years or more of credited service, as defined in the Plan. The normal retirement benefit is calculated based on 2% of the participant’s average compensation, multiplied by years of credited service, up to a maximum of 35 years, with reductions for various items as stated in the Plan. However, effective September 30, 2013, all benefit accruals under the Plan were frozen.

See independent auditor’s report.

Newtown Savings Bank Defined Benefit Pension Plan

If a vested participant dies before starting to receive benefits from the Plan, a death benefit will be payable to the participant's spouse provided that participant and surviving spouse were married for at least one year at time of participant's death. Participants may elect to have benefits paid in the form of a lump-sum payment by selecting this payment option when applying for benefits. This election and spousal consent, if applicable, must be made during the 90-day period before benefit payments commence. Also, if the lump-sum value of a participant's balance is less than \$1,000, the benefit will automatically be distributed to the participant in a lump sum.

Funding Policy

Contributions to the Plan are made by the Bank and are deposited with the Plan's trustee. The Bank's funding policy is to contribute an amount between the minimum required contribution and maximum tax deductible contribution annually, as determined by the Plan's independent actuary. No voluntary employee contributions are permitted. No contributions were required to be made by the Bank for the year ended September 30, 2024. The Plan was in compliance with applicable ERISA minimum funding requirements for the years ended September 30, 2024 and 2023.

The Bank did not make any voluntary contributions to the Plan for the plan year ended September 30, 2024.

Although it has not expressed any intention to do so, the Bank has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

2. SUMMARY OF ACCOUNTING POLICIES

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

Basis of Accounting

The financial statements of the Plan are prepared on the accrual method of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management of the Plan to make estimates and assumptions that affect the reported amounts of assets and 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. The Plan uses an actuary to determine the actuarial present value of accumulated plan benefits. A change in the actuarial assumptions used could significantly change the amount of the actuarial present value of accumulated plan benefits reported in the accompanying financial statements. Actual results could differ from those estimates.

See independent auditor's report.

Newtown Savings Bank Defined Benefit Pension Plan

Investment Valuations and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by its investment advisor and custodian. See Note 4 for discussion of fair value measurements.

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

Benefit Payments

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

All administrative expenses are payable from the Plan's assets. The Bank may pay Plan expenses directly, but it is not required to do so. Expenses that are paid directly by the Bank are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan, are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation (depreciation) in fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments that are attributable under the Plan to service and salaries that employees have earned to date. The actuarial present value is the discounted amount that results from applying actuarial assumptions for investment return and for the probabilities of death, withdrawal, and retirement between the valuation date and the expected date of payment. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are accumulated based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

See independent auditor's report.

Newtown Savings Bank Defined Benefit Pension Plan

The actuarial present value of accumulated plan benefits is determined by the Plan’s actuary 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 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 the Plan’s benefits.

The more significant assumptions underlying the actuarial computations are as follows:

	2024	2023
Actuarial cost method	Unit Credit Actuarial Cost Method	Unit Credit Actuarial Cost Method
Retirement age	Rates of Retirement	Rates of Retirement
Mortality basis	PRI-2012/MP-2021 Mortality Table with Separate Male and Female rates	PRI-2012/MP-2021 Mortality Table with Separate Male and Female rates
Annual investment returns	6.10%	6.10%
Discount rate	6.10%	6.10%
Discount rate – lump sum	5.25%	5.00%

Changes in assumptions include a change in the discount rates.

3. CERTIFIED INVESTMENT INFORMATION

Certain information in the accompanying financial statements and ERISA-required supplemental schedules related to investments held and accrued interest and dividends as of September 30, 2024 and 2023, and net appreciation in fair value of investments and interest and dividends for the year ended September 30, 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by Bank of America, N.A., a qualified institution.

4. FAIR VALUE MEASUREMENTS

The framework defines fair value as 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 and sets out a fair value hierarchy. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Inputs are broadly defined as assumptions market participants would use in pricing an asset or liability. The three levels of the fair value hierarchy are described below:

Level 1 – Valuation is based on quoted prices in active markets for identical assets. Valuations are obtained from readily available pricing sources for market transactions involving identical assets.

See independent auditor’s report.

Newtown Savings Bank Defined Benefit Pension Plan

Level 2 – Valuation is based on observable inputs other than Level 1 prices, such as quoted prices for similar assets; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets.

Level 3 – Valuation is based on unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets. Level 3 assets include financial instruments whose value is determined using unobservable inputs to pricing models, discounted cash flow methodologies, or similar techniques, as well as instruments for which the determination of fair value requires significant management judgment or estimation.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at September 30, 2024 and 2023:

Money Market Funds: Valued at the net asset value of shares held by the Plan.

Corporate Bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under the discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that are not observable, such as credit and liquidity risks or a broker quote, if available.

U.S. Treasury Bonds: Valued using pricing models maximizing the use of observable inputs for similar securities.

