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 10/01/2024 and ending 09/30/2025

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
JEFF BANK PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 02/01/1983

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)
JEFF BANK

P.O. BOX 398
4866 STATE ROUTE 52
JEFFERSONVILLE, NY 12748

2b Employer Identification Number (EIN) 14-0779859

2c Plan Sponsor's telephone number 845-482-4000

2d Business code (see instructions) 522110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/14/2026	JOHN RUSSELL
	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**	144
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)**	39
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	36
b	Retired or separated participants receiving benefits	**6b**	90
c	Other retired or separated participants entitled to future benefits	**6c**	14
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	140
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	3
f	Total. Add lines **6d** and **6e**.	**6f**	143
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(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)** [ ] **A** (Insurance Information) – Number Attached _____
- **(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 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 10/01/2024 and ending 09/30/2025

▶ **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
JEFF BANK PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
14-0779859

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 10 Day 01 Year 2024

2 Assets:

a Market value	**2a**	23496498
b Actuarial value	**2b**	23496498

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	92	8783714	8783714
b For terminated vested participants	13	306503	306503
c For active participants	39	5297474	5297474
d Total	144	14387691	14387691

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**	5.41 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	257800
b Expected plan-related expenses	**6b**	75104
c Target normal cost	**6c**	332904

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

03/25/2026
Date

NICHOLAS CARNAVAL, FSA, EA
Type or print name of actuary

23-08226
Most recent enrollment number

MILLIMAN, INC.
Firm name

646-473-3000
Telephone number (including area code)

463 7TH AVENUE
19TH FLOOR
NEW YORK, NY 10018
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)	1946834	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)	1946834	0
10	Interest on line 9 using prior year's actual return of 14.25 %	277424	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.30 %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	2224258	0

Part III Funding Percentages

14	Funding target attainment percentage	14	147.85 %
15	Adjusted funding target attainment percentage	15	163.30 %
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	145.81 %
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:	
5.05 %	5.31 %	5.59 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	63

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**	332904
b Excess assets, if applicable, but not greater than line 31a	**31b**	332904

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

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**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE C (Form 5500)	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 10/01/2024 and ending 09/30/2025

A Name of plan	**B** Three-digit plan number (PN) ▶
JEFF BANK PENSION PLAN	001

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
JEFF BANK	14-0779859

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

MILLIMAN

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 15 17 27 50 51	NONE	54938	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MATRIX

75-3182674

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	14004	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

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(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 10/01/2024 and ending 09/30/2025

A Name of plan
JEFF BANK PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
14-0779859

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)	6955862	1143256
(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)	16540636	23232105
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(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	23496498	24375361
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	23496498	24375361

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)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	826265	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		826265
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	2731	
(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)		2731
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1050636	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		1050636

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1879632
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	931827	
(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)		931827
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)	20000	
(6) Bank or trust company trustee/custodial fees	2i(6)	14004	
(7) Actuarial fees	2i(7)	34938	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		68942
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1000769
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		878863
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unmodified **(2)** [ ] Qualified **(3)** [X] 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: SNODGRASS, P.C. **(2)** EIN: 25-1616561

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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	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 566758.

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 10/01/2024 and ending 09/30/2025

A Name of plan
JEFF BANK PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
14-0779859

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): 26-0467272

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): _____

---

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 02 / 28 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q705203A .

Jeff Bank Pension Plan

Financial Statements and Supplemental Schedules

September 30, 2025 and 2024

Jeff Bank Pension Plan

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SNODGRASS
CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

INDEPENDENT AUDITOR'S REPORT

Plan Administrator
Jeff Bank Pension Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit
We have performed an audit of the financial statements of Jeff Bank Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of September 30, 2025 and 2024; the related statements of changes in net assets available for benefits for the years then ended; and the related notes to the financial statements (collectively, 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 (DOL)'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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from Matrix Trust Company as of September 30, 2025 and 2024, and for the years ended September 30, 2025 and 2024, stating that the certified investment information, as described in Note 8 to the financial statements, is complete and accurate.

