

Form 5500

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110  
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

1a Name of plan: GREENFIELD SAVINGS BANK 401K PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 04/01/1993
2a Plan sponsor's name (employer, if for a single-employer plan): GREENFIELD SAVINGS BANK
2b Employer Identification Number (EIN): 81-0669576
2c Plan Sponsor's telephone number: 413-774-3191
2d Business code (see instructions): 522120

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include plan administrator (LINDDA DAGILUS), employer/plan sponsor (PETER ALBERO), and DFE.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN
	<b>3c</b> Administrator's telephone number

<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN
	<b>4d</b> PN

<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	291
---	----------	-----

<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).		
<b>a(1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>	203
<b>a(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	203
<b>b</b> Retired or separated participants receiving benefits.....	<b>6b</b>	7
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	86
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	296
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....	<b>6e</b>	1
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>	297
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>6g(1)</b>	283
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>	283
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6h</b>	9

<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	
--	----------	--

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
2E 2J 2F 2G 2K 3D 2S 2T

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

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

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

**a Pension Schedules**

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

**b General Schedules**

- (1)  **H** (Financial Information)
- (2)  **I** (Financial Information – Small Plan)
- (3)  **A** (Insurance Information) – Number Attached \_\_\_\_\_
- (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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

---

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
--	--	---

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

<b>A</b> Name of plan <b>GREENFIELD SAVINGS BANK 401K PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>GREENFIELD SAVINGS BANK</b>	<b>D</b> Employer Identification Number (EIN) <b>81-0669576</b>	

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

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

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

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

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

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

**VOYA RETIREMENT INSURANCE & ANNUITY**

**71-0294708**

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

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

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

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

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

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

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

(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?
64	SERVICE PROVIDER	4275	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	75	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

MORGAN STANLEY SMITH BARNEY LLC

20-8764829

(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?
99	SERVICE PROVIDER	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	56943	Yes <input type="checkbox"/> No <input checked="" 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
MORGAN STANLEY SMITH BARNEY LLC	99	56943

(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.	
VOYA RETIREMENT INSURANCE AND ANNUI  71-0294708	OTHER FEES	

(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.

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
---	--	---

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

<b>A</b> Name of plan <u>GREENFIELD SAVINGS BANK 401K PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GREENFIELD SAVINGS BANK</u>	<b>D</b> Employer Identification Number (EIN) <u>81-0669576</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
---------------	--

**a** Name of MTIA, CCT, PSA, or 103-12 IE: VARIABLE ANNUITY ACCOUNT D

**b** Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY CO

<b>c</b> EIN-PN <u>71-0294708-000</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>24576311</u>
---------------------------------------	-------------------------------	---

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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



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

For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>GREENFIELD SAVINGS BANK 401K PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>GREENFIELD SAVINGS BANK</b>	<b>D</b> Employer Identification Number (EIN) <b>81-0669576</b>

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

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

<b>Assets</b>	<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	70783
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	3168011
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	21408300
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	
<b>(15)</b> Other .....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	21239462	24653482
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	21239462	24653482

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	525136	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	971245	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	216604	
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		1712985
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	4677	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		4677
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)	116719
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)	2887163
(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)	
<b>c</b> Other income .....	2c	-2202
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d	4719342

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1249120
(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)	1249120
<b>f</b> Corrective distributions (see instructions) .....	2f	
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g	51927
<b>h</b> Interest expense.....	2h	
<b>i</b> Administrative expenses:		
(1) Salaries and allowances .....	2i(1)	
(2) Contract administrator fees .....	2i(2)	4075
(3) Recordkeeping fees .....	2i(3)	
(4) IQPA audit fees .....	2i(4)	
(5) Investment advisory and investment management fees .....	2i(5)	
(6) Bank or trust company trustee/custodial fees .....	2i(6)	
(7) Actuarial fees .....	2i(7)	
(8) Legal fees .....	2i(8)	
(9) Valuation/appraisal fees .....	2i(9)	
(10) Other trustee fees and expenses .....	2i(10)	
(11) Other expenses.....	2i(11)	200
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)	4275
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j	1305322

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k	3414020
<b>l</b> 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
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		6000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

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

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

<b>A</b> Name of plan <u>GREENFIELD SAVINGS BANK 401K PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>GREENFIELD SAVINGS BANK</u>	<b>D</b> Employer Identification Number (EIN) <u>81-0669576</u>	

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

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

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<b>1</b>	
<b>2</b> 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): <u>71-0294708</u>		
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	<b>3</b>	

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

<b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>If the plan is a defined benefit plan, go to line 8.</b>			
<b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____ <b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b>			
<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>		
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>		
<b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	<b>6c</b>		
<b>If you completed line 6c, skip lines 8 and 9.</b>			
<b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>8</b> 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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

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

<b>9</b> 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.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

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

<b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>11 a</b> Does the ESOP hold any preferred stock? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</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.) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702844A.

# ANNUAL AUDIT COMMUNICATION

Greenfield Savings Bank 401(k) Plan  
Year Ended December 31, 2024

# REPORTING MATTERS

---

## Purpose

- Auditing standards generally accepted in the United States of America (GAAS) (AU-C 260, *The Auditor's Communication With Those Charged With Governance*) require the auditor to promote effective two-way communication between the auditor and those charged with governance
- To inform the Plan Administrator of Greenfield Savings Bank 401(k) Plan (the "Plan") about significant matters related to the conduct of the annual audit so that it can appropriately discharge its oversight responsibility
- To comply with our professional responsibilities to the Plan Administrator of the Plan