Newtown Savings Bank Defined Benefit Pension Plan

The following table reflects the Plan assets by fair value hierarchy levels as of September 30, 2024 and 2023:

	September 30, 2024			Fair Value
	Level 1	Level 2	Level 3	
Money market funds	\$ -	\$ 286,096	\$ -	\$ 286,096
Corporate bonds	-	9,573,324	-	9,573,324
U.S treasury bonds	-	1,584,552	-	1,584,552
Totals	\$ -	\$ 11,443,972	\$ -	\$ 11,443,972

	September 30, 2023			Fair Value
	Level 1	Level 2	Level 3	
Money market funds	\$ -	\$ 360,637	\$ -	\$ 360,637
Corporate bonds	-	10,095,929	-	10,095,929
U.S treasury bonds	-	1,396,409	-	1,396,409
Totals	\$ -	\$ 11,852,975	\$ -	\$ 11,852,975

5. PLAN TERMINATION

In the event the Plan terminates, all participants with respect to whom the Plan has been completely or partially terminated, will become fully vested in their accrued benefits as of the date of termination. Benefits will be paid solely from and only to the extent Plan assets are available to provide benefits or as may be guaranteed by Pension Benefit Guaranty Corporation (PBGC), a U.S. government agency. As prescribed by ERISA and its related regulations, the benefits would be provided in the following order:

- First, toward the payment of that portion of each individual's accrued benefit derived from voluntary and rollover contributions, if any.
- Second, toward the payment of that portion of each individual's accrued benefit derived from mandatory contributions, if any.
- Third, benefits former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits under the Plan, subject to certain limitations specified in the Plan document.
- Fourth, other vested benefits insured by PBGC up to the applicable limitations.
- Fifth, all other non-forfeitable benefits under the Plan.

Finally, all other benefits under the Plan.

Any residual assets of the Plan would be distributed to the Bank after all liabilities to Plan members and their beneficiaries had been satisfied.

See independent auditor's report.

Newtown Savings Bank Defined Benefit Pension Plan

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

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

6. TAX STATUS

The Internal Revenue Service issued a favorable determination letter on February 1, 2017 stating that the Plan qualifies under Section 401(a) of the Internal Revenue Code (IRC) and is, therefore, not subject to tax under present federal income tax laws. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification.

The Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require the Plan's management to evaluate tax positions taken by the Plan. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax exempt status and had taken no uncertain tax positions that require recognition or disclosure in the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. With a few exceptions, the Plan is no longer subject to income tax examinations by the U.S. federal, state or local tax authorities for years before 2021.

7. RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are/were managed by the Trustee and, therefore, these transactions qualify as party-in-interest transactions. The Plan paid recordkeeping and Trustee fees to the Trustee during 2024. The Plan Sponsor also provides certain administrative services at no cost to the Plan.

8. RISKS AND UNCERTAINTIES

The Plan provides for various investment options. Investments are exposed to various risks, such as interest rate, market and credit ratings. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

See independent auditor's report.

Newtown Savings Bank Defined Benefit Pension Plan

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.

9. SUBSEQUENT EVENTS

The Bank has evaluated events through June 11, 2025, the date on which the financial statements were available to be issued. There were no subsequent events that require adjustment to or disclosure in the financial statements.

