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 07/01/2024 and ending 06/30/2025

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
THE RETIREMENT PLAN FOR EMPLOYEES OF THOMASTON SAVINGS BANK

1b Three-digit plan number (PN) ▶ 008

1c Effective date of plan 09/01/1948

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
THOMASTON SAVINGS BANK

203 MAIN STREET
THOMASTON, CT 06787

2b Employer Identification Number (EIN) 06-0561730

2c Plan Sponsor's telephone number 860-283-1874

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.

SIGN HERE	Filed with authorized/valid electronic signature.	04/14/2026	REBEKAH STOKES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	325
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	157
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	139
b	Retired or separated participants receiving benefits	**6b**	71
c	Other retired or separated participants entitled to future benefits	**6c**	104
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	314
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	6
f	Total. Add lines **6d** and **6e**.	**6f**	320
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	1
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 3D

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

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] 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)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 1
- **(4)** [X] **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_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan
THE RETIREMENT PLAN FOR EMPLOYEES OF THOMASTON SAVINGS BANK

B Three-digit plan number (PN) ▶ 008

C Plan sponsor's name as shown on line 2a of Form 5500
THOMASTON SAVINGS BANK

D Employer Identification Number (EIN)
06-0561730

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
AETNA LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
06-6033492	60054	006291		07/01/2024	06/30/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	1965613
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	80345		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	80345
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	2045958
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	164120		
	(2) Administration charge made by carrier	7e(2)	21565		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶ PRIOR PERIOD INTEREST RATE CHANGES	7e(4)	0		
	(5) Total deductions			7e(5)	185685
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	1860273

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

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

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

A Name of plan
THE RETIREMENT PLAN FOR EMPLOYEES OF THOMASTON SAVINGS BANK

B Three-digit plan number (PN) ▶ 008

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
THOMASTON SAVINGS BANK

D Employer Identification Number (EIN)
06-0561730

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 07 Day 01 Year 2024

2 Assets:

a Market value	**2a**	63795892
b Actuarial value	**2b**	59680428

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	74	18208516	18208516
b For terminated vested participants	94	4132103	4132103
c For active participants	157	22229563	22256959
d Total	325	44570182	44597578

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.33 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	1732195
b Expected plan-related expenses	**6b**	100000
c Target normal cost	**6c**	1832195

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

04/14/2026
Date

STEPHEN CHYKIRDA, ASA
Type or print name of actuary

23-07517
Most recent enrollment number

USI CONSULTING GROUP
Firm name

860-521-8400
Telephone number (including area code)

95 GLASTONBURY BOULEVARD
SUITE 102
GLASTONBURY, CT 06033
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	6414961	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	6414961	0
10	Interest on line 9 using prior year's actual return of 13.70 %	878850	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		979740
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.34 %		52318
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		1032058
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	7293811	0

Part III Funding Percentages

14	Funding target attainment percentage	14	117.46 %
15	Adjusted funding target attainment percentage	15	133.81 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	137.27 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.75 %	5.12 %	5.59 %	☐ N/A, full yield curve used

b Applicable month (enter code) — **21b**: 4

22 Weighted average retirement age — **22**: 64

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	1832195
b Excess assets, if applicable, but not greater than line 31a	**31b**	1832195

32 Amortization installments:

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

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

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

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

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

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

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

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

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan	**B** Three-digit plan number (PN) ▶	
THE RETIREMENT PLAN FOR EMPLOYEES OF THOMASTON SAVINGS BANK		008
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
THOMASTON SAVINGS BANK	06-0561730	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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(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)

EMPOWER

84-1233483

(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	RECORDKEEPER	129346	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan
THE RETIREMENT PLAN FOR EMPLOYEES OF THOMASTON SAVINGS BANK

B Three-digit plan number (PN) ▶ 008

C Plan sponsor's name as shown on line 2a of Form 5500
THOMASTON SAVINGS BANK

D Employer Identification Number (EIN)
06-0561730

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	1696835
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	61867342	65577966
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1965613	1860273
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	63832955	69135074
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	63832955	69135074

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	83960	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		83960
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	2349390	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2349390
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		4469389
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		6902739
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1439878	
(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)		1439878
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(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)	129346	
(11) Other expenses	2i(11)	31396	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		160742
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1600620
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		5302119
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] 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) [X] 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: WHITTLESEY PC **(2)** EIN: 06-0903326

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 569607.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan
THE RETIREMENT PLAN FOR EMPLOYEES OF THOMASTON SAVINGS BANK

B Three-digit plan number (PN) ▶ 008

C Plan sponsor's name as shown on line 2a of Form 5500
THOMASTON SAVINGS BANK

D Employer Identification Number (EIN)
06-0561730

Part I Distributions

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

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

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

EIN(s): 75-3182674

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 0

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____________
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____________
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): ______________________________

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____________
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): ______________________________

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____________
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): ______________________________

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____________
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): ______________________________

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____________
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): ______________________________

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

THE RETIREMENT PLAN FOR EMPLOYEES OF THOMASTON SAVINGS BANK

2025 Financial Statements
and
Supplemental Schedules

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Table of Contents

*** Other supplemental schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.**

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Trustees of
The Retirement Plan for Employees of Thomaston Savings Bank
Thomaston, Connecticut

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

We have performed audits of the accompanying financial statements of The Retirement Plan for Employees of Thomaston Savings Bank (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a0(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of June 30, 2025 and 2024, the related statements of changes in net assets available for benefits for the years then ended, the statements of accumulated plan benefits as of June 30, 2024 and 2023, the related statements of changes in accumulated plan 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 Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labors' Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from qualified institutions as of and for the years ended June 30, 2025 and 2024, stating that the certified investment information, as described in Note 6 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 Auditors' Responsibilities for the Audit of the Financial Statements section—

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

- the information in the financial statements referred to above related to assets held by and certified to by qualified institutions 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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

Auditors' 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 auditors' 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 aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing audits 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 certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) as of June 30, 2025 and reportable transactions for the year ended June 30, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Hartford, Connecticut
April 10, 2026

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

June 30, 2025 and 2024

	2025	2024
Assets		
Cash	$ 1,696,835	$ -
Investments:		
Mutual funds, at fair value	65,577,966	61,867,341
Funds held in insurance company general account, at contract value	1,860,273	1,965,613
Net assets available for benefits	$ 69,135,074	$ 63,832,954

Accompanying notes are an integral part of the financial statements.

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Years Ended June 30, 2025 and 2024

	2025	2024
Additions to Net Assets:		
Investment income:		
Net appreciation in fair value of investments	$ 4,469,389	$ 6,159,345
Interest and dividend income	2,433,350	1,765,531
Total investment income	6,902,739	7,924,876
Employer contributions	-	1,000,000
Total additions to net assets	6,902,739	8,924,876
Deductions from Net Assets:		
Benefits paid to participants	(1,439,878)	(1,534,081)
Administrative and other expenses	(160,741)	(148,559)
Total deductions from net assets	(1,600,619)	(1,682,640)
Net increase in net assets available for benefits	5,302,120	7,242,236
Net assets available for benefits, beginning of year	63,832,954	56,590,718
Net assets available for benefits, end of year	$ 69,135,074	$ 63,832,954

Accompanying notes are an integral part of the financial statements.