## Opinion

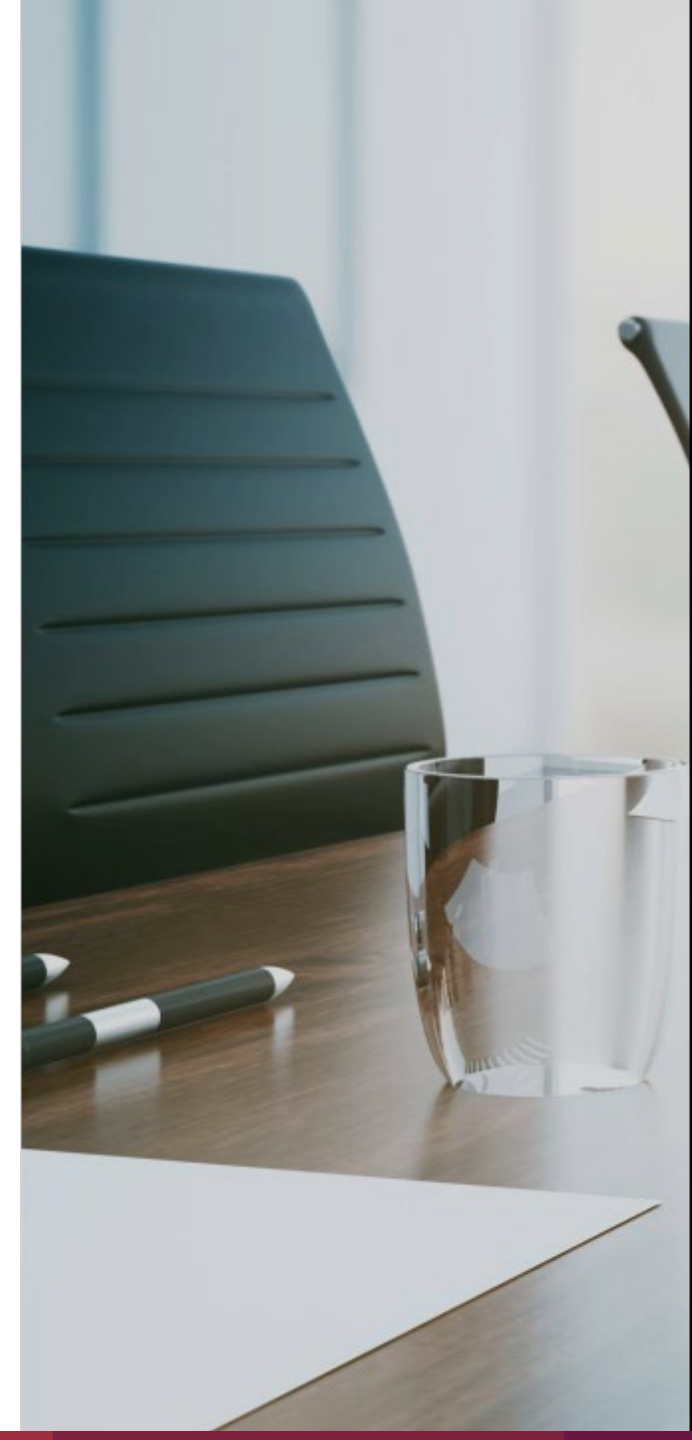
- Financial Statements (as defined in the Independent Auditor's Report)
  - We rendered an unmodified ERISA Section 103(a)(3)(C) audit opinion (see Slide 3 for further detail)

This communication should be read in conjunction with the audited financial statements and does not relieve management or those charged with governance of their responsibilities.

## REPORTING MATTERS

---

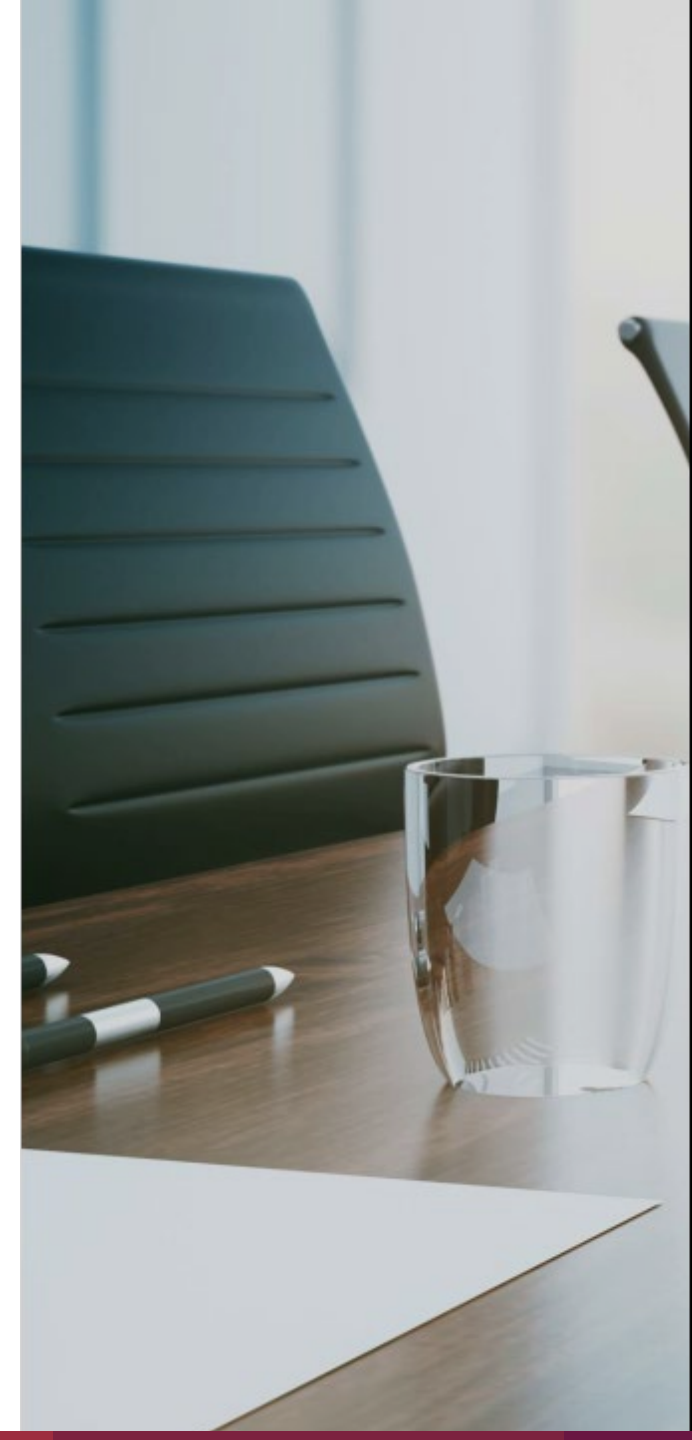
- ☑ We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS)
- ☑ As management determined it is permissible in the circumstances and elected to have the audit of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C), the audit did not extend to any 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
  - ☑ Reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of the applicable financial reporting framework
- ☑ Our audit was designed to obtain reasonable, rather than absolute, assurance that the financial statements are free from material misstatements



## REPORTING MATTERS

---

- ☑ Our audit does not relieve management or those charged with governance of their responsibilities
  
- ☑ Our audit included:
  - Consideration of internal control over financial reporting as a basis for designing our audit procedures, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control
  - Examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements
  - Assessing the accounting principles used and significant estimates made by management
  - Evaluating the overall financial statement presentation



## ACCOUNTING POLICIES, PRINCIPLES, AND TECHNICAL UPDATES

---

- ☑ The primary responsibility for establishing the Plan's accounting policies and practices, applied in its financial statements, rests with management. The Plan's significant accounting policies and practices are included in Note 2 to the financial statements. We believe that management's disclosures regarding such policies and practices are adequate.
- ☑ There have been no new accounting pronouncements that had a significant impact on the financial statements.
- ☑ We are not aware of any accounting pronouncements that have been issued but are not yet effective that may have a significant effect on the future financial reporting.