Newtown Savings Bank Defined Benefit Pension Plan

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

E.I.N. 06-0472240 Plan Number 001

September 30, 2024

a	b	c	d
Shares/ Par Value	Identity of Issue, Borrower, Lessor or Similar Party	Cost	Fair Value
Money market funds:			
285,512	Federated Hermes Govt Obligations Fd Cl Prem	\$ 285,512	\$ 285,512
584	Bank Of America Temporary	584	584
		<u>286,096</u>	<u>286,096</u>
Corporate bonds:			
30,000	Abbott Laboratories	30,057	30,546
160,000	Abbvie Inc	197,682	149,413
100,000	Aercap Ireland Cap/Global Co	101,357	90,250
195,000	Alabama Power Co	236,022	162,320
200,000	Alphabet Inc	136,972	142,826
85,000	Amazon.Com Inc	86,108	88,364
140,000	American Intl Group	180,790	128,096
65,000	American Tower Corp	65,495	55,995
145,000	Amgen Inc	105,753	115,714
40,000	Amgen Inc	39,972	42,221
115,000	Anheuser-Busch Co/Inbev	104,596	113,257
35,000	Anheuser-Busch Inbev Wor	37,732	39,434
145,000	Anthem Inc	95,761	102,840
160,000	Apple Inc	124,614	110,022
60,000	AT&T Inc	41,265	43,886
140,000	AT&T Inc	104,126	114,576
65,000	Autozone Inc	64,014	54,848
90,000	Bank Of Ny Mellon Corp	102,683	88,592
110,000	Becton Dickinson And Co	88,134	89,054
110,000	Capital One Financial Co	120,548	108,603
150,000	Charles Schwab Corp	150,941	142,889
90,000	Cigna Corp	64,493	66,132
165,000	Citigroup Inc	212,639	154,818
185,000	Comcast Corp	150,159	154,516
165,000	ConocoPhillips Company	150,977	132,309
130,000	Constellation Brands Inc	127,538	131,356
120,000	CSX Corp	105,371	110,933
55,000	CVS Health Corp	51,780	51,958
55,000	CVS Health Corp	56,064	56,064
85,000	Diageo Capital Plc	78,690	82,537
50,000	Dowdupont Inc	49,193	54,448
155,000	DTE Electric Co	169,212	140,325
170,000	Duke Energy Corp	124,199	133,895
145,000	Energy Transfer Partners	162,169	148,454
135,000	Enterprise Products Operating	164,097	128,659
115,000	EOG Resource Inc	135,856	110,893
130,000	Exelon Corp	162,050	115,700
60,000	Fifth Third Bancorp	55,199	57,641
85,000	Goldman Sachs Group Inc	97,014	84,266
110,000	HCA Inc	94,502	104,446
140,000	Home Depot Inc	129,368	127,893
80,000	Hp Enterprise Co	79,992	80,067
125,000	IBM Corp	123,441	126,745
230,000	JPMorgan Chase & Co	214,031	177,309
95,000	Kinder Morgan Inc/Delaware	107,845	94,568
45,000	Kroger Co	45,918	45,239
100,000	Kraft Heinz Foods Co	92,252	94,254
65,000	L3Harris Tech Inc	65,569	55,339
160,000	Louisville Gas & Elec	200,647	136,691
160,000	Lowe's Cos Inc	103,235	108,766
130,000	LYB Int Finance III Company	136,423	96,886
85,000	Manufacturers & Traders	90,975	84,286
130,000	McDonald's Corp	96,572	102,415
170,000	Medtronic Inc	228,897	169,033
95,000	Meta Platforms Inc	91,783	102,998
185,000	Metlife Inc	228,644	161,335
100,000	Microsoft Corp	70,904	68,643
70,000	Microsoft Corp	61,187	62,180

See independent auditor's report.

Newtown Savings Bank Defined Benefit Pension Plan

150,000	Morgan Stanley	201,224	138,509
77,000	Nextera Energy Capital	76,605	73,125
55,000	Nisource Inc	63,649	52,812
105,000	Norfolk Southern Corp	101,076	104,708
160,000	Northern Trust Corp	165,365	142,614
105,000	Northrop Grumman Corp	128,409	90,335
240,000	Nstar Electric Co	231,744	204,566
65,000	Oracle Corp	53,626	58,783
120,000	Oracle Corp	95,593	106,175
95,000	Parker-Hannifin Corp	94,932	96,079
75,000	Pepsico Inc	63,790	62,904
155,000	Philip Morris Intl Inc	124,651	135,831
145,000	PNC Financial Services	159,499	141,015
45,000	Public Storage	42,246	46,518
120,000	Regions Financial Corp	126,293	117,886
125,000	Republic Services Inc	124,094	103,889
45,000	Simon Property Group LP	48,769	53,584
45,000	State Street Corp	47,760	44,884
145,000	Takeda Pharmaceutical	106,978	112,738
215,000	Target Corp	196,091	152,403
155,000	Texas Instruments Inc	133,641	138,175
150,000	T-Mobile USA Inc	113,351	108,893
60,000	T-Mobile USA Inc	48,200	51,768
195,000	Total Capital Intl SA	205,165	141,209
100,000	Toyota Motor Credit Corp	116,989	95,908
85,000	Truist Financial Corp	87,009	82,645
130,000	Union Pacific Corp	101,210	105,327
105,000	United Technologies Corp	120,040	104,735
155,000	Unitedhealth Group	227,270	170,884
95,000	USD AstraZeneca PLC	88,046	88,872
115,000	USD Canadian Pacific	101,685	101,193
30,000	Verizon Communications	27,616	29,171
100,000	Verizon Communications	111,934	94,234
235,000	Virginia Elec & Power Co	268,423	170,972
155,000	Wells Fargo & Company	114,105	122,237
		10,710,585	9,573,324
	U.S. treasury bonds:		
190,000	U.S. Treasury Note	176,989	184,724
75,000	U.S. Treasury Bd Prin Strip	20,708	23,396
555,000	U.S. Treasury Bd Prin Strip	179,531	175,125
550,000	U.S. Treasury Bd Prin Strip	221,763	177,293
720,000	U.S. Treasury Bd Prin Strip	279,503	241,927
425,000	U.S. Treasury Bd Prin Strip	140,333	149,362
480,000	U.S. Treasury Bd Prin Strip	152,341	171,816
170,000	U.S. Treasury Bd Prin Strip	63,162	62,742
130,000	U.S. Treasury Bd Prin Strip	49,330	48,602
425,000	U.S. Treasury Bd Prin Strip	189,644	174,382
565,000	U.S. Treasury Strip	199,072	175,183
		1,672,376	1,584,552
	Total	\$ 12,669,057	\$ 11,443,972

The above information has been certified by Bank of America, N.A., the trustee, as complete and accurate. There were no assets which were both acquired and disposed of during the plan year.