STATEMENTS OF ACCUMULATED PLAN BENEFITS

June 30, 2024 and 2023

	2024	2023
Actuarial present value of accumulated plan benefits		
Vested benefits:		
Participants currently receiving payments	$ 16,140,756	$ 15,190,750
Active participants	18,418,286	17,353,100
Inactive participants	3,378,594	3,067,781
Total vested benefits	37,937,636	35,611,631
Nonvested benefits	19,228	31,105
Total actuarial present value of accumulated plan benefits	$ 37,956,864	$ 35,642,736

Accompanying notes are an integral part of the financial statements.

STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS

For the Years Ended June 30, 2024 and 2023

	2024	2023
Actuarial present value of accumulated plan benefits at beginning of year	$ 35,642,736	$ 32,861,768
Increase (decrease) during the year attributable to:		
Benefits paid to participants	(1,534,081)	(1,543,850)
Benefits accumulated and plan experience	1,493,254	1,926,379
Increase in interest due to the decrease in the discount period	2,354,955	2,166,915
Change in actuarial assumptions	-	231,524
Net increase	2,314,128	2,780,968
Actuarial present value of accumulated plan benefits at end of year	$ 37,956,864	$ 35,642,736

Accompanying notes are an integral part of the financial statements.

1. DESCRIPTION OF THE PLAN

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

General

The Plan is a noncontributory defined benefit plan sponsored by Thomaston Savings Bank (the "Bank" or "Plan Sponsor"), who is also Trustee of the Plan. Matrix Trust Company, Charles Schwab Trust Bank and Aetna Life Insurance Company are the custodians of the Plan's assets. On May 5, 2025, the Plan changed custodians from Matrix Trust Company to Charles Schwab Trust Bank.

Employees hired prior to July 1, 2021 are eligible to participate in the Plan if they (1) have completed 12 consecutive months of employment which includes 1,000 hours of service, and (2) are age 21 or older. The plan entry date is the earlier of the first day of the plan year or the first day of the seventh month of the plan year coinciding with or following the date on which an employee meets the eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Effective July 1, 2021, the Plan was amended whereby the Plan became frozen to new entrants.

Funding Policy

The Plan is funded by the Bank. The Bank's funding policy is to contribute an amount which will meet or exceed the annual ERISA minimum funding requirements as determined at least annually by the Plan's enrolled actuary using the method of actuarial valuation and actuarial tables, factors and other assumptions established pursuant to the trust agreement, and to support the investment goal of accumulating a pool of assets sufficient to meet the benefit obligation of the Plan. Additional amounts may be contributed only to the extent permitted by ERISA. The Bank's contributions take into consideration the Plan's current service costs on a current basis and the estimated accrued benefit cost arising from qualifying service prior to establishment of the Plan or amendments thereto. Although it has not expressed any intent to do so, the Bank has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth by ERISA.

Pension Benefits

Under the terms of the Plan, participants are eligible for monthly benefit payments on the first of the month after reaching age 65 (hired prior to January 1, 2007, the earlier of age 65 and age 60 with 30 years of service). Monthly benefit payments are determined by the number of years of credited service prior to normal retirement date (up to a maximum of 30 years) multiplied by a percentage of average compensation. Average compensation is defined in the Plan as the monthly average of total pay received for the 60 consecutive months out of the 120 latest months before retirement date which gives the highest average. For participants hired prior to January 1, 2007, the benefit percentage is based on 2% of average compensation and for participants hired on or after January 1, 2007, the percentage is 1% of average compensation.

The Plan also provides that participants with at least ten years of vesting service may elect at any time, upon the attainment of age 55, to take early retirement with a reduced benefit equal to the actuarial equivalent of participant's accrued benefit on such specified date. However, for a participant who is hired prior to January 1, 2007, who retires upon their attainment of early retirement age and their age plus years of accrual service equals or exceeds 90 ("rule of 90"), their accrued benefit shall not be reduced. The rule of 90 benefit does not apply to a participant who is hired on or after January 1, 2007.

1. DESCRIPTION OF THE PLAN *(CONTINUED)*

The Plan also provides a Cost of Living Adjustment ("COLA") to the retirement benefit related to the Consumer Price Index up to 3% per year. For participants hired before January 1, 2007, the COLA has been frozen as of January 15, 2007. Only benefits accrued prior to this date will receive future adjustments. There will be no COLA for participants hired on or after January 1, 2007.

Death and Disability Benefits

The Plan provides for death and disability benefits during the period prior to the normal retirement date to any participant who was entitled to a vested retirement benefit at the day of death or disability. Death benefits are paid if the participant and the surviving spouse have been married throughout the one-year period ending on the date of the participant's death. The Plan also provides disability benefits for participants that meet the definition of totally and permanently disabled.

Vesting

Participants are 20% vested in their accumulated benefits after three years of vesting service. For each year thereafter, participants vest an additional 20% until fully vested after seven years of vested service.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Plan's financial statements are presented in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Use of Estimates

The preparation of financial statements in conformity with GAAP requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investments and Income Recognition

Investments are reported at fair value, except for funds held in an insurance company general account, which are stated at contract value (see Note 5). 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. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis, and dividends are recorded on the ex-dividend date. Net appreciation/depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. Earnings from the funds are re-invested and added to the cost basis of the funds.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

Certain administrative functions are performed by officers and employees of the Plan Sponsor, the cost of which are not included in administrative expenses. Expenses of the Plan may be paid out of the assets of the Plan provided that such payment is consistent with ERISA, or may be paid by the Bank directly.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES *(CONTINUED)*

Subsequent Events

The Plan has evaluated subsequent events for potential recognition or disclosure in the financial statements through April 10, 2026, the date upon which the Plan's financial statements were available to be issued.

3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service participants have rendered. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated participants or their beneficiaries, (2) beneficiaries of participants who have died, and (3) present participants or their beneficiaries. Benefits under the Plan are determined by the number of years of credited service prior to normal retirement date (up to a maximum of 30 years) multiplied by a percentage of average compensation. Average compensation is defined in the Plan as the monthly average of total pay received for the 60 consecutive months out of the 120 latest months before retirement date which gives the highest average. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, withdrawal and retirement) between the valuation date and the expected date of payment. For the years ended June 30, 2025 and 2024, the Plan's actuary used the Unit Credit Actuarial Cost Method. This method does not take into account future salary increases.

The following table shows the significant actuarial assumptions used in computing the actuarial present value of accumulated plan benefits as of and for the years ended June 30, 2024 and 2023:

	2024	2023
Asset smoothing rate	6.75%	6.75%
COLA inflation rate	2.40%	2.25%
Interest rate to value plan liabilities	5.74%	5.92%
Mortality Tables	Pri-2012 Mortality Tables using Scale MP-2021	Pri-2012 Mortality Tables using Scale MP-2021

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

4. FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value, except for funds held in the insurance company general account which are reported at contract value. See Note 5 for a discussion of that contract. Fair value estimates are made as of a specific point in time based on the characteristics of the assets and relevant market information. In accordance with guidance, the fair value estimates are measured within the fair value hierarchy. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

4. FAIR VALUE MEASUREMENTS *(CONTINUED)*

The three levels of the fair value hierarchy are described below:

Level 1 — Quoted prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.

Level 2 — Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

Level 3 — Significant unobservable inputs that reflect an entity's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2025 and 2024.