## AUDIT PLAN UPDATE

---

- ☑ There were no significant changes to the planned audit strategy or risks communicated in the audit scope letter.
- ☑ As part of our risk assessment procedures and as required by auditing standards, we identified management override of controls as a significant risk. This risk and others identified during the planning process were communicated to you in the audit scope letter.
- ☑ Audit procedures included testing of account reconciliations, examination of support documentation, detailed transaction testing, third party confirmation procedures, analytical procedures and testing of management's estimates and assumptions.

# MANAGEMENT JUDGMENTS & ACCOUNTING ESTIMATES

---

There are estimates inherent in the financial statement preparation process, including investment valuation.

The process used by management in formulating accounting estimates encompasses their knowledge and experience about past and current events and certain assumptions about future events.

There were no changes in the process used by management in formulating sensitive accounting estimates.

We were engaged by management to perform an ERISA Section 103(a)(3)(C) audit; accordingly, our audit procedures were limited to reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of the applicable financial reporting framework.

We have concluded that management's presentation and disclosure of investments are in accordance with the applicable financial reporting framework.

## REQUIRED COMMUNICATIONS

---

- Audit adjustments and uncorrected misstatements
  - ⊙ For purposes of this communication, professional standards define an audit adjustment as a proposed correction of the financial statements that, in our judgment may not have been detected except through our auditing procedures.
    - ⊙ There was one audit adjustment made to the original trial balance presented to us to begin our audit. This adjustment was to record an employer contribution receivable and increase employer contributions by \$87,290.
    - ⊙ There were no uncorrected misstatements in the financial statements as of December 31, 2024 and 2023.
- Financial Statement Disclosures
  - ⊙ We did not identify any exceptions to the overall neutrality, consistency, and clarity of the disclosures in the financial statements nor are there any disclosures in particularly sensitive or judgmental areas. Neutrality relates to disclosures which inform, rather than influence, the users of the financial statements.
- Form 5500 Filing
  - ⊙ GAAS require that we obtain and read a draft of the Plan's Form 5500 that is substantially complete prior to the dating of our auditor's report in order to identify material inconsistencies, if any, with the Plan's audited financial statements. We read the Plan's draft Form 5500 filing for consistency with information in the financial statements. We did not identify material inconsistencies with the audited financial statements.

## REQUIRED COMMUNICATIONS

---

- ERISA-Required Supplemental Schedule
  - ☑ We subjected the information included in the ERISA-required supplemental schedule, other than that agreed to or derived from the certified investment information, 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 the financial statements themselves, and other additional procedures in accordance with GAAS.
  - ☑ The objective of these audit procedures was to determine whether the ERISA-required supplemental schedule, other than the certified investment information, is fairly stated in all material respects in relation to the financial statements as a whole, whether the form and content of the ERISA-required supplemental schedule is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure Under ERISA, and whether the certified investment information in the supplemental schedule agrees to, or is derived from, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).
  - ☑ We will include an other-matter paragraph in our auditor's report for the ERISA-required supplemental schedule.
  - ☑ We did not identify inconsistencies with the audited financial statements or with the certified investment information.

## REQUIRED COMMUNICATIONS

---

- There were no:
  - Significant unusual transactions.
  - Disagreements with management.
  - Difficulties in dealing with management relating to the performance of the audit.
  - Consultations management had with other accountants about accounting or auditing matters of which we are aware.
  - Significant issues discussed with management that were a condition to our retention.
  - Alternative treatments discussed with management within generally accepted accounting principles for accounting policies and practices related to material items during the current audit period.

A copy of management's representation letter, the only written communication between our Firm and the management of the Plan, is attached to this communication.



# INDEPENDENCE

---

Independence is crucial to the performance of the audit services, and our professional standards require that we communicate at least annually regarding all relationships between our Firm and the Plan that may be reasonably thought to bear on our independence.

In our professional judgment, Wolf & Company, P.C. is independent with respect to the Plan within the meaning of the Independence Standards as set forth by the American Institute of Certified Public Accountants and the U.S. Department of Labor.

## CLOSING

---

We are pleased to respond to any questions you have about the foregoing. We appreciate the opportunity to serve the Plan.

This communication is intended solely for the information and use of the Plan Administrator, Audit Committee, and Management, is not intended to be and should not be used by anyone other than these specified parties.



**Michaela Herrholz, CPA**

Principal

✉ [Michaela.herrholz@wolfandco.com](mailto:Michaela.herrholz@wolfandco.com)

☎ (617) 261-8135

[Back to Home](#) →

# ABOUT WOLF & COMPANY, P.C.

# ABOUT WOLF & COMPANY, P.C.

Wolf & Company, P.C. is a national CPA and business consulting firm with a regional feel that offers clients a wide range of services tailored to suit their industry's unique needs. Since 1911, we've provided clients with industry-leading assurance, tax, risk management, business consulting, and WolfPAC Integrated Risk Management® services.



## NATIONAL CPA & BUSINESS CONSULTING FIRM

Despite our national presence, we offer every client personalized service that ensures you never feel like a small fish in a big pond

# 114

## YEARS IN BUSINESS

- ⊙ Established in 1911
- ⊙ Built on quality and integrity
- ⊙ Succession strategy to remain independent allows us to be with you throughout your business lifecycle

# 400+

## EXPERIENCED, HIGHLY TRAINED PROFESSIONALS

- ⊙ Lower-than-industry-average staff turnover means a consistent team structure year after year
- ⊙ Niche team dedicated to your industry



## RESOURCES TO LEARN MORE

- ⊙ Cultures & Values
- ⊙ Inclusion & Diversity
- ⊙ Our History
- ⊙ Social Responsibility
- ⊙ Thought Leadership
- ⊙ Wolf Global



Wolf & Company ranked  
**#2 BEST LARGE FIRM TO WORK FOR**  
nationwide

**accountingTODAY**

# INDUSTRIES WE SERVE

With clients in 48 states, our industry-focused structure allows our clients access to experts who offer services tailored to their organization’s industry standards, requirements, and best practices. Our specialized teams provide innovative solutions based on your unique challenges.