See independent auditor's report.

Newtown Savings Bank Defined Benefit Pension Plan

Schedule H, Line 4j - Schedule of Reportable Transactions

E.I.N. 06-0472240 Plan Number 001

Year Ended September 30, 2024

Description	Purchases	Sales Proceeds	Cost of Assets	Net Gain (Loss)
<u>Category (1)</u> - A single transaction in excess of 5% of plan assets:				
Federated Hermes Gov't Obligations Fd Cl Prem	\$ 625,000	\$ -	\$ 625,000	\$ -
Federated Hermes Gov't Obligations Fd Cl Prem	799,697	-	799,697	-
Federated Hermes Gov't Obligations Fd Cl Prem	1,000,000	-	1,000,000	-
Federated Hermes Gov't Obligations Fd Cl Prem	-	625,000	625,000	-
Federated Hermes Gov't Obligations Fd Cl Prem	-	603,245	603,245	-
Federated Hermes Gov't Obligations Fd Cl Prem	-	1,000,000	1,000,000	-
Federated Hermes Gov't Obligations Fd Cl Prem	-	1,052,055	1,052,055	-
BofA Temporary Overnight Deposit	625,000	-	625,000	-
BofA Temporary Overnight Deposit	1,000,000	-	1,000,000	-
BofA Temporary Overnight Deposit	-	625,000	625,000	-
BofA Temporary Overnight Deposit	-	1,000,000	1,000,000	-

Category (2) - A series of transactions with the same person involving property other than securities and aggregating to more than 5% of plan assets

None

Category (3) - A series of securities transactions in excess of 5% of plan assets:

Federated Hermes Gov't Obligations Fd Cl Prem (80 purchases, 42 sales)	4,270,597	4,344,623	8,615,220	-
BofA Temporary Overnight Deposit (18 purchases, 18 sales)	2,012,179	2,012,695	4,024,874	-

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

None

The above information has been certified by Bank of America, N.A., the trustee, as complete and accurate.

See independent auditor's report.

**Attachment to Schedule SB (2023 Form 5500)
Line 26a - Schedule of Active Participant Data**

Newtown Savings Bank Defined Benefit Pension Plan
EIN: 06-0472240 PN: 001

Attained Age	Completed Years of Credited Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 and over	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25																				
25 to 29																				
30 to 34																				
35 to 39							2		4		1									
40 to 44							1		6		2									
45 to 49							1		5		2		1							
50 to 54					1		1		4		1		1		1					
55 to 59							2		2		2		1		1					
60 to 64									1		3						1			
65 to 69									2		1									
70 & up											1									



Description of Actuarial Methods

Asset Valuation Method

The Actuarial Value of assets used in the development of plan contributions phases in recognition of the difference between the actual return on Market Value and the expected return on Market Value over a three-year period at 33.33% per year. The Actuarial Value is adjusted, if necessary, to comply with the IRC Sec. 430 requirement that the Actuarial Value of assets be within the range of 90% to 110% of the Market Value of assets. This method is equivalent to the smoothed market value method without phase-in described in Approval 3.16 of Revenue Procedure 2000-40. This was first used for the 2008 valuation.

Actuarial Cost Method

Funding Target Liability: Unit Credit Actuarial Cost Method.

Maximum Liability: Projected Unit Credit Actuarial Cost Method. The allocation of projected benefits between past years and future years is in proportion to the applicable rates of benefit accrual under the Plan.



Description of Actuarial Assumptions

Changes in Actuarial Assumptions as of October 1, 2023

The valuation reflects changes in the actuarial assumptions listed below. (The assumptions used before and after these changes are more fully described in the next section.)

- Mortality

With the exception of the valuation interest rate, the assumptions indicated were changed to represent the Enrolled Actuary's current best estimate of anticipated experience of the Plan.

Interest Rates

The American Rescue Plan Act of 2021 (ARPA) was signed into law on March 11, 2021. ARPA continues to use a 24-month bond averaging period methodology for determining the segmented interest rates used in the calculation of the Plan's target liability and a corridor based on a 25-year bond averaging period. However, now the corridor based on 25-year average segment rates and the applicable minimum and maximum percentages used for purposes of calculating the Plan's target liability to adjust the 24-month average segment rates has been extended. In addition, any 25-year average segment rate that is less than 5% is deemed to be 5%.