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

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

PITTSBURGH, PA
2009 Mackenzie Way • Suite 340
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Conshohocken, PA 19428
(610) 278-9800

WHEELING, WV
980 National Road
Wheeling, WV 26003
(304) 233-5030

STEUBENVILLE, OH
511 N. Fourth Street
Steubenville, OH 43952
(304) 233-5030

S.R. Snodgrass, P.C. d/b/a S.R. Snodgrass, A.C. in West Virginia

Opinion (Continued)

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

Auditor's Responsibilities for the Audit of the Financial Statements (Continued)
In performing an audit in accordance with GAAS, we:

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

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

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

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

Other Matters

Supplemental Schedules Required by ERISA

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

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

In our opinion:

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

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

S. R. Snodgrass, P.C.

Conshohocken, Pennsylvania
July 13, 2026

Financial Statements

Jeff Bank Pension Plan

Statements of Net Assets Available for Benefits

September 30,		**2025**		2024
Assets				
Investments, at fair value:				
Money market funds	**$**	**1,143,256**	$	6,955,862
Registered investment companies		**23,232,105**		16,540,636
Total investments		**24,375,361**		23,496,498
Net Assets Available for Benefits	**$**	**24,375,361**	$	23,496,498

See accompanying notes to financial statements.

Jeff Bank Pension Plan

Statements of Changes in Net Assets Available for Benefits

Years Ended September 30,	**2025**	2024
Additions to Net Assets Attributed to		
Investment income:		
Net appreciation in fair value of investments	**$ 1,053,367**	$ 2,097,651
Interest and dividends	**826,265**	937,153
Net investment income	**1,879,632**	3,034,804
Employer contributions	**-**	-
Total Additions	**1,879,632**	3,034,804
Deductions from Net Assets Attributed to		
Benefits paid to participants	**931,827**	1,536,791
Administrative expenses	**68,942**	75,104
Total Deductions	**1,000,769**	1,611,895
Net increase in net assets available for benefits	**878,863**	1,422,909
Net Assets Available for Benefits, Beginning of Year	**23,496,498**	22,073,589
Net Assets Available for Benefits, End of Year	**$ 24,375,361**	$ 23,496,498

See accompanying notes to financial statements.

1. Description of the Plan

The following brief description of the Jeff Bank Pension Plan (the "Plan") is provided for general information purposes only. 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 pension plan covering substantially all employees of The First National Bank of Jeffersonville (the "Bank"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan was amended on September 30, 2011, to be closed to new participants hired after September 30, 2011.

Employees are credited with a year of service for each Plan year during which they have at least 1,000 hours of service.

Prior to September 30, 2011, an employee who had completed one year of service with the Bank (by having at least 1,000 hours of service during any twelve-month period as defined) and had attained age 21 became eligible to participate in the Plan. Employees were then enrolled in the Plan on the first day of the month immediately following the date eligibility requirements were met.

A participant's retirement benefits vest upon completion of five years of service.

Pension Benefits

Eligible employees are entitled to pension benefits beginning on the first day of the calendar month following their termination of employment and their attainment of normal retirement age (age 65).

For service credit earned prior to December 31, 2010, the normal retirement benefit is a monthly amount equal to 1.75% of the participant's average compensation multiplied by years of service for benefit purposes, up to a maximum of thirty-five years reduced by the lesser of (a) 0.49% of the lesser of the participant's average earnings, final average earnings or covered compensation multiplied by years of service for benefit purposes, up to a maximum of thirty-five years; or (b) 0.875% of the lesser of the participant's average monthly earnings, final average earnings or covered compensation multiplied by years of service for benefit purposes, up to a maximum of thirty-five years. Effective December 31, 2010, the crediting rate was simplified and reduced to 1% of the participant's average compensation multiplied by years of service.

An eligible employee may elect early retirement on the first day of any calendar month following their termination of employment, provided they have attained age 55. Upon election of early retirement, participants are entitled to receive reduced early retirement benefits in accordance with the terms of the Plan. Employees whose employment continues beyond their normal retirement date are entitled to pension benefits beginning on their postponed retirement date which is the first day of the calendar month following their termination of employment. Participants are entitled to receive postponed retirement benefits equal to the actuarial equivalent of their normal retirement benefit.