## FINANCIAL SERVICES

- [Asset Management](#)
- [Banks](#)
- [Brokers-Dealers](#)
- [Credit Unions](#)
- [Fintech](#)
- [Funds](#)



## HEALTHCARE

- [Life Sciences](#)
- [Providers](#)



## MANUFACTURING, DISTRIBUTION & RETAIL

- [Cannabis](#)
- [Consumer Goods & Industrial Products](#)
- [Food & Beverage](#)



## TECHNOLOGY

- [Cleantech](#)
- [Crypto & Blockchain](#)
- [Fintech](#)
- [Healthtech](#)

# SERVICES WE OFFER

We combine industry expertise with service specialization to provide your organization with insight, opportunities, and solutions allowing you to address your unique business needs.



## ADVISORY

- [Business Continuity Planning](#)
- [Cybersecurity](#)
- [Data Analytics & Management](#)
- [Digital Transformation](#)
- [Enterprise Risk Management](#)
- [Environment, Social & Governance](#)
- [Incident Response](#)
- [Internal Audit](#)
- [IT Audit](#)
- [Model Risk Management](#)
- [Outsourced Accounting Solutions](#)
- [Regulatory Compliance](#)
- [Smart Contract Audits](#)
- [Strategic Planning](#)



## ASSURANCE

- [Employee Benefit Plan Audits](#)
- [Financial Statements Audits](#)
- [HITRUST](#)
- [PCI DSS](#)
- [SEC Compliance & Reporting](#)
- [SOC Reporting](#)



## TAX

- [Business Tax](#)
- [Federal](#)
- [International](#)
- [State & Local](#)
- [Private Client Group](#)



## vSUITE

Virtual risk management consulting services

- Virtual Chief Financial Officer (vCFO)
- Virtual Chief Information Security Officer (vCISO)
- Virtual Chief Privacy Officer (vCPO)
- Virtual Chief Risk Officer (vCRO)
- Virtual Chief Strategy Officer (vCSO)
- Virtual Vendor Management Officer (vVMO)



## WOLFPAC

Integrated risk management SaaS suite



## DENSECURE

Advanced cyber threat experts

## ABOUT WOLF & COMPANY, P.C.

Wolf is pleased to have received recognition from a variety of sources for our efforts at providing responsive client service and professional development. Examples of this recognition include:

**INSIDE** Public  
Accounting

**TOP 100**  
Accounting Firms

**accountingTODAY**

**#2 BEST LARGE FIRM** to  
Work For Nationwide

**TOP FIRMS:**  
New England

**TOP 100**  
Accounting Firms

**BOSTON**  
**BUSINESS JOURNAL**

- ⊙ Area's Best Places to Work
- ⊙ Area's Most Admired Companies
- ⊙ Area's Fastest Growing Private Companies
- ⊙ Area's Largest I.T. Consulting Firms

**Forbes**

**America's Best**  
Tax and Accounting  
Firms of 2023, 2022,  
2021

October 10, 2025

Wolf & Company, P.C.  
255 State Street  
Boston, MA 02109

This representation letter is provided in connection with your audit of the financial statements of the Greenfield Savings Bank 401(k) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA) sponsored by Greenfield Savings Bank (The Plan Sponsor). The Plan's financial statements comprise the statements of net assets available for benefits as of December 31, 2024, and 2023 and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

We elected to have the audit of the plan's financial statements performance 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. We acknowledge that the audit did 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, a qualified institution, that prepared and certified the investment information in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. We have determined that an ERISA Section 103(a)(3)(C) audit is permissible under the circumstances. We have also determined that the investment information is prepared and certified by a qualified institution as described by 29 CFR 2520.103-8, that the certification meets the requirements in 29 CFR 2520.103-5 and that the certified investment information is appropriately measured, presented and disclosed in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

The purpose of an ERISA Section 103(a)(3)(C) audit is to express an opinion on whether the amounts and disclosures in the financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with U.S. GAAP and that the assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the certified investment information.

We confirm, to the best of our knowledge and belief, having made such inquiries as we considered necessary for the purpose of appropriately informing ourselves, that as of the date of this letter:

#### **Financial Statements**

1. We have fulfilled our responsibilities, as set out in the terms of the audit engagement letter dated March 17, 2023, for the preparation and fair presentation of the financial statements referred to above in accordance with U.S. GAAP.
2. We acknowledge our responsibility for administering the plan and determining the plan's transaction that are presented and disclosed in the ERISA plan 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.

3. We acknowledge our responsibility for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. In addition, we are responsible for establishing and maintaining effective internal control over financial reporting to provide reasonable assurance regarding the reliability of financial reporting and the preparation of financial statements for external purposes in conformity with U.S. GAAP.
4. We acknowledge our responsibility for the design, implementation, and maintenance of internal control to prevent and detect fraud.
5. The methods, data, and significant assumptions used by us in making accounting estimates and their related disclosures are appropriate to achieve recognition, measurement or disclosure that is reasonable in the context of U.S. GAAP, and reflect our judgment based on our knowledge and experience about past and current events, and our assumptions about conditions we expect to exist and courses of action we expect to take.
6. We are responsible for the estimation methods and assumptions used in measuring assets and liabilities reported or disclosed at fair value, including information obtained from brokers, pricing services or other third parties. Our valuation methodologies have been consistently applied from period to period. The fair value measurements reported or disclosed represented our best estimate of fair value as of the measurement date in accordance with the requirements of Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurement*. In addition, our disclosures related to fair value measurements are consistent with the objectives outlined in FASB ASC 820.
7. Related-party relationships and transactions have been appropriately accounted for and disclosed in accordance with the requirements of U.S. GAAP.
8. Transactions with parties-in-interest, as defined in ERISA Section 3(14) and regulations thereunder, including sales, purchases, loans, transfers, leasing arrangements and guarantees, and amounts receivable from or payable to related parties have been appropriately accounted for and disclosed .
9. All events subsequent to the date of the financial statements, and for which U.S. GAAP requires adjustment or disclosure, have been adjusted or disclosed.
10. The effects of all known actual or possible litigation and claims have been accounted for and disclosed in accordance with U.S. GAAP.
11. We have no intention to terminate the Plan.
12. We have properly reported and disclosed amendments to the Plan instrument, if any.
13. We have no knowledge of any uncorrected misstatements in the financial statements for the year ended December 31, 2024.
14. In the audit engagement letter dated March 17, 2023, we requested that you assist with drafting of the financial statements.

With respect to this service:

- a. We have made all management decisions and performed all management functions;
  - b. We assigned an appropriate individual to oversee the services;
  - c. We evaluated the adequacy and results of the services performed, and made an informed judgment on the results of the services performed;
  - d. We have accepted responsibility for the results of the services; and
15. We have requested an unsecured electronic copy of the auditor's report and financial statements and agree that the auditor's report and financial statements will not be modified in any manner.