All of the Plan's investments reported at fair value are mutual funds. Fair value of mutual funds is based on the daily closing price as quoted in active markets and therefore is classified as Level 1 in the fair value hierarchy.

The following table details the Plan's assets carried at fair value on a recurring basis as of June 30, 2025 and 2024 and indicates the fair value hierarchy of the valuation techniques utilized by the Plan to determine the fair value:

	Fair Value of Investments			
	Total	(Level 1)	(Level 2)	(Level 3)
June 30, 2025				
Mutual funds	$ 65,577,966	$ 65,577,966	$ -	$ -
June 30, 2024				
Mutual funds	$ 61,867,341	$ 61,867,341	$ -	$ -

5. FUNDS HELD IN AN INSURANCE COMPANY GENERAL ACCOUNT

A portion of the Plan's investments consist of an immediate participation guarantee contract, which participates in the investment results of a fund that consists of an annuity allocation and an unallocated fund balance. Investments in the annuity allocation portion of the fund account are stated at contract value, which was $1,860,273 and $1,965,613 at June 30, 2025 and 2024, respectively. Contract value approximates fair value and represents contributions, plus interest at the contract rate, less distributions for benefits and administrative expenses. The contract rate is adjusted periodically based on changes in market rates. The annualized rate of return for the funds was 4.34% and 4.23% for the years ended June 30, 2025 and 2024, respectively. The unallocated fund balance of the Plan's regular account fund is stated at withdrawal value. Withdrawal value approximates contract value and represents the amount which is available for withdrawal in a lump sum on the period-end date, and would be reduced by outstanding service fees.

6. INFORMATION CERTIFIED BY THE PLAN CUSTODIANS

Information related to cash and investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including all cash and investments held at June 30, 2025 and 2024, and net appreciation in fair value of investments, and interest and dividend income for the years ended June 30, 2025 and 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by Matrix Trust Company, Charles Schwab Trust Bank and Aetna Life Insurance Company, the custodians of the Plan.

7. RELATED PARTY AND PARTIES-IN-INTEREST TRANSACTIONS

The Bank controls and manages the operation and administration of the Plan, and certain Bank officers, who act as Trustee of the Plan, are participants in the Plan. No officers or employees of the Bank receive compensation from the Plan. Plan investments include mutual fund accounts managed by Matrix Trust Company, Charles Schwab Trust Bank and funds held in the general account of Aetna Life Insurance Company. Matrix Trust Company, Charles Schwab Trust Bank and Aetna Life Insurance Company are the Custodians of the Plan's assets, and therefore, transactions with them qualify as party-in-interest transactions.

8. TAX STATUS

The Plan obtained a favorable letter of determination dated November 4, 2020, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has not been amended since receiving the determination letter. The Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

The Plan is required to evaluate tax positions taken 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 Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of June 30, 2025 and 2024, 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.

9. RISK AND UNCERTAINTIES

The Plan invests in various mutual fund accounts and funds held in an insurance company general account. These investments 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 investments will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

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

10. PLAN TERMINATION

The Bank intends to continue its sponsorship of the Plan indefinitely and as of June 30, 2025 the Bank had not expressed any intention to terminate. In the event the Plan terminates, all participants with respect to whom the Plan has been completely or partially terminated will become fully vested in their accrued benefits as of the date of termination. Benefits will be paid solely from and only to the extent Plan assets are available to provide benefits or as may be guaranteed by the Pension Benefit Guaranty Corporation ("PBGC"), a U.S. Government agency. Benefits would be provided as prescribed by ERISA and its related regulations; benefits would be provided in the following order:

1. Benefits attributable to employee contributions, taking into account those paid out before termination.
2. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
3. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC)(a U.S. government agency) up to the applicable limitations (discussed below).
4. All other vested benefits.
5. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

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

11. ADJUSTED FUNDING TARGET ATTAINMENT PERCENTAGE

The Pension Protection Act of 2006 as amended by the Worker, Retiree and Employer Recovery Act of 2008 imposes certain benefit restrictions for qualified defined benefit plans that do not meet certain funding thresholds. The "At-Risk" status is referred to as the Funding Target Attainment Percentage. A plan's funded percentage is referred to as the Adjusted Funding Target Attainment Percentage ("AFTAP"). The June 30, 2025 AFTAP for the Plan is 133.81%. Because the Plan's AFTAP exceeds 80%, the Plan is not subject to any benefit restrictions.

SUPPLEMENTAL SCHEDULES

E.I.N. 06-0561730 Plan Number 008

FORM 5500, SCHEDULE H, ITEM 4(I) – SCHEDULE OF ASSETS (HELD AT END OF YEAR) – FOR THE YEAR ENDED JUNE 30, 2025

a	b	c	d	e
Party in interest	*Identity of Issue, Borrower, Lessor, or Similar Party*	*Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value (1)*	*Cost*	*Current Value*
*	Charles Schwab Trust Bank	Schwab Bank Savings	$ 1,321,834	$ 1,321,834
*	Charles Schwab Trust Bank	Schwab Bank Sweep for EE Benefit Plan	375,001	375,001
*	Aetna Life Insurance Company	Insurance Company General Account	1,262,140	1,860,273
*	Charles Schwab Trust Bank	Federated Hermes Govt Oblig IS	1,130,360	104,894
*	Charles Schwab Trust Bank	BlackRock Strategic Income Opportunities Portfolio Class K	3,197,159	3,315,240
*	Charles Schwab Trust Bank	Cohen & Steers Realty Shares	2,185,067	1,988,614
*	Charles Schwab Trust Bank	Dodge & Cox Income Cl I	6,227,490	7,946,188
*	Charles Schwab Trust Bank	Fidelity Advisor® International Growth Z	1,576,999	2,027,784
*	Charles Schwab Trust Bank	Fidelity® 500 Index Institutional Prem	5,909,492	8,056,390
*	Charles Schwab Trust Bank	Fidelity® Blue Chip Growth K6	2,830,429	3,379,426
*	Charles Schwab Trust Bank	Fidelity® Mid Cap Index Instl Prem	2,300,594	2,677,492
*	Charles Schwab Trust Bank	GQG Part Emerg Mkts Eq-Inst	510,828	-
*	Charles Schwab Trust Bank	Invesco Equally-Wtd S&P 500 Y	1,242,921	1,340,196
*	Charles Schwab Trust Bank	MFS® Mid Cap Growth R6	1,069,959	674,698
*	Charles Schwab Trust Bank	MFS® Mid Cap Value R6	1,742,506	2,003,389
*	Charles Schwab Trust Bank	Parametric Commodity Strategy I	3,505,986	3,305,206
*	Charles Schwab Trust Bank	PGIM Global Total Return Cl R6	671,218	664,777
*	Charles Schwab Trust Bank	PGIM High Yield R6	1,963,884	1,996,866
*	Charles Schwab Trust Bank	PIMCO RAE Emerging Markets Instl	1,658,994	1,999,768
*	Charles Schwab Trust Bank	Schwab Fundamental Intl Large Co Index Isv	1,665,155	2,017,400
*	Charles Schwab Trust Bank	Schwab Fundamental US Large Co Index IS	4,788,772	6,035,102
*	Charles Schwab Trust Bank	Schwab Small Cap Index	1,200,891	1,342,577
*	Charles Schwab Trust Bank	T Rowe Price Fltg Rate Fd Inc CL I	1,259,659	1,328,680
*	Charles Schwab Trust Bank	Vanguard Developed Markets Index Admiral	4,691,240	5,381,154
*	Charles Schwab Trust Bank	Vanguard Explorer Adm	1,179,682	669,011
*	Charles Schwab Trust Bank	Vanguard Small Cap Value Index Admiral	1,161,995	1,339,705
*	Charles Schwab Trust Bank	Vanguard Total Bond Market Index Adm	2,616,943	4,647,400
*	Charles Schwab Trust Bank	Vanguard Long-Term Investment-Grade Adm	1,125,251	1,336,009
			$ 60,372,447	$ 69,135,074

(1) Maturity date, rate of interest, collateral, par or maturity value are not applicable to the Plan's type of investments.
This schedule was prepared based on information certified to by the Custodians of the Plan's assets.