Participants may elect to receive the value of their accumulated plan benefits in any of the following optional forms of payment as described in the Plan document: (a) normal annuity; or (b) qualified

joint and survivor annuity; or (c) joint and survivor annuity; or (d) joint and survivor annuity with guaranteed payments; or (e) life annuity. The retirement benefits described above assume that the participant has chosen to be paid in the form of a normal annuity. The amount of monthly benefit payments will differ in accordance with the terms of the Plan if the participant elects to receive payment in any form other than a normal annuity.

Death and Disability Benefits

If a vested participant dies before retirement, their designated beneficiary receives a monthly annuity in accordance with terms of the Plan. Active employees who become totally disabled may receive monthly disability benefits in accordance with terms of the Plan. Disability benefits are paid until normal retirement age at which time disabled participants begin receiving their normal retirement benefits. Disability payments may also be terminated prior to normal retirement age if any of the following events occur: (a) the disabled participant recovers; or (b) the disabled participant refused to take a medical examination that was requested by the Bank; or (c) the disabled participant elects an early retirement; or (d) the disabled participant dies; or (e) the Plan is liquidated.

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for a 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. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan’s gains and losses on investments bought and sold as well as held during the year.

Net investment returns reflect certain fees paid by the investment funds to their affiliated investment advisors, transfer agents, and others as further described in each fund prospectus or other published documents. These fees are deducted prior to allocation of the Plan's investment earnings activity and thus are not separately identifiable as an expense.

Administrative Expenses

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

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances such as retirement, death, disability, and termination of employment are included to the extent they are attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits presented below is based on actuarial valuations as of October 1, 2023 and 2022, prepared by Milliman, an actuarial firm. Had the valuations been performed as of September 30th, there would be no material differences. 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, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The actuarial present value of accumulated plan benefits as of October 1, 2024 and 2023, is as follows:

	2024	2023
Vested benefits:		
Retired participants	$ 8,755,551	$ 10,216,468
Other participants	4,970,024	6,390,311
Total vested benefits	13,725,575	16,606,779
Nonvested benefits	-	-
Total Actuarial Present Value of Accumulated Plan Benefits	$ 13,725,575	$ 16,606,779

The changes in the actuarial present value of the accumulated plan benefits for the year ended September 30, 2024, are summarized as follows:

Actuarial present value of accumulated plan benefits, at October 1, 2023	$ 16,606,779
Increase (decrease) during the year attributable to:	
Benefits accumulated	333,203
Increase for interest due to decrease in discount periods	713,108
Decrease for change in assumptions	(2,402,203)
Benefits paid	(1,536,791)
Plan amendments	11,479
Net decrease	(2,881,204)
Actuarial Present Value of Accumulated Plan Benefits, at September 30, 2024	$ 13,725,575

The significant actuarial assumptions used in the valuation as of October 1, 2023, are as follows:

1. *Life expectancy of participants*. PRI-2012 Total Dataset Sex-Distinct Retiree/Employee Mortality Tables, for current survivors the Contingent Survivor Table, with full generational projection using Scale MP-2021 was used.

2. *Retirement age assumptions*. 80% of retirements are assumed to occur by age 62 and 100% of retirements are assumed to occur by age 65.

3. *Annual rate of salary increase*. A rate of 4% was used.

4. *Investment return*. A rate of 6% was used.

The methods and assumptions used in the current valuation are the same as those used in the prior valuation.

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.

3. Fair Value Measurements

The Plan measures on a recurring basis its investments at fair value in accordance with FASB codification, "Fair Value Measurement," which provides the framework for measuring fair value. That framework provides a fair value hierarchy used to classify the inputs used in measuring fair value. The hierarchy prioritizes the inputs used in determining valuations into three levels. The levels of the fair value hierarchy are as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices in active markets that are accessible to the Plan for identical assets. These generally provide the most reliable evidence and are used to measure fair value whenever available.

Level 2 – Inputs to the valuation methodology include inputs, other than Level 1 inputs, that are observable either directly or indirectly for substantially the full term of the asset through corroboration with observable market data. Level 2 inputs include quoted market prices in active markets for similar assets, quoted market prices in markets that are not active for identical or similar assets, and other observable inputs.

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

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

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

Level 1 Fair Value Measurements

The fair values of money market funds and registered investment companies are based on quoted net asset values of the shares held by the Plan at year-end.