### **Supplementary Information**

16. We acknowledge our responsibility for the presentation of the ERISA-required supplemental schedules in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. In this regard:
- a. We believe such information, including its form and content, is fairly presented in accordance with DOL Rules and Regulations for reporting and disclosure under ERISA.
  - b. The methods of measurement or presentation have not changed from those used in the prior period.
  - c. There are no underlying significant assumptions or interpretations regarding the measurement or presentation of such information.
  - d. We will only present the ERISA-required supplemental schedule together with the audited financial statements and auditor's report thereon and will not separate the ERISA-required supplementary schedule from the audited financial statements and auditor's report thereon in any document that contains such information.

### **Information Provided**

17. We have provided you with:
- a. Access to all information, of which we are aware that is relevant to the preparation and fair presentation of the financial statements such as records, documentation, and other matters.
  - b. Additional information that you have requested from us for the purpose of the audit.
  - c. Unrestricted access to persons within the Plan from whom you determined it necessary to obtain audit evidence.
  - d. The currently effective version of the Plan document, including prototype Plan document and adoption agreements, the trust agreement and all related amendments.
  - e. A draft of the Form 5500 that is substantially complete.
  - f. All correspondence, filings, reports, and determinations with the Internal Revenue Service (IRS) and the DOL relating to the Plan's compliance with ERISA and the maintenance of its tax-exempt status.

- g. All Plan financial records and related data. In that regard, the payroll information we provided you covered all employees that were eligible to participate in the Plan.
  - h. All minutes of the meetings of the Plan's ERISA Fiduciary Investment Committee, or summaries of actions of recent meetings for which minutes have not yet been prepared.
18. All transactions have been recorded in the accounting records and are reflected in the financial statements. In this regard, the Plan Sponsor's management provided sufficient oversight of the financial statement preparation process that was outsourced to you by performing a detailed review of the financial statements consisting of the following procedures:
- Reconciliation of the trust activity to the financial statements.
  - Review and approval of all journal entries, if any, proposed by you, including review of supporting documentation and explanations.
  - Review the adequacy of financial statement disclosures.
  - Review and approval of schedules and calculations supporting the amounts included in the notes to the financial statements.
  - Applying analytical procedures to financial statements.
19. It is our responsibility to establish and maintain internal controls over financial reporting. One of the components of internal control is risk assessment. We hereby represent that our risk assessment process includes the identification and assessment of risks of material misstatement due to fraud. We have shared with you our fraud risk assessment, including a description of risks, our assessment of the magnitude and likelihood of misstatements arising from those risks, and the controls that we have designed and implemented in response to those risks.
20. We have no knowledge of any fraud or suspected fraud affecting the Plan involving:
- a. Management.
  - b. Employees who have significant roles in the internal control.
  - c. Others where the fraud could have a material effect on the financial statements.
21. We have no knowledge of any allegations of fraud or suspected fraud affecting the Plan received in communications from employees, former employees, participants, regulators, beneficiaries, service providers, third-party administrators, or others
22. We have disclosed to you the identity of all of the Plan's related parties and parties-in-interest and all the related-party and party in interest relationships and transactions of which we are aware.
23. We are not aware of any pending or threatened litigation and claims whose effects should be considered when preparing the financial statements. Neither we nor the Plan Sponsor, or others acting on behalf of the Plan, have consulted a lawyer concerning litigation and claims or other matters affecting the Plan.
24. We have provided to you all documentation, including correspondence, with lawyers utilized by us for any Plan matters. There are no matters that our lawyer has advised us should be considered when preparing the financial statements.

25. We are aware of no deficiencies in internal control over financial reporting, including significant deficiencies or material weaknesses, in the design or operation of internal controls that could adversely affect the Plan's ability to record, process, summarize, and report financial data.
26. We have no plans or intentions that may materially affect the carrying value or classification of assets and liabilities.
27. The Plan or trust has satisfactory title to all owned assets which are recorded at fair value, and all liens, encumbrances, or security interests have been properly disclosed.
28. Concentrations of credit risk have been properly disclosed.
29. We have answered your questions about the Plan's tax compliance to the best of our knowledge and belief.
30. We have provided you with all communications, whether written or oral, from regulatory agencies concerning non-compliance or deficiencies in the operation of the Plan.
31. We have complied with (a) all aspects of contractual agreements, including provisions of the Plan, that would have a material effect on the financial statements in the event of noncompliance, (b) the fidelity bonding requirements of ERISA, (c) all participant eligibility and coverage requirements of the Plan, ERISA and the Internal Revenue Code (IRC), and (d) the filing requirements of appropriate agencies.
32. We have complied with the DOL's regulations concerning the timely remittance of participant contributions to trusts containing assets for the Plan.
33. We have disclosed to you all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing financial statements.
34. We have obtained the fee disclosures required from covered service providers under ERISA Section 408(b)(2) and assessed the reasonableness of fees as indicated in 29 C.F.R. 2550.408b-2.
35. We have provided the participant-level fee disclosures to plan participants as required under ERISA Section 404a-5 as indicated in 29 C.F.R. 2550.404a-5.
36. The Internal Revenue Service has determined and informed the sponsor, by a letter dated May 11, 2009, that the Plan is qualified and the trust established under the Plan is tax exempt under the appropriate sections of the IRC. The Plan has been amended since receiving the determination letter. We have operated the Plan and trust in a manner that did not jeopardize this tax status.
37. We have reviewed the complementary user entity control considerations of the Service Organization Controls (SOC 1) Report for the period October 1, 2023 through September 30, 2024 of Automatic Data Processing, Inc.'s Autopay Payroll Services as prepared by Ernst and Young, LLP dated December 17, 2024, and we believe all applicable controls are in place.
38. We have reviewed the complementary user entity control considerations of the Service Organization Controls (SOC 1) Report of Independent Service Auditors on internal controls of Voya Retirement Insurance and Annuity Company and Voya Institutional Plan Services for the period January 1, 2024 to September 30, 2024 as prepared by Ernest & Young LLP dated December 17, 2024, and we believe all applicable controls are in place.

39. There are no:

- a. Nonexempt (prohibited) party-in-interest transactions that were not disclosed in the financial statements or supplemental schedules.
- b. Notes receivable from participants or other receivables or investments in default or considered to be uncollectible that were not disclosed in the financial statements or supplemental schedules.
- c. Reportable transactions that were not disclosed in the supplemental schedules.
- d. Guarantees, whether written or oral, under which the plan is contingently liable to a bank or another lending institution.

40. There were \$87,290 in employer contributions receivable as of December 31, 2024. There was no employer contribution receivable as of December 31, 2023.