* Denotes a party-in-interest

FORM 5500, SCHEDULE H, ITEM 4(J) – SCHEDULE OF REPORTABLE TRANSACTIONS – FOR THE YEAR ENDED JUNE 30, 2025

a	b	c	d	e	f	g	h	i	j
Party in interest	*Identity of issue, borrower, lessor, or similar party*	*Description of Asset*	*Purchase Price*	*Selling Price*	*Lease Rental*	*Expense Incurred With Transaction*	*Cost of Asset*	*Current Value of Asset on Transaction Date*	*Net Gain or (Loss)*
	Category (i) - A single transaction within the Plan year in excess of 5% of plan assets.								
*	Matrix Trust Company	Fidelity 500 Index Institutional	$ -	$ 5,639,164	N/A	$ -	$ 4,472,430	$ 5,639,164	$ 1,166,734
*	Matrix Trust Company	Schwab Fundamental US Large Company Index	-	4,908,229	N/A	-	4,849,319	4,908,229	58,910
*	Matrix Trust Company	Vanguard Developed Markets Index Admiral	-	3,531,273	N/A	-	3,097,543	3,531,273	433,729
*	Charles Schwab Trust Bank	Dodge & Cox Income I	7,603,896	-	N/A	-	7,603,896	7,603,896	-
*	Charles Schwab Trust Bank	Fidelity 500 Index Fund	7,603,896	-	N/A	-	7,603,896	7,603,896	-
*	Charles Schwab Trust Bank	Schwab Fundamental US Large Company Index	5,702,922	-	N/A	-	5,702,922	5,702,922	-
*	Charles Schwab Trust Bank	Vanguard Developed Markets Index Admiral	5,069,264	-	N/A	-	5,069,264	5,069,264	-
*	Charles Schwab Trust Bank	Vanguard Total Bond Market Index Admiral	4,435,606	-	N/A	-	4,435,606	4,435,606	-

There were no category (ii) (iii) or (iv) transactions during the Plan year.
This schedule was prepared based on information certified to by the Custodians of the Plan's assets.
* Denotes a party-in-interest

FORM 5500, SCHEDULE H, ITEM 4(J) – SCHEDULE OF REPORTABLE TRANSACTIONS – AT JUNE 30, 2025

a	b	c	d	e	f	g	h	i
Identity of Party Involved	Description of Asset (Include Interest Rate and Maturity in Case of Loan)	Purchase Price	Selling Price	Lease Rental	Expenses Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Series of transactions in the same issue aggregating 5% or more of the current value of Plan net assets at July 1, 2024:								
Matrix Trust Company	Fidelity 500 Index Fund	N/A	$ 7,676,282	N/A	$ -	$ 6,088,071	$ 7,676,282	$ 1,588,211
Charles Schwab Trust Bank	Fidelity 500 Index Fund	$ 7,603,896	N/A	N/A	$ -	$ 7,603,896	N/A	N/A
Matrix Trust Company	Schwab Fundamental US Large Company Index	N/A	$ 5,624,671	N/A	$ -	$ 5,455,492	$ 5,624,671	$ 169,179
Charles Schwab Trust Bank	Schwab Fundamental US Large Company Index	$ 5,702,922	N/A	N/A	$ -	$ 5,702,922	N/A	N/A
Matrix Trust Company	Vanguard Developed Markets Index Admiral	N/A	$ 4,737,196	N/A	$ -	$ 4,166,753	$ 4,737,196	$ 570,443
Charles Schwab Trust Bank	Vanguard Developed Markets Index Admiral	$ 5,069,264	N/A	N/A	$ -	$ 5,702,922	N/A	N/A
Charles Schwab Trust Bank	Dodge & Cox Income I	$ 7,603,896	N/A	N/A	$ -	$ 7,603,896	N/A	N/A
Charles Schwab Trust Bank	Vanguard Total Bond Market Index Admiral	$ 4,435,606	N/A	N/A	$ -	$ 4,435,606	N/A	N/A

The information in this schedule has been prepared based on information certified to by the Custodians of the Plan's assets.

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Holyoke, MA 01040
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Whittlesey
Forward Advising™

Attachment to Schedule SB (2024 Form 5500)
Line 26a - Schedule of Active Participant Data

CBIA
EIN: 06-0439660 PN: 002

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

Description of Actuarial Methods

Asset Valuation Method

The Actuarial Value of assets used in the development of plan contributions phases in recognition of the difference between the actual return on Market Value and the expected return on Market Value over a three-year period at 33.33% per year. The Actuarial Value is adjusted, if necessary, to comply with the IRC Sec. 430 requirement that the Actuarial Value of assets be within the range of 90% to 110% of the Market Value of assets. This method is equivalent to the smoothed market value method without phase-in described in Approval 3.16 of Revenue Procedure 2000-40. This was first used for the 2009-2010valuation.

Actuarial Cost Method

Funding Target Liability: Unit Credit Actuarial Cost Method.

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

Description of Actuarial Assumptions

Changes in Actuarial Assumptions as of July 1, 2024

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

- Mortality

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

Interest Rates

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

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

	Corridor After ARPA		
Years	**Corridor**	**Years**	**Corridor**
2020-2021	95% to 105% if not deferred	2020-2021	95% to 105% if not deferred
2022-2025	95%-105%	2022-2030	95%-105%
2026	90%-110%	2031	90%-110%
2027	85%-115%	2032	85%-115%
2028	80%-120%	2033	80%-120%
2029	75%-125%	2034	75%-125%
2030+	70%-130%	2035+	70%-130%

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

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

	2024-2025		2023-2024	
Segment	Before Adjustment	After Adjustment	Before Adjustment	After Adjustment
1st	4.64%	4.75%	2.50%	4.75%
2nd	5.12%	5.12%	3.83%	5.00%
3rd	5.1%	5.59%	4.06%	5.74%

Interest Rates (cont.)

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

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

PBGC premium: PBGC spot segment rates for the month preceding the premium payment year. This method was last elected for the 2018 plan year. The rates are shown below.

	2024	2023
1st segment	5.09%	5.26%
2nd segment	5.28%	5.23%
3rd segment	5.52%	5.16%

Expected Return for Asset Smoothing

Year	Assumption	Not to Exceed
2024	6.75%	5.59%
2023	6.75%	5.74%
2022	7.00%	5.92%
2021	7.00%	6.11%

The expected long-term rate of return on assets is estimated using the Plan Sponsor's long-term target asset allocation and the long-term capital market assumption for each asset class in that allocation.