The Infrastructure Investment and Jobs Act was signed into law on November 15, 2021 that further extended funding stabilization. The corridors under the new laws are as follows:

<u>Corridor After ARPA</u>		<u>Corridor after Infrastructure Investment and Jobs Act</u>	
<u>Years</u>	<u>Corridor</u>	<u>Years</u>	<u>Corridor</u>
2020-2021	95% to 105% if not deferred	2020-2021	95% to 105% if not deferred
2022-2025	95%-105%	2022-2030	95%-105%
2026	90%-110%	2031	90%-110%
2027	85%-115%	2032	85%-115%
2028	80%-120%	2033	80%-120%
2029	75%-125%	2034	75%-125%
2030+	70%-130%	2035+	70%-130%

The corridor rates are used for purposes of the calculation of the Plan's minimum required contribution and the determination of the Plan's AFTAP certification, but cannot be reflected in the calculation of the Plan's maximum tax deductible contribution or the PBGC variable premium liability. This report reflects the rates under ARPA as allowed under current legislation.

Valuation: Segment rates for the 4th month preceding the Valuation Date (i.e., June). The rates are shown below.

Segment	2023-2024		2022-2023	
	Before Adjustment	After Adjustment	Before Adjustment	After Adjustment
1st	3.03%	4.75%	1.02%	4.75%
2nd	4.11%	5.00%	2.80%	5.18%
3rd	4.27%	5.74%	3.38%	5.92%



Interest Rates (cont.)

The rates before adjustment are the standard 24-month segment rates determined under any prior interest rate relief laws. They are used in the determination of the Plan’s maximum tax deductible contribution.

The rates after adjustment reflect the application of the applicable corridor around the 25-year average rates. They are used in the determination of the Plan’s minimum required contribution and AFTAP for benefit restriction purposes.

PBGC premium: Valuation basis, before adjustment, last elected for the 2012 plan year.

Expected Return for Asset Smoothing

Year	Assumption	Not to Exceed
2023	6.10%	5.74%
2022	6.40%	5.92%
2021	5.30%	5.47%
2020	5.30%	5.94%
2019	7.00%	6.11%

The expected long-term rate of return on assets is estimated using the Plan Sponsor’s long-term target asset allocation and the long-term capital market assumption for each asset class in that allocation provided by the pension fund’s investment advisor.

Mortality

RP-2014 Adjusted to 2006 Total Dataset Mortality Table projected to valuation date with Scale MP-2021. Separate tables for annuitants and non-annuitants.

(Prior: RP-2014 Adjusted to 2006 Total Dataset Mortality Table projected to valuation date with Scale MP-2020. Separate tables for annuitants and non-annuitants.)

Mortality Improvement

Projected to date of decrement using Scale MP-2021 (generational).

(Prior: Projected to date of decrement using Scale MP-2020 (generational).)

The mortality assumption above and the lump sum mortality assumption described below were updated to the latest approved tables. The changes in assumption decreased liabilities by about 0.51%.

Lump sum basis

Mortality: IRS 2023 Applicable Mortality Table for 417(e) dynamic.

(Prior Mortality: IRS 2022 Applicable Mortality Table for 417(e) dynamic.)

Interest Rates: Valuation Basis.

Inflation

2.50%.

This assumption is based on long term historical inflation numbers. While near term averages have been lower, we do not believe this trend will continue indefinitely and expect that there will be a reversion to the long-term average.



Salary Scale (including inflation)

N/A.

Increases in IRC Sec. 401(a)(17) compensation limit

As required by law, no increases are assumed.

Increases in IRC Sec. 415(b) limit on benefits

As required by law, no increases are assumed.

Retirement

For Actives and Terminated Vested:

Age	Rate
55-61	1.0%
62	10.0%
63-64	5.0%
65-69	75.0%
70+	100.0%

Termination prior to retirement

Vaughn Select and Ultimate Table, sample rates:

Age	Service			
	0	1	2	3+
25	27.8%	22.5%	18.5%	13.6%
30	25.8	20.0	16.0	10.1
35	23.8	17.8	13.8	7.9
40	21.8	15.8	11.8	6.5
45	19.8	14.1	10.1	5.5
50	17.8	12.6	8.6	4.5
55+	0.0	0.0	0.0	0.0

The actuarial assumption in regards to rates of decrement shown above are based on standard tables modified for certain plan features such as eligibility for full and early retirement where applicable and input from the plan sponsor.

Pre-retirement death costs for terminated vested employees

Valued explicitly.

Form of payment election

Actives: 75% are assumed to elect a lump sum payment and 25% a life annuity.

Terminated vested: 75% are assumed to elect a lump sum payment and 25% a life annuity.

This assumption is based on a review of actual experience for the period 2015 through 2020.

Administrative expenses

As prescribed by the IRS, estimated administrative expenses have been added to the target normal cost.



Percent of active employees married

85% of males and 85% of females.

Spouse's age

Husbands are assumed to be 3 years older than wives.