41. During the course of your audit, you may have accumulated records containing data that should be reflected in our books and records. All such data have been so reflected. Accordingly, copies of such records in your possession are no longer needed by us.

Greenfield Savings Bank 401(k) Plan



---

Thomas Meshako  
CEO of Plan Sponsor



---

Linda Dagilus  
Vice President and Trust Officer, and Plan Administrator



## Attachment to 2024 Form 5500

Schedule H, line 4i - Schedule of Assets  
 (Held at End of Year)  
**GREENFIELD SAVINGS BANK 401(K) PLAN**  
**EIN#81-0669576**  
**Plan# 002**  
**As of December 31, 2024**

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity date	(d) Cost	(e) Current Value
	AB Large Cap Grw Fnd Z	Registered Investment Company		\$1,884,337.65
	American Funds 2010 T Date R6	Registered Investment Company		\$782,951.84
	American Funds 2020 T Date R6	Registered Investment Company		\$2,973.88
	American Funds 2025 T Date R6	Registered Investment Company		\$1,432,219.10
	American Funds 2030 T Date R6	Registered Investment Company		\$524,108.90
	American Funds 2035 T Date R6	Registered Investment Company		\$481,665.43
	American Funds 2040 T Date R6	Registered Investment Company		\$2,608,566.95
	American Funds 2045 T Date R6	Registered Investment Company		\$753,620.63
	American Funds 2050 T Date R6	Registered Investment Company		\$528,993.47
	American Funds 2055 T Date R6	Registered Investment Company		\$1,189,567.04
	American Funds 2060 T Date R6	Registered Investment Company		\$905,594.04
	American Funds 2065 T Date R6	Registered Investment Company		\$72,138.44
	American Funds 2070 R6	Registered Investment Company		\$32.37
	American Funds EuroPacific R6	Registered Investment Company		\$368,077.47
	American Funds Nw Prspctv R6	Registered Investment Company		\$245,020.88
	BlkRck Global Alloc Fnd K	Registered Investment Company		\$266,744.75
	BlkRck Sst Adv Lg Cp Cr Fd	Registered Investment Company		\$1,003,975.36
	Columbia Dividend Income Fd I3	Registered Investment Company		\$1,099,479.23
	Gldmn Sachs Int Sm Cp Ins F R6	Registered Investment Company		\$357.15
	Inv Dev Mrkts Fd R6	Registered Investment Company		\$96,075.10
	MssMtl Sm Cap Opp F I	Registered Investment Company		\$134,006.56
	PGIM Global Total Return Fd R6	Registered Investment Company		\$27,912.78



## Attachment to 2024 Form 5500

Schedule H, line 4i - Schedule of Assets  
 (Held at End of Year)  
**GREENFIELD SAVINGS BANK 401(K) PLAN**  
**EIN#81-0669576**  
**Plan# 002**

	PGIM Total Return Bond Fund R6	Registered Investment Company		\$241,162.47
	PIMCO Income Fund Ins	Registered Investment Company		\$34,460.02
	Putnam Stable Value Fund 25	Common Collective Trust		\$3,168,011.07
*	VY TRwPr Divr MdCp Gr Pt R6	Registered Investment Company		\$2,116,972.19
	Vangrd 500 Index Fund Adm	Registered Investment Company		\$3,239,464.53
	Vangrd Mid-Cap Index Fund Adm	Registered Investment Company		\$393,227.93
	Vangrd Small-Cap Index Fnd Adm	Registered Investment Company		\$130,225.79
	Vangrd Tot Bd Mkt Ind Fd Adm	Registered Investment Company		\$302,489.45
	Vangrd Tot Int Stk In F Adm	Registered Investment Company		\$113,440.25
	Virtus Crdx MC VI Eq Fd R6	Registered Investment Company		\$60,319.25
*	Voya Gv Mny Mkt F A (Hld Acct)	Registered Investment Company		\$1,714.94
*	Voya High Yield Bond Fund R6	Registered Investment Company		\$108,366.46
	WllFrg Spec SmCp VI Fd R6	Registered Investment Company		\$258,037.20
	LOAN FUND	Participant Loans - Rates 4.25% to 9.50%		\$77,171.43
		TOTAL		\$24,653,482.00

\* denotes party-in-interest

Column (d) is not required as the Plan investments are totally participant directed.



**Greenfield Savings Bank 401(k) Plan**  
**Financial Statements and Supplemental Schedule**  
Years Ended December 31, 2024 and 2023



# Greenfield Savings Bank 401(k) Plan

E.I.N. 81-0669576

Plan Number 002

Financial Statements as of December 31, 2024 and 2023  
and for the years ended December 31, 2024 and 2023 and Supplemental Schedule  
as of December 31, 2024

## Table of Contents

Independent Auditor's Report	1-4
Statements of Net Assets Available for Benefits at December 31, 2024 and 2023	5
Statements of Changes in Net Assets Available for Benefits for the Years Ended December 31, 2024 and 2023	6
Notes to Financial Statements for the Years Ended December 31, 2024 and 2023	7-14
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	15



## Independent Auditor's Report

---

To the Plan Administrator of the Greenfield Savings Bank 401(k) Plan:

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

We have performed audits of the financial statements of Greenfield Savings Bank 401(k) 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 the statements of net assets available for benefits as of December 31, 2024 and 2023, the related statements of changes in net assets available for benefits for the years then ended, 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 a certification from a qualified institution as of December 31, 2024 and 2023 and for the years then ended, 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 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 Schedule Required by ERISA***

The supplemental schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is 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 schedule, 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 schedule 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 schedule, we evaluated whether the supplemental schedule, 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 schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is 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 schedule 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).

*Wolf & Company, P.C.*

Boston, Massachusetts

October 10, 2025

# Greenfield Savings Bank 401(k) Plan

## Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets:		
Investments:		
Investments at fair value	\$ 24,576,311	\$ 21,168,679
Receivables:		
Notes receivable from participants	77,171	70,783
Employer contribution receivable	87,290	-
Net assets available for benefits	<u>\$ 24,740,772</u>	<u>\$ 21,239,462</u>

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

# Greenfield Savings Bank 401(k) Plan

## Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions to net assets attributed to:		
Investment income:		
Net appreciation of investments	\$ 2,991,344	\$ 2,819,194
Dividends	10,336	7,887
Total investment income	<u>3,001,680</u>	<u>2,827,081</u>
Interest income on notes receivable from participants	<u>4,677</u>	<u>4,246</u>
Contributions:		
Employer	612,426	413,161
Participants	971,245	896,645
Rollovers	216,604	35,099
Total contributions	<u>1,800,275</u>	<u>1,344,905</u>
Total net additions	<u>4,806,632</u>	<u>4,176,232</u>
Deductions from net assets attributed to:		
Benefits paid to participants	1,301,047	1,949,584
Administrative expenses	4,275	1,750
Total deductions	<u>1,305,322</u>	<u>1,951,334</u>
Net increase	3,501,310	2,224,898
Net assets available for benefits:		
Beginning of the year	<u>21,239,462</u>	<u>19,014,564</u>
End of the year	<u><u>\$ 24,740,772</u></u>	<u><u>\$ 21,239,462</u></u>

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

# Greenfield Savings Bank 401(k) Plan

## Notes to Financial Statements

Years Ended December 31, 2024 and 2023

### 1. DESCRIPTION OF THE PLAN

The following description of the Greenfield Savings Bank 401(k) Plan (the “Plan”) is provided for general information purposes. Participants should refer to the plan document for more detailed information.