Mortality

Pri-2012 Mortality Table projected to valuation date with an adjusted version of Scale MP-2021.
Combined tables for annuitants and non-annuitants.

Mortality Improvement

Projected using an adjusted version of Scale MP-2021 for 8 years for males, and 9 years for females, after the valuation date. Projection period is modified based upon participant's age on valuation date.

Inflation

2.40%.

This assumption is consistent with the Social Security Administration's current best estimate of the ultimate long-term (75-year horizon) annual percentage increase in CPI, as published in the 2023 OASDI Trustees Report.

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

As required by law, no increases are assumed.

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

As required by law, no increases are assumed.

Retirement

Age	Rate
60-61	5%
62	15%
63-64	10%
65	50%
66-69	10%
70	100%

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

Termination prior to retirement

100% Vaughn Ultimate Rates

Age	Rate
20	18.6%
25	13.6%
30	10.1%
35	7.9%
40	6.5%
45	5.5%
50	4.5%
55	3.5%
60	3.0%

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

Administrative expenses

None.

Percent of active employees married

85% of males and 85% of females.

Spouse's age

Husbands are assumed to be 3 years older than wives.

FORM 5500, SCHEDULE H, ITEM 4(J) – SCHEDULE OF REPORTABLE TRANSACTIONS – FOR THE YEAR ENDED JUNE 30, 2025

a	b	c	d	e	f	g	h	i	j
Party in interest	*Identity of issue, borrower, lessor, or similar party*	*Description of Asset*	*Purchase Price*	*Selling Price*	*Lease Rental*	*Expense Incurred With Transaction*	*Cost of Asset*	*Current Value of Asset on Transaction Date*	*Net Gain or (Loss)*
	Category (i) - A single transaction within the Plan year in excess of 5% of plan assets.								
*	Matrix Trust Company	Fidelity 500 Index Institutional	$ -	$ 5,639,164	N/A	$ -	$ 4,472,430	$ 5,639,164	$ 1,166,734
*	Matrix Trust Company	Schwab Fundamental US Large Company Index	-	4,908,229	N/A	-	4,849,319	4,908,229	58,910
*	Matrix Trust Company	Vanguard Developed Markets Index Admiral	-	3,531,273	N/A	-	3,097,543	3,531,273	433,729
*	Charles Schwab Trust Bank	Dodge & Cox Income I	7,603,896	-	N/A	-	7,603,896	7,603,896	-
*	Charles Schwab Trust Bank	Fidelity 500 Index Fund	7,603,896	-	N/A	-	7,603,896	7,603,896	-
*	Charles Schwab Trust Bank	Schwab Fundamental US Large Company Index	5,702,922	-	N/A	-	5,702,922	5,702,922	-
*	Charles Schwab Trust Bank	Vanguard Developed Markets Index Admiral	5,069,264	-	N/A	-	5,069,264	5,069,264	-
*	Charles Schwab Trust Bank	Vanguard Total Bond Market Index Admiral	4,435,606	-	N/A	-	4,435,606	4,435,606	-

There were no category (ii) (iii) or (iv) transactions during the Plan year.
This schedule was prepared based on information certified to by the Custodians of the Plan's assets.
* Denotes a party-in-interest

FORM 5500, SCHEDULE H, ITEM 4(J) – SCHEDULE OF REPORTABLE TRANSACTIONS – AT JUNE 30, 2025

a	b	c	d	e	f	g	h	i
Identity of Party Involved	Description of Asset (Include Interest Rate and Maturity in Case of Loan)	Purchase Price	Selling Price	Lease Rental	Expenses Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Series of transactions in the same issue aggregating 5% or more of the current value of Plan net assets at July 1, 2024:								
Matrix Trust Company	Fidelity 500 Index Fund	N/A	$ 7,676,282	N/A	$ -	$ 6,088,071	$ 7,676,282	$ 1,588,211
Charles Schwab Trust Bank	Fidelity 500 Index Fund	$ 7,603,896	N/A	N/A	$ -	$ 7,603,896	N/A	N/A
Matrix Trust Company	Schwab Fundamental US Large Company Index	N/A	$ 5,624,671	N/A	$ -	$ 5,455,492	$ 5,624,671	$ 169,179
Charles Schwab Trust Bank	Schwab Fundamental US Large Company Index	$ 5,702,922	N/A	N/A	$ -	$ 5,702,922	N/A	N/A
Matrix Trust Company	Vanguard Developed Markets Index Admiral	N/A	$ 4,737,196	N/A	$ -	$ 4,166,753	$ 4,737,196	$ 570,443
Charles Schwab Trust Bank	Vanguard Developed Markets Index Admiral	$ 5,069,264	N/A	N/A	$ -	$ 5,702,922	N/A	N/A
Charles Schwab Trust Bank	Dodge & Cox Income I	$ 7,603,896	N/A	N/A	$ -	$ 7,603,896	N/A	N/A
Charles Schwab Trust Bank	Vanguard Total Bond Market Index Admiral	$ 4,435,606	N/A	N/A	$ -	$ 4,435,606	N/A	N/A

The information in this schedule has been prepared based on information certified to by the Custodians of the Plan's assets.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

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

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

A Name of plan
THE RETIREMENT PLAN FOR EMPLOYEES OF THOMASTON SAVINGS BANK

B Three-digit plan number (PN) ▶ 008

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
THOMASTON SAVINGS BANK

D Employer Identification Number (EIN)
06-0561730

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 07 Day 01 Year 2024

2 Assets:

a Market value	**2a**	63,795,892
b Actuarial value	**2b**	59,680,428

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	74	18,208,516	18,208,516
b For terminated vested participants	94	4,132,103	4,132,103
c For active participants	157	22,229,563	22,256,959
d Total	325	44,570,182	44,597,578

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.33%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	1,732,195
b Expected plan-related expenses	**6b**	100,000
c Target normal cost	**6c**	1,832,195

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

4/7/2026
Date

Stephen Chykirda, ASA
Type or print name of actuary

2307517
Most recent enrollment number

USI Consulting Group
Firm name

860-521-8400
Telephone number (including area code)

95 Glastonbury Boulevard
SUITE 102
Glastonbury CT 06033
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	6,414,961	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	6,414,961	0
10	Interest on line 9 using prior year's actual return of 13.70 %	878,850	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		979,740
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.34 %		52,318
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		1,032,058
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	7,293,811	0

Part III Funding Percentages

14	Funding target attainment percentage	14	117.46 %
15	Adjusted funding target attainment percentage	15	133.81 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	137.27 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
		Totals ► 18(b)	0	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [ ] Yes [X] No

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.75 %	5.12 %	5.59%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	1,832,195
b Excess assets, if applicable, but not greater than line 31a	**31b**	1,832,195

32 Amortization installments:

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

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

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

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

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

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

Assumed Retirement Age - Hired Before January 1, 2007

(1)	(2)	(3)	(4) (2)*(3)	(5) (1)*(4)
Age	Active Headcount	Percent Eligible For Retirement	Expected Retirements	Weighted Age
55	16.8357	24.03%	4.0463	222.5457
56	15.6344	35.95%	5.6210	314.7743
57	11.8943	22.30%	2.6528	151.2119
58	10.1356	15.60%	1.5813	91.7178
59	9.4586	0.00%	0.0000	0.0000
60	11.3545	7.89%	0.8958	53.7496
61	11.3454	24.24%	2.7500	167.7495
62	10.5013	18.81%	1.9753	122.4694
63	11.4340	8.10%	0.9262	58.3475
64	10.3933	36.01%	3.7423	239.5100
65	6.5757	100.00%	6.5757	427.4174
66	2.0000	100.00%	2.0000	132.0000
67	0.0000	100.00%	0.0000	0.0000
68	0.0000	100.00%	0.0000	0.0000
69	1.0000	100.00%	1.0000	69.0000
			33.77	2,050.49
		Weighted Average Retirement Age:		60.73