Newtown Savings Bank Defined Benefit Pension Plan

Schedule H, Line 4j - Schedule of Reportable Transactions

E.I.N. 06-0472240 Plan Number 001

Year Ended September 30, 2024

Description	Purchases		Sales Proceeds		Cost of Assets		Net Gain (Loss)
	\$		\$		\$		
<u>Category (1)</u> - A single transaction in excess of 5% of plan assets:							
Federated Hermes Gov't Obligations Fd Cl Prem							
Federated Hermes Gov't Obligations Fd Cl Prem							
Federated Hermes Gov't Obligations Fd Cl Prem							
Federated Hermes Gov't Obligations Fd Cl Prem							
Federated Hermes Gov't Obligations Fd Cl Prem							
Federated Hermes Gov't Obligations Fd Cl Prem							
Federated Hermes Gov't Obligations Fd Cl Prem							
Federated Hermes Gov't Obligations Fd Cl Prem							
BofA Temporary Overnight Deposit							
BofA Temporary Overnight Deposit							
BofA Temporary Overnight Deposit							
BofA Temporary Overnight Deposit							
<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:							
Federated Hermes Gov't Obligations Fd Cl Prem (80 purchases, 42 sales)							
BofA Temporary Overnight Deposit (18 purchases, 18 sales)							
<u>Category (4)</u> - A single transaction with the same person in excess of 5% of plan assets:							
None							

The above information has been certified by Bank of America, N.A., the trustee, as complete and accurate.

See independent auditor's report.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	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> <hr/> 2023 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024


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

A Name of plan Newtown Savings Bank Defined Benefit Pension Plan	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Newtown Savings Bank	D Employer Identification Number (EIN) 06-0472240	
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>10</u> Day <u>01</u> Year <u>2023</u>			
2 Assets:			
a Market value.....	2a	11,977,027	
b Actuarial value	2b	13,174,729	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	27	3,178,376	3,178,376
b For terminated vested participants.....	77	4,530,419	4,530,419
c For active participants.....	51	2,837,941	2,837,941
d Total	155	10,546,736	10,546,736
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	5.26%	
6 Target normal cost			
a Present value of current plan year accruals.....	6a	0	
b Expected plan-related expenses	6b	89,000	
c Target normal cost.....	6c	89,000	

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>06/24/2025</u> Date
	Jonathan David Plumb Type or print name of actuary	2308701 Most recent enrollment number
	USI Consulting Group Firm name	860-521-8400 Telephone number (including area code)
	95 Glastonbury Blvd, Suite 102 Glastonbury CT 06033 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
------------------------	------------------------	------------------------	---

b Applicable month (enter code)..... **21b** 4

22 Weighted average retirement age **22** 64

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	89,000
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	257,587	23,590
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	112,590
--	-----------	---------

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....		112,590	112,590

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** 0

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

a Total (excess, if any, of line 37 over line 36)	38a	0
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

**Attachment to 2023 Form 5500 Schedule SB
Line 22 --Weighted Average Retirement Age**

Plan Name Newtown Savings Bank Defined Benefit Pension Plan
Sponsor's EIN 06-0472240
Plan No. 001

Calculation of Weighted Average Retirement Age
(ignoring other sources of terminations)

Age	Rates of Retirement	Lives	(a)	(b)
			Retirements	Retirements x Age
55	0.0100	1,000	10	550
56	0.0100	990	10	554
57	0.0100	980	10	559
58	0.0100	970	10	563
59	0.0100	961	10	567
60	0.0100	951	10	571
61	0.0100	941	9	574
62	0.1000	932	93	5,779
63	0.0500	839	42	2,642
64	0.0500	797	40	2,550
65	0.7500	757	568	36,907
66	0.7500	189	142	9,369
67	0.7500	47	35	2,378
68	0.7500	12	9	603
69	0.7500	3	2	153
70	1.0000	1	1	52
Total			1,000	64,370

Weighted Average Retirement Age: (b) / (a) = **64**



Summary of Plan Provisions

This exhibit summarizes the major provisions of the Plan. It is not intended to be, nor should it be interpreted as a complete statement of all plan provisions. To the extent that this summary does not accurately reflect the plan provisions, then the results of this valuation may not be accurate.

Effective date

October 1, 1958.

Plan year

12-month period beginning October 1.

Participation

An employee becomes a plan participant on the January 1, April 1, July 1 or October 1 following age 21 and completion of 12 months of employment of at least 1,000 hours of service.

Employment prior to April 1, 2004 with Sirianni Mortgage Corporation is included for the purpose of determining plan eligibility. Any employee hired after December 31, 2008 shall not become a participant in the Plan.

Vesting Service

Each plan year of at least 1,000 hours of service, beginning at date of hire, but excluding any full plan year prior to age 18.

Credited Service

Each plan year of at least 1,000 hours of service, beginning at date of hire. In year of hire or year of termination if worked less than 1,000 hours of service, a partial year, equal to completed months is earned, provided a Participant averages 83 Hours of Service per month.

Total Credited Service is limited to 35 years.

Credited Service is frozen as of September 30, 2013.

Prior Bank Service

The total number of years of service with a Connecticut mutual savings bank subsequent to age 21 shall be credited. (Subject to the overall maximum.) Employees hired on or after December 22, 1993 will not receive credit for prior bank service.