#### *General*

The Plan is a defined contribution plan covering substantially all employees of Greenfield Savings Bank (the “Bank”). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

As of December 31, 2024 plan assets are invested in various mutual funds and common collective trust accounts offered by Voya Financial.

#### *Participation*

To become eligible for participation, an employee must be at least age 18. There is no minimum service requirement for participation in the Plan. The employee will become a participant in the Plan on the first day of the payroll period coinciding with or next following the date on which an employee meets the eligibility requirements. Upon reaching retirement age, a participant can direct distribution of balances under several options described by the Plan Agreement.

#### *Contributions*

Participants may elect to contribute between one and seventy-five percent of their compensation subject to maximum annual limits. Unless an employee opts not to participate, 5% of compensation will be deferred on each employee’s behalf. Participants may change their investment options and/or elective deferrals during the year and these changes will become effective at the beginning of the next payroll period.

The Bank will match a portion of the participant’s contribution (the “employer match”) in an amount equal to 100% of the participant’s elective deferrals up to a maximum of 3% of compensation and 50% of deferrals greater than 3% up to 5% of compensation. Participants must complete one year of service to receive the match.

The Bank may decide each year to make a discretionary employer contribution (the “discretionary contribution”) on behalf of eligible active participants to be allocated to participants. There were no discretionary contributions for the years ended December 31, 2024 and 2023.

See independent auditor's report.

# Greenfield Savings Bank 401(k) Plan

An employee, whether or not an active participant may, with permission of the Plan Administrator, contribute to the Plan distributions from other qualified plans or individual retirement accounts if such contributions satisfy the tax law requirements for a qualified rollover. Any rollover contributions are fully vested and nonforfeitable.

Each participant's account is credited with the participant's contributions and Bank's matching contributions, as well as allocations of the Bank's discretionary contributions and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

## ***Vesting***

Participants are at all times 100% vested in their account balance which consists of salary deferral, rollover and employer match contributions. Any discretionary contributions vest in full once a participant completes three years of service. Prior to the completion of three years of service, no amounts vest. There are no contributions subject to vesting and therefore no forfeiture account balances as of December 31, 2024 and 2023.

## ***Plan Termination***

Although it has not expressed any intent to do so, the Bank has the right to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants would become 100% vested in their discretionary employer contributions.

## ***Notes Receivable from Participants***

Loans may be made to participants when directed by the Plan Administrator and upon request by the participant. A participant may only receive a participant loan upon the demonstration of a hardship event or a purchase of a personal residence, as defined in the Plan Agreement. Each loan shall bear interest at the prime rate, as published in the Wall Street Journal on the last day of the previous month prior to the origination of the loan, plus one percentage point. Interest and principal are repaid and credited to the participant's account based on their current investment choices.

The Plan only allows participants two loans at a time. The maximum loan amount is one half of the participant's vested 401(k) account balance, not to exceed \$50,000. The minimum loan amount is \$1,000. Loans are repayable over a period of up to five years, unless such loan is used to acquire a principal residence of the participant in which case the term may be extended to a maximum of 30 years.

## ***Distributions***

### ***Retirement, Disability, or Death***

Participants who retire, become disabled, or die, will be entitled to 100% of their account balance.

See independent auditor's report.

# Greenfield Savings Bank 401(k) Plan

## *Other Termination of Employment*

Upon termination of employment for any reason other than retirement, disability, or death, the participant shall be entitled to receive 100% of their vested account balance.

## *Withdrawals*

Participants may withdraw contributions only after termination of service or, subject to the consent of the Plan Administrator, in the case of financial hardship. Upon termination of employment, retirement or death, the participant's account balance is payable to the participant or their beneficiary. The Plan provides for normal retirement at age 65 and also provides an election for early retirement upon reaching age 59½.

## *Investment Options*

Participants may direct the investment of their deferrals, and any employer matching or discretionary contributions, to any investment funds offered by the Plan. Earnings in these funds and/or market gains or losses are reflected in their changing unit values or returns.

## **2. SIGNIFICANT ACCOUNTING POLICIES**

### *Basis of Presentation*

The financial statements of the Plan have been prepared on an accrual basis and are in conformity with accounting principles generally accepted in the United States of America.

### *Investment Valuation and Income Recognition*

Investments are reported at fair value using information provided by the Plan's Trustee. See Note 4 for discussion of fair value measurements. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Security transactions are recognized on the trade date (the date the order to buy or sell is executed). Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation in the fair value of investments includes both realized and unrealized gains and losses. Gains and losses on the sale of investments are calculated using the average cost method.

### *Notes Receivable from Participants*

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan Agreement.

See independent auditor's report.

# Greenfield Savings Bank 401(k) Plan

## *Contributions*

Contributions from Plan participants and the matching contributions from the Bank are recorded in the year in which the employee contributions are withheld from compensation.

## *Use of Estimates*

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

## *Administrative Expenses*

Substantially all administrative costs of the Plan were paid by the Bank for the years ended December 31, 2024 and 2023, except for loan origination and annual loan maintenance fees which are paid by the participants that have participant loans.

## *Benefit Payments*

Benefits are recorded when paid.

### **3. CERTIFIED INVESTMENT INFORMATION**

Certain information in the accompanying financial statements and ERISA-required supplemental schedule related to investments and notes receivable from participants held as of December 31, 2024 and 2023, and net appreciation (depreciation) in fair value of investments, dividends, and interest income on notes receivable from participants for the years then ended, was obtained by management and agreed to or derived from information certified as complete and accurate by Voya Institutional Trust Company, qualified institution.

The Voya Institutional Trust Company also certified the information included in the Supplemental Schedule of Assets (Held at End of Year).