The Plan has no Level 2 or Level 3 investments at September 30, 2025 or 2024.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of September 30, 2025 and 2024:

	Assets at Fair Value as of September 30, 2025			
	Level 1	Level 2	Level 3	Total
Money market funds	$ 1,143,256	$ -	$ -	$ 1,143,256
Registered investment companies	23,232,105	-	-	23,232,105
	$ 24,375,361	$ -	$ -	$ 24,375,361

	Assets at Fair Value as of September 30, 2024			
	Level 1	Level 2	Level 3	Total
Money market funds	$ 6,955,862	$ -	$ -	$ 6,955,862
Registered investment companies	16,540,636	-	-	16,540,636
	$ 23,496,498	$ -	$ -	$ 23,496,498

4. Funding Policy

The Plan's funding policy is for the Bank to contribute an amount which meets or exceeds the annual ERISA minimum funding requirement. During 2025 and 2024, no contributions were made to the Plan. The Bank's contributions for 2025 and 2024 met or exceeded the minimum funding requirements of ERISA.

5. Plan Termination

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

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

a) 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.

b) Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") (a U.S. government agency) up to the applicable limitations (discussed subsequently).

c) All other vested benefits (that is, vested benefits not insured by PBGC).

d) 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.

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 Bank and the level of benefits guaranteed by the PBGC.

6. Related Parties and Parties-In-Interest Transactions

The Plan's investments are administered under a contract with Milliman Advisors, LLC. Contributions are held and managed by Matrix Trust Company, who invests cash received, interest, and dividend income and makes distributions to participants. These transactions qualify as party-in-interest transactions. The Plan Sponsor pays directly other fees related to the Plan's operation including professional fees and PBGC fees.

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

7. Tax Status

The Plan obtained its latest determination letter on December 11, 2025, 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 administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable regulations of the Internal Revenue Code. Therefore, they believe that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization 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 September 30, 2025, there are no uncertain positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2022.

8. Information Certified by Trustee

The Plan Administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2025 and 2024. Accordingly, Matrix Trust Company, the current trustee of the Plan, has certified to the completeness and accuracy of all investments reported in the accompanying Statements of Net Assets Available for Benefits as of September 30, 2025 and 2024, the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of September 30, 2025, the related investment activity reported in the Statements of Changes in Net Assets Available for Benefits for the years ended September 30, 2025 and 2024, and the supplemental Schedule H, Line 4(j) - Schedule of Reportable Transactions for the year ended September 30, 2025. Management instructed the Plan's independent accountants not to perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

9. Risks and Uncertainties

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 compensation and demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

In addition, the Plan invests in various investment securities. Investment securities are subject to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits. As of September 30, 2025, the Plan had investments of $4,832,104 that were concentrated in the Vanguard 500 Index Admiral Fund, $3,584,991 that were concentrated in the PIMCO Long Duration Total Return Instl Fund, $2,747,473 in the Vanguard Duration Treasury Fund, $2,367,253 that were concentrated in the PIMCO Low Duration Income Instl Fund, $1,883,433 that were concentrated in the JP Morgan Core Bond Ultra Fund, $1,700,709 that were concentrated in the Vanguard Developed Markets Index Admiral Fund, $1,245,825 that were concentrated in the Vanguard Mid Cap Index Admiral Fund, $1,211,303 that were concentrated in the Fidelity Capital & Income Fund and $1,143,256 that were concentrated in the Vanguard Federal Money Market Investor Fund. As of September 30,2024, the Plan had investments of $6,955,862 that were concentrated in the Vanguard Federal Money Market Investor Fund, $4,462,850 that were concentrated in the Vanguard 500 Index Admiral Fund, $3,091,769 that were concentrated in the PIMCO Long Duration Total Return Instl Fund, $1,894,385 in the Vanguard Duration Treasury Fund, $1,837,188 that were concentrated in the PIMCO Low Duration Income Instl Fund, $1,312,845 that were concentrated in the Vanguard Developed Markets Index Admiral Fund, and $1,208,937 that were concentrated in the Vanguard Mid Cap Index Admiral Fund.

10. Subsequent Events

The Plan has evaluated subsequent events through July 13,2026, which is the date the financial statements were available to be issued.