Compensation

Wages and other compensation as reported in Box 1 of IRS Form W-2. Compensation also includes Participant contributions under IRC Sections 125 and 401(k), 408(k)(6), 403(b); Code 457(b) deferrals and Code Section 414(h)(2) employee contribution. Compensation is limited as required by law.

For terminations after September 30, 2002, the \$200,000 compensation limit will be applied retroactively to compensation for plan years prior to 2002-2003.

Compensation after September 30, 2013 shall not be taken into account.



Final Average Compensation

The average of the 36 consecutive months of employment which produce the highest average. Compensation after September 30, 2013 shall not be taken into account.

Accrued benefit

2% of Final Average Compensation times Years of Credited Service, minus, the sum of, a) the Actuarial Equivalent of the Participant's vested Regular Account (profit sharing) under the 401(k) Plan plus, b) the Actuarial Equivalent of any vested retirement or disability benefit payable to a Participant who has earned Prior Bank Service Credit from participation in a pension plan of a Connecticut mutual savings bank.

Normal retirement

Eligibility: The first day of the month coincident with or next following the later of age 65, or the 5th anniversary of date of participation.

Benefit: Accrued benefit as of normal retirement date.

Early retirement

Eligibility: The last day of any month within 10 years of Normal Retirement Date provided 10 years of Credited Service have been completed.

Benefit: Accrued benefit as of early retirement date.

Reduction factors: 1/15 for each of the first 5 years, and 1/30 for each of the next 5 years, by which benefit commencement precedes normal retirement.

Late retirement benefit

The greater of a) the accrued benefit as of late retirement date or b) the Actuarial Equivalent of the benefit calculated as of the later of Normal Retirement Date or the end of the prior Plan Year.

Termination prior to retirement

Vesting schedule: 100% after completion of 5 years of Vesting Service.

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

Death prior to retirement

Eligibility: Completion of at least 5 years of Vesting Service.

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

Disability retirement

No Disability Retirement provision.



Form of benefit

Normal form: Life annuity. (For married participants, Normal Form will be payable as an actuarially equivalent 50% joint and survivor annuity.)

Optional forms: Life annuity, 100%, 75% or 50% joint and survivor annuity with spouse, a life annuity guaranteed for the first 10 years, or an actuarial equivalent lump sum.

Automatic lump sum: Payable immediately, without participant or spousal consent, if the present value is \$1,000 or less.

Actuarial equivalence for optional forms, other than lump sums

Interest: 7% per year.

Mortality: UP-1984, set back 2 years for participants and 5 years for beneficiaries.

Newtown Savings Bank Defined Benefit Pension Plan

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

E.I.N. 06-0472240 Plan Number 001

September 30, 2024

a	b	c	d
Shares/ Par Value	Identity of Issue, Borrower, Lessor or Similar Party	Cost	Fair Value
Money market funds:			
285,512	Federated Hermes Govt Obligations Fd Cl Prem	\$ 285,512	\$ 285,512
584	Bank Of America Temporary	584	584
		<u>286,096</u>	<u>286,096</u>
Corporate bonds:			
30,000	Abbott Laboratories	30,057	30,546
160,000	Abbvie Inc	197,682	149,413
100,000	Aercap Ireland Cap/Global Co	101,357	90,250
195,000	Alabama Power Co	236,022	162,320
200,000	Alphabet Inc	136,972	142,826
85,000	Amazon.Com Inc	86,108	88,364
140,000	American Intl Group	180,790	128,096
65,000	American Tower Corp	65,495	55,995
145,000	Amgen Inc	105,753	115,714
40,000	Amgen Inc	39,972	42,221
115,000	Anheuser-Busch Co/Inbev	104,596	113,257
35,000	Anheuser-Busch Inbev Wor	37,732	39,434
145,000	Anthem Inc	95,761	102,840
160,000	Apple Inc	124,614	110,022
60,000	AT&T Inc	41,265	43,886
140,000	AT&T Inc	104,126	114,576
65,000	Autozone Inc	64,014	54,848
90,000	Bank Of Ny Mellon Corp	102,683	88,592
110,000	Becton Dickinson And Co	88,134	89,054
110,000	Capital One Financial Co	120,548	108,603
150,000	Charles Schwab Corp	150,941	142,889
90,000	Cigna Corp	64,493	66,132
165,000	Citigroup Inc	212,639	154,818
185,000	Comcast Corp	150,159	154,516
165,000	ConocoPhillips Company	150,977	132,309
130,000	Constellation Brands Inc	127,538	131,356
120,000	CSX Corp	105,371	110,933
55,000	CVS Health Corp	51,780	51,958
55,000	CVS Health Corp	56,064	56,064
85,000	Diageo Capital Plc	78,690	82,537
50,000	Dowdupont Inc	49,193	54,448
155,000	DTE Electric Co	169,212	140,325
170,000	Duke Energy Corp	124,199	133,895
145,000	Energy Transfer Partners	162,169	148,454
135,000	Enterprise Products Operating	164,097	128,659
115,000	EOG Resource Inc	135,856	110,893
130,000	Exelon Corp	162,050	115,700
60,000	Fifth Third Bancorp	55,199	57,641
85,000	Goldman Sachs Group Inc	97,014	84,266
110,000	HCA Inc	94,502	104,446
140,000	Home Depot Inc	129,368	127,893
80,000	Hp Enterprise Co	79,992	80,067
125,000	IBM Corp	123,441	126,745
230,000	JPMorgan Chase & Co	214,031	177,309
95,000	Kinder Morgan Inc/Delaware	107,845	94,568
45,000	Kroger Co	45,918	45,239
100,000	Kraft Heinz Foods Co	92,252	94,254
65,000	L3Harris Tech Inc	65,569	55,339
160,000	Louisville Gas & Elec	200,647	136,691
160,000	Lowe's Cos Inc	103,235	108,766
130,000	LYB Int Finance III Company	136,423	96,886
85,000	Manufacturers & Traders	90,975	84,286
130,000	McDonald's Corp	96,572	102,415
170,000	Medtronic Inc	228,897	169,033
95,000	Meta Platforms Inc	91,783	102,998
185,000	Metlife Inc	228,644	161,335
100,000	Microsoft Corp	70,904	68,643
70,000	Microsoft Corp	61,187	62,180