### **4. INVESTMENTS**

The following is a summary of the Plan's investments at December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Mutual funds	\$ 21,408,300	\$ 17,404,228
Common collective trust	3,168,011	3,764,451
	<u>\$ 24,576,311</u>	<u>\$ 21,168,679</u>

See independent auditor's report.

# Greenfield Savings Bank 401(k) Plan

## *Fair Value Measurements*

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

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

# Greenfield Savings Bank 401(k) Plan

*Common Collective Trust Funds:* Valued at the net asset value of units held by the Plan at year end. The net asset value is used as a practical expedient to estimate fair value. This practical expedient would not be used if it was determined to be probable that the funds will sell the underlying investments for an amount different from the reported net asset value. Participants transactions (purchases and sales) may occur daily.

Investments measured at net asset value per share (or its equivalent) are not classified in the fair value hierarchy.

The following tables detail the Plan's assets carried at fair value on a recurring basis as of December 31, 2024 and 2023, and indicate the fair value hierarchy of the valuation techniques utilized by the Plan to determine fair value:

December 31, 2024	Level 1	Level 2	Level 3	Fair Value
Mutual funds	\$ 21,408,300	\$ -	\$ -	\$ 21,408,300
Investments measured at net asset value				3,168,011
Investments at fair value				<u>\$ 24,576,311</u>
December 31, 2023	Level 1	Level 2	Level 3	Fair Value
Mutual funds	\$ 17,404,228	\$ -	\$ -	\$ 17,404,228
Investments measured at net asset value				3,764,451
Investments at fair value				<u>\$ 21,168,679</u>

### ***Investments Measured Using the Net Asset Value per Share Practical Expedient***

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2024 and 2023. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

December 31, 2024	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Total common collective trust funds	\$ 3,168,011	n/a	Daily	up to 30 days
December 31, 2023	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Total common collective trust funds	\$ 3,764,451	n/a	Daily	up to 30 days

See independent auditor's report.

# Greenfield Savings Bank 401(k) Plan

## 5. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2024:

Net assets available for benefits per the financial statements	\$ 24,740,772
Less: employer contribution receivable	<u>(87,290)</u>
Net assets available for benefits per Form 5500	<u><u>\$ 24,653,482</u></u>

The following is a reconciliation of the change in net assets per the financial statement to the Form 5500 for the year ended December 31, 2024:

Net increase in net assets per the financial statements	\$ 3,501,310
Less: current year employer contribution receivable	<u>(87,290)</u>
Net increase in net assets per Form 5500	<u><u>\$ 3,414,020</u></u>

## 6. TAX STATUS

The Plan has obtained its latest determination letter on May 11, 2009 in which the Internal Revenue Service (“IRS”) stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (“IRC”). The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's management believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and therefore, believes that the Plan as amended is qualified and is tax exempt.

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

See independent auditor's report.

# Greenfield Savings Bank 401(k) Plan

## **7. RISKS AND UNCERTAINTIES**

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

## **8. PARTY-IN-INTEREST TRANSACTIONS**

As of December 31, 2024 and 2023, certain Plan investments consist of mutual funds and a common collective trust fund managed by Voya Retirement Insurance and Annuity Company ("Voya"). Notes receivable from participants qualify as party-in-interest transactions as well.

## **9. SUBSEQUENT EVENTS**

Management has evaluated subsequent events through October 10, 2025, which is the date the financial statements were available to be issued. There were no subsequent events that require adjustment to or disclosure in the financial statements.

# Greenfield Savings Bank 401(k) Plan

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

E.I.N. 81-0669576

Plan Number 002

December 31, 2024

a	b	c	d	e
Issue, Borrower, Lessor or Similar Party	Identity of	Description of Investments	Cost (1)	Current Value
<b>Mutual Funds:</b>				
	AllianceBernstein	AB Large Cap Grw Fnd Z	\$	1,884,338
	American Funds	American Funds 2010 T Date R6		782,952
	American Funds	American Funds 2020 T Date R6		2,974
	American Funds	American Funds 2025 T Date R6		1,432,219
	American Funds	American Funds 2030 T Date R6		524,109
	American Funds	American Funds 2035 T Date R6		481,666
	American Funds	American Funds 2040 T Date R6		2,608,567
	American Funds	American Funds 2045 T Date R6		753,621
	American Funds	American Funds 2050 T Date R6		528,993
	American Funds	American Funds 2055 T Date R6		1,189,567
	American Funds	American Funds 2060 T Date R6		905,594
	American Funds	American Funds 2065 T Date R6		72,138
	American Funds	American Funds 2070 T Date R6		32
	American Funds	American Funds EuroPacific R6		368,077
	American Funds	American Funds Nw Prspctv R6		245,021
	Black Rock	BlkRck Global Alloc Fnd K		266,745
	Black Rock	BlkRck Sst Adv Lg Cp Cr Rd		1,003,975
	Columbia	Columbia Dividend Income Fd I3		1,099,479
	Goldman Sachs	Gldmn Sachs Int Sm Cp Ins F R6		357
	Invesco	Inv Dev Mrkts Fd R6		96,075
	MassMutual	MssMtl Sm Cap Opp F I		134,007
	PGIM Investments	PGIM Global Total Return Fd R6		27,913
	PGIM Investments	PGIM Total Return Bond Fund R6		241,162
	Pacific Investment Management Company	PIMCO Income Fund Ins		34,460
	T. Rowe Price	VY TRwPr Divr MdCp Gr Pt R6		2,116,972
	Vanguard	Vangrd 500 Index Fund Adm		3,239,465
	Vanguard	Vangrd Mid-Cap Index Fund Adm		393,228
	Vanguard	Vangrd Small-Cap Index Fnd Adm		130,226
	Vanguard	Vangrd Tot Bd Mkt Ind Fd Adm		302,489
	Vanguard	Vangrd Tot Int Stk In F Adm		113,440
	Virtus Ceredex	Virtus Crdx MC VI Eq Fd R6		60,319
*	Voya Retirement Insurance and Annuity Company	Voya Gv Mny Mkt F A (Hld Acct)		1,715
*	Voya Retirement Insurance and Annuity Company	Voya High Yield Bond Fund R6		108,367
	Wells Fargo	WllFrg Spec SmCp VI Fd R6		258,038
				21,408,300
<b>Common Collective Trust:</b>				
*	Voya Retirement Insurance and Annuity Company	Putnam Stable Value Fund		3,168,011
*	Participants	Notes receivable from participants at Prime plus 1%, interest rates are 4.25% - 9.50%		77,171
				\$ 24,653,482

There were no investment assets which were both acquired and disposed of during the plan year.

\* Represents party-in-interest.

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

See independent auditor's report.