Supplemental Schedules

Jeff Bank Pension Plan

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)EIN: 14-0779859, Plan Number: 001

September 30, 2025

(a)	Identity of Issue (b)	Description of Investment (c)	Total Cost (d)	Market Value (e)
	Vanguard Federal Money Market Investor	Money market fund	$1,143,256	$1,143,256
			1,143,256	1,143,256
	American Funds New World R6	Registered investment company	663,772	810,984
	Cohen & Steers Global Infrastructure Z	Registered investment company	437,464	501,871
	Cohen & Steers Realty Shares Z	Registered investment company	432,154	468,526
	Fidelity® Capital & Income	Registered investment company	1,106,176	1,211,303
	JPMorgan Core Bond Ultra	Registered investment company	1,824,874	1,883,433
	Pimco Commoditypl Strat-Ins	Registered investment company	468,127	460,263
	PIMCO Long Duration Total Return Instl	Registered investment company	3,420,578	3,584,991
	PIMCO Low Duration Income Instl	Registered investment company	2,262,078	2,367,253
	Vanguard 500 Index Admiral	Registered investment company	3,567,400	4,832,104
	Vanguard Developed Markets Index Admiral	Registered investment company	1,358,154	1,700,709
	Vanguard Dur Treasury	Registered investment company	2,913,189	2,747,473
	Vanguard Inflation-Protected Secs Adm	Registered investment company	687,046	708,435
	Vanguard Mid Cap Index Admiral	Registered investment company	987,253	1,245,825
	Vanguard Small Cap Index Adm	Registered investment company	589,213	708,933
			20,717,478	23,232,105
			$21,860,734	$24,375,361

* A party in interest as defined by ERISA

Jeff Bank Pension Plan
Schedule H, Line 4(j) - Schedule of Reportable Transactions EIN: 14-0779859, Plan Number: 001
Single Transactions

DESCRIPTION OF ASSET/IDENTITY OF PARTIES INVOLVED	QUANTITY	PRICE	EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET	NET GAIN(LOSS)
BASED ON MARKET VALUE OF 23,496,497.68 AND 5% VALUE OF 1,174,824.88						
JPMorgan Core Bond Ultra (CUSIP 4812C0100) 01/03/2025 PURCHASE	180,826.5970	10.1100	0.00	1,828,156.90	1,828,156.90	0.00
Vanguard Federal Money Market Investor (CUSIP 922906300) 01/03/2025 SALE	5,824,467.6100	1.0000	0.00	5,824,467.61	5,824,467.61	0.00

Jeff Bank Pension Plan
Schedule H, Line 4(j) - Schedule of Reportable Transactions EIN: 14-0779859, Plan Number:001
Transactions by Security