See independent auditor's report.

Newtown Savings Bank Defined Benefit Pension Plan

150,000	Morgan Stanley	201,224	138,509
77,000	Nextera Energy Capital	76,605	73,125
55,000	Nisource Inc	63,649	52,812
105,000	Norfolk Southern Corp	101,076	104,708
160,000	Northern Trust Corp	165,365	142,614
105,000	Northrop Grumman Corp	128,409	90,335
240,000	Nstar Electric Co	231,744	204,566
65,000	Oracle Corp	53,626	58,783
120,000	Oracle Corp	95,593	106,175
95,000	Parker-Hannifin Corp	94,932	96,079
75,000	Pepsico Inc	63,790	62,904
155,000	Philip Morris Intl Inc	124,651	135,831
145,000	PNC Financial Services	159,499	141,015
45,000	Public Storage	42,246	46,518
120,000	Regions Financial Corp	126,293	117,886
125,000	Republic Services Inc	124,094	103,889
45,000	Simon Property Group LP	48,769	53,584
45,000	State Street Corp	47,760	44,884
145,000	Takeda Pharmaceutical	106,978	112,738
215,000	Target Corp	196,091	152,403
155,000	Texas Instruments Inc	133,641	138,175
150,000	T-Mobile USA Inc	113,351	108,893
60,000	T-Mobile USA Inc	48,200	51,768
195,000	Total Capital Intl SA	205,165	141,209
100,000	Toyota Motor Credit Corp	116,989	95,908
85,000	Truist Financial Corp	87,009	82,645
130,000	Union Pacific Corp	101,210	105,327
105,000	United Technologies Corp	120,040	104,735
155,000	Unitedhealth Group	227,270	170,884
95,000	USD AstraZeneca PLC	88,046	88,872
115,000	USD Canadian Pacific	101,685	101,193
30,000	Verizon Communications	27,616	29,171
100,000	Verizon Communications	111,934	94,234
235,000	Virginia Elec & Power Co	268,423	170,972
155,000	Wells Fargo & Company	114,105	122,237
		10,710,585	9,573,324
	U.S. treasury bonds:		
190,000	U.S. Treasury Note	176,989	184,724
75,000	U.S. Treasury Bd Prin Strip	20,708	23,396
555,000	U.S. Treasury Bd Prin Strip	179,531	175,125
550,000	U.S. Treasury Bd Prin Strip	221,763	177,293
720,000	U.S. Treasury Bd Prin Strip	279,503	241,927
425,000	U.S. Treasury Bd Prin Strip	140,333	149,362
480,000	U.S. Treasury Bd Prin Strip	152,341	171,816
170,000	U.S. Treasury Bd Prin Strip	63,162	62,742
130,000	U.S. Treasury Bd Prin Strip	49,330	48,602
425,000	U.S. Treasury Bd Prin Strip	189,644	174,382
565,000	U.S. Treasury Strip	199,072	175,183
		1,672,376	1,584,552
	Total	\$ 12,669,057	\$ 11,443,972

The above information has been certified by Bank of America, N.A., the trustee, as complete and accurate. There were no assets which were both acquired and disposed of during the plan year.

See independent auditor's report.



Schedule SB, line 32 – Schedule of Amortizations Bases

Date Established	Type of Base	Amortization Installment	Years Remaining	Present Value of Remaining Installments as of 10/1/2023
10/1/2019	Shortfall	0	11	0
10/1/2020	Shortfall	0	12	0
10/1/2021	Shortfall	0	13	0
10/1/2022	Shortfall	0	14	0
10/1/2023	Shortfall	23,590	15	257,587
Total		23,590		257,587