**If a participant meets the eligibility requirements (age plus service is at least 90), they are assumed to retire*

Assumed Retirement Age - Hired After January 1, 2007

(1)	(2)	(3)	(4) (2)*(3)	(5) (1)*(4)
Age	Active Headcount	Retirement Rate	Expected Retirements	Weighted Age
65	98.2629	100.00%	98.2629	6387.0878
66	2.0000	100.00%	2.0000	132.0000
			100.26	6,519.09
		Weighted Average Retirement Age:		65.02

Assumed Retirement Age - Entire Plan **63.94**

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April 10, 2026

To the Plan Administrator and Audit Committee of the Board of Directors
of Thomaston Savings Bank,
Sponsor of the Retirement Plan for Employees of Thomaston Savings Bank
Thomaston, Connecticut

We have audited the financial statements of the Retirement Plan for Employees of Thomaston Savings Bank (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] for the year ended June 30, 2025, and we have issued our report thereon dated April 10, 2026. As permitted by ERISA Section 103(a)(3)(C), our audit did not extend to any statements or information related to assets held for investment of the Plan ("investment information") by Charles Schwab Trust Bank, Matrix Trust Company and Aetna Life Insurance Company, the Custodians of the Plan, which are banks or similar institutions or insurance carriers that are regulated, supervised, and subject to periodic examination by a state or federal agency, that prepared and certified the statements or information regarding assets so held in accordance with 29 CFR 2520.103-5. Our audit 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 ERISA-required supplemental schedules, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of 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 GAAP. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards, as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our letter to you dated April 1, 2025. Professional standards also require that we communicate to you the following information related to our audit.

Significant Audit Matters

Qualitative Aspects of Accounting Practices

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by the Plan are described in Note 2 to the financial statements. There were no new accounting pronouncements adopted by the Plan in 2025. We noted no transactions entered into by the Plan during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimate affecting the financial statements was:

> Management's estimate of accumulated plan benefits is based on assumptions utilized by the Plan's actuarial specialist.

We evaluated the key factors and assumptions used to develop this estimate in determining that it is reasonable in relation to the financial statements taken as a whole.

Certain financial statement disclosures are particularly sensitive because of their significance to financial statement users. The most sensitive disclosure affecting the financial statements was:

> The disclosures of the actuarial assumptions are described in Note 3 to the financial statements.

The financial statement disclosures are neutral, consistent, and clear.

Form 5500 Procedures

We are required to obtain and read a substantially complete draft of Form 5500 prior to dating our auditors' report. The purpose of this procedure is to identify any material inconsistencies between the draft Form 5500 and the Plan's financial statements. We identified no material inconsistencies in performing and completing our audit.

Difficulties Encountered in Performing the Audit

We encountered no significant difficulties in dealing with management in performing and completing our audit.

Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that are clearly trivial, and communicate them to the appropriate level of management. There were no audit adjustments recorded in the financial statements and there were no uncorrected misstatements.

Disagreements with Management

For purposes of this letter, a disagreement with management is a disagreement in a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

Management Representations

We have requested certain representations from management that are included in the management representation letter dated April 10, 2026, a copy of which is attached.

Management Consultations with Other Independent Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the Plan's financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

Other Audit Findings or Issues

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the Plan's independent auditor. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

Other

Our responsibility for the ERISA-required supplemental schedules accompanying the financial statements is to perform adequate procedures to evaluate whether the form and content of the ERISA-required supplemental schedules, other than that agreed to or derived from the certified investment information, is presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, and whether the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

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

Thomaston Savings Bank

203 Main Street, PO Box 907
Thomaston, CT 06787
860.283.1874 | 855.344.1874
ThomastonSB.com

April 10, 2026

Whittlesey PC
280 Trumbull Street, 24th Floor
Hartford, CT 06103

This representation letter is provided in connection with your audit of the financial statements and supplemental schedule of the Retirement Plan for Employees of Thomaston Savings Bank (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits and of accumulated benefits as of June 30, 2025 and 2024, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the years then ended, and the disclosures (collectively, the "financial statements"), for the purpose of expressing an opinion as to whether the financial statements are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States ("U.S. GAAP") and whether the supplemental schedule is fairly stated in all material respects in relation to the financial statements as a whole. As permitted by Regulation 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA, we have elected for you to not perform any auditing procedures with respect to information prepared and certified to by Charles Schwab Trust Bank, Matrix Trust Company and Aetna Life Insurance Company, the custodians, in accordance with DOL Regulation 2520.103-5, except for comparing the information with the related information included in the financial statements and supplemental schedule. We understand that the form and content of the information in the financial statements and supplemental schedule, other than that derived from the information certified by the custodiams, has been audited by you in accordance with auditing standards generally accepted in the United States of America, and was subjected to tests of our accounting records and other procedures you considered necessary to enable you to express an opinion as to whether they are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Certain representations in this letter are described as being limited to matters that are material. Items are considered material, regardless of size, if they involve an omission or misstatement of accounting information that, in light of surrounding circumstances, makes it probable that the judgment of a reasonable person relying on the information would be changed or influenced by the omission or misstatement. An omission or misstatement that is monetarily small in amount could be considered material as a result of qualitative factors.

We confirm, to the best of our knowledge and belief, as of April 10, 2026, the following representations made to you during your audit.

Financial Statements

1) We have fulfilled our responsibilities, as set out in the terms of the audit engagement letter dated April 1, 2025, including our responsibility for the preparation and fair presentation of the financial statements and note disclosures.

2) We acknowledge our election to have an ERISA Section 103(a)(3)(C) audit does not affect our responsibility for the financial statements and for determining the following:

   a) The circumstances permit an ERISA Section 103(a)(3)(C) audit.

b) Qualified institutions have prepared and certified the investment information as described in 29 CFR 2520.103-8.

c) The certification meets the 29 CFR 2520.103-5 requirements.

d) The certified investment information is appropriately measured, presented, and disclosed in accordance with U.S. GAAP.

3) The financial statements referred to above are fairly presented in conformity with U.S. GAAP, the notes include all disclosures required by laws and regulations to which the Plan is subject, including the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, and the supplemental schedule referred to above is fairly presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

4) We acknowledge our responsibility for 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.

5) 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.

6) We acknowledge our responsibility for the design, implementation, and maintenance of internal control to prevent and detect fraud.

7) Significant assumptions we used in making accounting estimates, including those measured at fair value, are reasonable.

8) Related-party relationships and transactions and relationships and transactions with parties-in-interest, as defined in ERISA Section 3(14) and regulations thereunder, have been appropriately accounted for and disclosed in accordance with U.S. GAAP and ERISA Section 3(14) and regulations thereunder.

9) There are no events subsequent to the date of the financial statements for which U.S. GAAP requires adjustment or disclosure.