DESCRIPTION OF ASSET/IDENTITY OF PARTIES INVOLVED	QUANTITY	PRICE	EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET	NET GAIN(LOSS)
BASED ON MARKET VALUE OF 23,496,497.68 AND 5% VALUE OF 1,174,824.88						
JPMorgan Core Bond Ultra (CUSIP 4812C0100)						
01/03/2025 PURCHASE	180,826.5970	10.1100	0.00	1,828,156.90	1,828,156.90	0.00
01/06/2025 SALE	630.4100	10.1000	0.00	6,373.45	6,367.14	(6.31)
01/24/2025 SALE	26.2490	10.1299	0.00	265.38	265.90	0.52
01/29/2025 SALE	11.9160	10.1401	0.00	120.47	120.83	0.36
01/29/2025 PURCHASE	616.3810	10.1400	0.00	6,250.10	6,250.10	0.00
01/31/2025 SALE	13.1360	10.1500	0.00	132.81	133.33	0.52
02/04/2025 SALE	569.8400	10.1700	0.00	5,761.14	5,795.27	34.13
02/19/2025 SALE	100.5460	10.1800	0.00	1,016.53	1,023.56	7.03
02/25/2025 SALE	45.0900	10.3200	0.00	455.86	465.33	9.47
02/26/2025 PURCHASE	570.6980	10.3100	0.00	5,883.90	5,883.90	0.00
03/04/2025 SALE	573.6800	10.3400	0.00	5,800.33	5,931.85	131.52
03/05/2025 SALE	13.2620	10.3001	0.00	134.09	136.60	2.51
03/27/2025 PURCHASE	613.1210	10.2300	0.00	6,272.23	6,272.23	0.00
03/28/2025 SALE	186.3110	10.3000	0.00	1,883.82	1,919.00	35.18
04/01/2025 SALE	12.8950	10.3397	0.00	130.38	133.33	2.95
04/02/2025 SALE	602.0440	10.3400	0.00	6,087.35	6,225.14	137.79
04/24/2025 SALE	30.6010	10.2699	0.00	309.41	314.27	4.86
04/28/2025 SALE	12.9450	10.2997	0.00	130.89	133.33	2.44
04/28/2025 PURCHASE	715.7510	10.3000	0.00	7,372.24	7,372.24	0.00
04/29/2025 SALE	69.7000	10.3300	0.00	704.80	720.00	15.20
05/02/2025 SALE	607.9240	10.2400	0.00	6,147.26	6,225.14	77.88
05/28/2025 PURCHASE	628.9830	10.1500	0.00	6,384.18	6,384.18	0.00
06/03/2025 SALE	624.6040	10.1800	0.00	6,316.01	6,358.47	42.46
06/26/2025 PURCHASE	609.2270	10.3200	0.00	6,287.22	6,287.22	0.00
06/27/2025 SALE	112.9630	10.3000	0.00	1,142.36	1,163.52	21.16
06/30/2025 SALE	12.8950	10.3397	0.00	130.40	133.33	2.93
07/01/2025 PURCHASE	77.9790	10.3300	0.00	805.52	805.52	0.00
07/02/2025 SALE	603.2110	10.3200	0.00	6,100.16	6,225.14	124.98
07/24/2025 SALE	25.7130	10.2699	0.00	260.03	264.07	4.04
07/29/2025 PURCHASE	627.8080	10.3000	0.00	6,466.43	6,466.43	0.00

Jeff Bank Pension Plan
Schedule H, Line 4(j) - Schedule of Reportable Transactions EIN: 14-0779859, Plan Number:001
Transactions by Security

DESCRIPTION OF ASSET/IDENTITY OF PARTIES INVOLVED	QUANTITY	PRICE	EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET	NET GAIN(LOSS)
BASED ON MARKET VALUE OF 23,496,497.68 AND 5% VALUE OF 1,174,824.88						
07/31/2025 SALE	12.9820	10.2704	0.00	131.29	133.33	2.04
08/04/2025 SALE	599.7240	10.3800	0.00	6,065.29	6,225.14	159.85
08/22/2025 SALE	12.8330	10.3896	0.00	129.79	133.33	3.54
08/27/2025 PURCHASE	623.0590	10.3700	0.00	6,461.12	6,461.12	0.00
09/03/2025 SALE	599.7240	10.3800	0.00	6,065.82	6,225.14	159.32
09/12/2025 SALE	12.6860	10.5100	0.00	128.31	133.33	5.02
09/26/2025 PURCHASE	619.7600	10.4200	0.00	6,457.90	6,457.90	0.00
SECURITY TOTAL	**192,653.2480**		**0.00**	**1,948,721.17**	**1,949,702.56**	**981.39**
Vanguard Dur Treasury (CUSIP 921910709)						
10/02/2024 SALE	80.0050	78.7296	0.00	6,113.50	6,298.76	185.26
10/04/2024 PURCHASE	239.3040	76.4798	0.00	18,301.93	18,301.93	0.00
10/23/2024 PURCHASE	20.2020	72.5913	0.00	1,466.49	1,466.49	0.00
10/28/2024 SALE	1.8420	72.3833	0.00	140.75	133.33	(7.42)
11/04/2024 SALE	85.9430	73.2900	0.00	6,567.02	6,298.76	(268.26)
11/26/2024 SALE	1.8160	73.4196	0.00	138.76	133.33	(5.43)
12/03/2024 SALE	84.5130	74.5301	0.00	6,457.76	6,298.76	(159.00)
12/18/2024 SALE	1.8860	70.6946	0.00	144.11	133.33	(10.78)
12/26/2024 SALE	2.7190	68.0397	0.00	207.76	185.00	(22.76)
12/30/2024 PURCHASE	292.8860	68.0100	0.00	19,919.18	19,919.18	0.00
01/03/2025 PURCHASE	16,510.2720	67.4000	0.00	1,112,792.34	1,112,792.34	0.00
01/06/2025 SALE	142.6330	66.9600	0.00	10,367.18	9,550.71	(816.47)
01/24/2025 SALE	5.9580	66.9453	0.00	433.05	398.86	(34.19)
01/29/2025 SALE	2.6740	67.7786	0.00	194.36	181.24	(13.12)
01/31/2025 SALE	2.9570	67.6361	0.00	214.93	200.00	(14.93)
02/04/2025 SALE	126.7370	68.5902	0.00	9,211.79	8,692.91	(518.88)
02/19/2025 SALE	22.4960	68.2499	0.00	1,635.11	1,535.35	(99.76)
02/25/2025 SALE	9.7280	71.7516	0.00	707.07	698.00	(9.07)
03/04/2025 SALE	123.6660	71.9501	0.00	8,988.58	8,897.78	(90.80)
03/05/2025 SALE	2.8800	71.1493	0.00	209.33	204.91	(4.42)