10) There are no uncorrected misstatements related to the financial statements.

11) We are not aware of any pending or threatened litigation, claims, or assessments or unasserted claims or assessments that are required to be accrued or disclosed in the financial statements in accordance with U.S. GAAP, and we have not consulted a lawyer concerning litigation, claims, or assessments.

12) There are no other matters (e.g., breach of fiduciary responsibilities, nonexempt transactions, loans or leases in default, or events that may jeopardize the tax status) that legal counsel has advised us that must be disclosed.

13) Significant estimates and material concentrations have been properly disclosed in accordance with U.S. GAAP.

14) Financial instruments with concentrations of credit risk have been properly recorded or disclosed in the financial statements.

15) There are no guarantees, whether written or oral, under which the Plan is contingently liable.

16) The supplemental schedules or financial statements disclose the following, as applicable:

a) All non-exempt party-in-interest transactions [as defined in ERISA Section 3(14) and regulations thereunder].

b) Investments or loans in default or considered to be uncollectible.

c) Reportable transactions [as defined in ERISA Section 103(b)(3)(H) and regulations thereunder].

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) A substantially complete draft of Form 5500.

c) Additional information that you have requested from us for the purpose of the audit.

d) Unrestricted access to persons within the Plan from whom you determined it necessary to obtain audit evidence.

e) Current plan instruments, trust agreements, insurance contracts, or investment contracts and amendments to such documents entered into during the year, including amendments to comply with applicable laws.

f) Actuarial reports prepared for the Plan and the Plan's sponsor during the year.

18) All material transactions have been recorded in the accounting records and are reflected in the financial statements.

19) We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.

20) We have no knowledge of any fraud or suspected fraud that affects the Plan and involves:

a) Management,

b) Employees who have significant roles in internal control, or

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's financial statements communicated by employees, former employees, participants, regulators, beneficiaries, service providers, third-party administrators, or others.

22) We have no knowledge of any instances of noncompliance or suspected noncompliance with laws and regulations (including ERISA, DOL, and IRS regulations) whose effects should be considered when preparing financial statements.

23) We are not aware of any pending or threatened litigation, claims, or assessments or unasserted claims or assessments that are required to be accrued or disclosed in the financial statements in accordance with U.S. GAAP, and we have not consulted a lawyer concerning litigation, claims, or assessments.

24) We have disclosed to you the identity 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.

25) The Plan has satisfactory title to all owned assets, which are recorded at fair value, and all liens, encumbrances, or security interests requiring disclosure in the financial statements have been properly disclosed.

26) We have no—

a) Plans or intentions that may materially affect the carrying value or classification of assets and liabilities.

b) Intentions to terminate the Plan.

27) Amendments to the Plan instrument, if any, have been properly recorded or disclosed in the financial statements.

28) We have no knowledge of any omissions from the participants' data provided to the Plan's actuary for the purpose of determining the actuarial present value of accumulated plan benefits and other actuarially determined amounts in the financial statements.

29) We agree with the actuarial methods and assumptions used by the actuary for funding purposes and for determining the Plan's accumulated plan benefits and have no knowledge or belief that such methods or assumptions are inappropriate in the circumstances. We did not give any instructions, nor cause any to be given, to the Plan's actuary with respect to values or amounts derived, and we are not aware of any matters that have impacted the independence or objectivity of the Plan's actuary.

30) We have no knowledge of any changes in:

- The actuarial methods or assumptions used in calculating amounts recorded or disclosed in the financial statements.
- Plan provisions between the actuarial valuation date and the date of this letter.

31) The Plan has complied with all aspects of debt and other contractual agreements that would have a material effect on the financial statements in the event of noncompliance.

32) The methods and significant assumptions used to estimate fair values of financial instruments, including non-readily marketable securities (if applicable), are disclosed in the financial statements.

33) The methods and significant assumptions used result in a measure of fair value appropriate for financial measurement and disclosure purposes.

34) All required amendments to and filings of plan documents with the appropriate agencies have been made.

35) The Plan is qualified under the appropriate section of the Internal Revenue Code and we intend to continue them as a qualified plan. The Plan sponsors have operated the Plan in a manner that did not jeopardize this tax status.

36) The Plan has complied with the DOL's regulations concerning the timely remittance of participant contributions to trusts containing assets for the Plan.

37) The Plan has complied with the fidelity bonding requirements of ERISA.

38) We have apprised you of all communications, whether written or oral, with regulatory agencies concerning the operation of the Plan.

39) We have obtained appropriate fee disclosures from covered service providers and have concluded the fees are reasonable. The Plan is in compliance with DOL regulations regarding ERISA Section 408(b)(2).

40) We believe the form and content of the supplemental schedules are fairly presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

41) We have obtained the service auditors' reports from our service organizations Matrix Trust Company and Automated Data Processing, Inc. We have reviewed such reports, including the complementary user controls. We have implemented the relevant user controls, and they were in operation for the year ended June 30, 2024.

Stephen L. Lewis _____
President & Chief Executive Officer

Rebekah Stokes _____
EVP/Chief Financial Officer and Plan Administrator

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Tel: 413.536.3970

To the Plan Administrator and Audit Committee of the Board of Directors
of Thomaston Savings Bank,
Sponsor of the Retirement Plan for Employees of Thomaston Savings Bank
Thomaston, Connecticut

Except as discussed in the following paragraph, in planning and performing our audit of the financial statements of the Retirement Plan for Employees of Thomaston Savings Bank (the "Plan") as of and for the year ended June 30, 2025, in accordance with auditing standards generally accepted in the United States of America, we considered the Plan's internal control over financial reporting ("internal control") as a basis for designing our auditing procedures that are appropriate in the circumstances for the purpose of issuing our report on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we do not express an opinion on the effectiveness of the Plan's internal control.

We were engaged to perform an ERISA Section 103(a)(3)(C) audit of those financial statements as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. As permitted by ERISA Section 103(a)(3)(C), our audit did not extend to any statements or information related to assets held for investment of the Plan ("investment information") by Charles Schwab, Matrix Trust Company and Aetna Life Insurance Company, that prepared and certified the statements or information regarding assets so held in accordance with 29 CFR 2520.103-5. Our audit also did not include a consideration of internal control relating to the investment information.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies in internal control, such that there is a reasonable possibility that a material misstatement of the Plan's financial statements will not be prevented or detected and corrected on a timely basis.

Our consideration of internal control was for the limited purpose described in the first paragraph and was not designed to identify all deficiencies in internal control that might be material weaknesses. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

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

Whittlesey PC

Hartford Connecticut
April 10, 2026

Summary of Plan Provisions

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

Effective date

Original Date: July 1, 1957.

Latest amendment: Plan Freeze, signed June 8, 2017.

Plan year

The 12-month period from July 1 through June 30.

Participation

Participation under the Plan closed effective July 1, 2006 with respect to any employee who was not employed on July 1, 2006 and who did not become a Participant before July 1, 2006.

An employee becomes a plan participant on the first day of the month coincident with or next following age 21.

Vested service

Each year of at least 1,000 hours of service, beginning at date of hire.

Credited service

Each year of at least 1,000 hours of service, beginning at date of hire.

Earnings

Total wages and other amounts reportable on Form W-2 for the calendar year including amounts paid pursuant to salary reduction agreement. Any amounts paid or payable pursuant to any non-qualified plan of deferred compensation, even if any such amounts are currently includable on Form W-2, any amounts paid as thrift swap payments are to be excluded in earnings to determine benefits.

Average annual earnings

Monthly wage or salary as reported to IRS averaged over the last 60 months of employment.

Monthly accrued benefit

The product of (A) and (B), as follows:

(A) 50% of average monthly earnings,

(B) $\frac{\text{Yearsofcreditedservice(maximizedat30)}}{30}$

Minimum monthly accrued benefit: = $50.00

Additionally, the minimum accrued benefit for MAHC employees is that benefit accrued as of 10-1-85 under their prior plan.

As of June 30, 2017, all future benefit accruals under the Pension Plan have ceased.

Top heavy provisions

In the event that the plan becomes top-heavy in any plan year, the following rules will apply:

a) *Vesting*: The plan's normal vesting provisions shall be disregarded and instead an employee will become vested at the rate of 20 percent after two years of service and an additional 20 percent per year until he is 100% vested after six years of service.

   Effective July 1, 1989: Normal vesting equals Top-Heavy Provision.

b) *Minimum benefits*: The minimum benefit for all non-key employees shall be the product of an employee's average compensation for the highest five consecutive years times the lesser of 2 percent for each top-heavy year of service or 20 percent.

c) *Maximum compensation*: In computing the benefit for each employee, the maximum annual compensation that may be used shall be $200,000 adjusted by the IRS for increases in the cost of living in accordance with IRC Sec. 401(a)(17)(B).

d) *Top-heavy plan years*: July 1, 1984 through June 30, 1985 and July 1, 1987 through June 30, 1988. July 1, 1988 through June 30, 1989. July 1, 1989 through June 30, 1990.

Normal retirement

Eligibility: The later of age 65 and the fifth anniversary of participation.

Benefit: Accrued benefit as of normal retirement date.

Early retirement

Eligibility: Within 10 years of normal retirement date and following the completion of 10 years of vesting service.

Benefit: Accrued benefit as of early retirement date.

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

Termination prior to retirement

Vesting benefit, payable at normal retirement date:

a) 20% after 2 years, plus 20% per year, until 100% after 6 years of vesting service.

b) However, any participant* who has attained age 55 has a nonforfeitable right to his accrued benefit as of date of termination of employment.

   ** Need 3 years of vesting service as of 5/22/2001.*

Death prior to retirement

Eligibility: Eligible for vested benefit. Must be married for at least 12 months prior to death.

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

Form of benefit

Normal form: Ten years certainty and life annuity. For married participants, payable as an actuarially equivalent 50% joint and survivor annuity.

Optional forms: Life annuity, 100%, 75% or 50% joint and survivor annuity, 5 or 15 years certain and life.

Automatic lump sum

Payable immediately, without participant consent, if the present value is $1,000 or less. If present value is more than $1,000 and not more than $5,000, participant may elect a lump sum.

MAHC employees eligible for lump sum value attributable to accrued benefit on 6-30-90.

Actuarial equivalence for optional forms

Interest - 5% per year.

Mortality - UP-1984 Mortality Table.

Lump sum settlements Value will be based on Section 417(e)(3) rates as in effect 2 months prior to the Plan year in which the distribution occurs.

E.I.N. 06-0561730 Plan Number 008

FORM 5500, SCHEDULE H, ITEM 4(I) – SCHEDULE OF ASSETS (HELD AT END OF YEAR) – FOR THE YEAR ENDED JUNE 30, 2025

a	b	c	d	e
Party in interest	*Identity of Issue, Borrower, Lessor, or Similar Party*	*Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value (1)*	*Cost*	*Current Value*
*	Charles Schwab Trust Bank	Schwab Bank Savings	$ 1,321,834	$ 1,321,834
*	Charles Schwab Trust Bank	Schwab Bank Sweep for EE Benefit Plan	375,001	375,001
*	Aetna Life Insurance Company	Insurance Company General Account	1,262,140	1,860,273
*	Charles Schwab Trust Bank	Federated Hermes Govt Oblig IS	1,130,360	104,894
*	Charles Schwab Trust Bank	BlackRock Strategic Income Opportunities Portfolio Class K	3,197,159	3,315,240
*	Charles Schwab Trust Bank	Cohen & Steers Realty Shares	2,185,067	1,988,614
*	Charles Schwab Trust Bank	Dodge & Cox Income Cl I	6,227,490	7,946,188
*	Charles Schwab Trust Bank	Fidelity Advisor® International Growth Z	1,576,999	2,027,784
*	Charles Schwab Trust Bank	Fidelity® 500 Index Institutional Prem	5,909,492	8,056,390
*	Charles Schwab Trust Bank	Fidelity® Blue Chip Growth K6	2,830,429	3,379,426
*	Charles Schwab Trust Bank	Fidelity® Mid Cap Index Instl Prem	2,300,594	2,677,492
*	Charles Schwab Trust Bank	GQG Part Emerg Mkts Eq-Inst	510,828	-
*	Charles Schwab Trust Bank	Invesco Equally-Wtd S&P 500 Y	1,242,921	1,340,196
*	Charles Schwab Trust Bank	MFS® Mid Cap Growth R6	1,069,959	674,698
*	Charles Schwab Trust Bank	MFS® Mid Cap Value R6	1,742,506	2,003,389
*	Charles Schwab Trust Bank	Parametric Commodity Strategy I	3,505,986	3,305,206
*	Charles Schwab Trust Bank	PGIM Global Total Return Cl R6	671,218	664,777
*	Charles Schwab Trust Bank	PGIM High Yield R6	1,963,884	1,996,866
*	Charles Schwab Trust Bank	PIMCO RAE Emerging Markets Instl	1,658,994	1,999,768
*	Charles Schwab Trust Bank	Schwab Fundamental Intl Large Co Index Isv	1,665,155	2,017,400
*	Charles Schwab Trust Bank	Schwab Fundamental US Large Co Index IS	4,788,772	6,035,102
*	Charles Schwab Trust Bank	Schwab Small Cap Index	1,200,891	1,342,577
*	Charles Schwab Trust Bank	T Rowe Price Fltg Rate Fd Inc CL I	1,259,659	1,328,680
*	Charles Schwab Trust Bank	Vanguard Developed Markets Index Admiral	4,691,240	5,381,154
*	Charles Schwab Trust Bank	Vanguard Explorer Adm	1,179,682	669,011
*	Charles Schwab Trust Bank	Vanguard Small Cap Value Index Admiral	1,161,995	1,339,705
*	Charles Schwab Trust Bank	Vanguard Total Bond Market Index Adm	2,616,943	4,647,400
*	Charles Schwab Trust Bank	Vanguard Long-Term Investment-Grade Adm	1,125,251	1,336,009
			$ 60,372,447	$ 69,135,074

(1) Maturity date, rate of interest, collateral, par or maturity value are not applicable to the Plan's type of investments.
This schedule was prepared based on information certified to by the Custodians of the Plan's assets.

* Denotes a party-in-interest

Schedule SB, line 32 – Schedule of Amortizations Bases				
Date Established	**Type of Base**	**Amortization Installment**	**Years Remaining**	**Present Value of Remaining Installments as of 7/1/2024**
7/1/2024	Shortfall	0	15	0
Total		0		0