Jeff Bank Pension Plan
Schedule H, Line 4(j) - Schedule of Reportable Transactions EIN: 14-0779859, Plan Number: 001
Transactions by Security

DESCRIPTION OF ASSET/IDENTITY OF PARTIES INVOLVED	QUANTITY	PRICE	EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET	NET GAIN(LOSS)
BASED ON MARKET VALUE OF 23,496,497.68 AND 5% VALUE OF 1,174,824.88						
03/28/2025 SALE	41.0860	70.0601	0.00	2,986.31	2,878.49	(107.82)
04/01/2025 SALE	2.8080	71.2251	0.00	204.10	200.00	(4.10)
04/02/2025 SALE	131.1480	71.1998	0.00	9,532.40	9,337.71	(194.69)
04/04/2025 PURCHASE	439.2740	72.4601	0.00	31,829.82	31,829.82	0.00
04/24/2025 SALE	7.0210	67.1429	0.00	510.30	471.41	(38.89)
04/28/2025 SALE	2.9230	68.4229	0.00	212.45	200.00	(12.45)
04/29/2025 SALE	15.5870	69.2885	0.00	1,132.89	1,080.00	(52.89)
05/02/2025 SALE	139.8280	66.7800	0.00	10,162.96	9,337.71	(825.25)
06/03/2025 SALE	149.4700	63.8102	0.00	10,863.76	9,537.71	(1,326.05)
06/27/2025 SALE	26.3560	66.2195	0.00	1,915.60	1,745.28	(170.32)
06/30/2025 SALE	2.9720	67.2948	0.00	216.01	200.00	(16.01)
07/01/2025 PURCHASE	18.0930	66.7816	0.00	1,208.28	1,208.28	0.00
07/02/2025 SALE	141.0320	66.2099	0.00	10,250.09	9,337.71	(912.38)
07/07/2025 PURCHASE	501.0500	64.5600	0.00	32,347.80	32,347.80	0.00
07/24/2025 SALE	6.1770	64.1266	0.00	448.32	396.11	(52.21)
07/31/2025 SALE	3.0610	65.3381	0.00	222.16	200.00	(22.16)
08/04/2025 SALE	139.9960	66.6998	0.00	10,160.71	9,337.71	(823.00)
08/22/2025 SALE	3.0590	65.3808	0.00	222.02	200.00	(22.02)
09/03/2025 SALE	143.7230	64.9702	0.00	10,431.21	9,337.71	(1,093.50)
09/12/2025 SALE	2.8960	69.0608	0.00	210.19	200.00	(10.19)
SECURITY TOTAL	**19,678.6770**		**0.00**	**1,339,278.38**	**1,331,704.42**	**(7,573.96)**
Vanguard Federal Money Market Investor (CUSIP 922906300)						
10/02/2024 SALE	24,407.7100	1.0000	0.00	24,407.71	24,407.71	0.00
10/23/2024 PURCHASE	5,682.6500	1.0000	0.00	5,682.65	5,682.65	0.00
10/28/2024 SALE	516.6700	1.0000	0.00	516.67	516.67	0.00
10/31/2024 PURCHASE	28,204.1200	1.0000	0.00	28,204.12	28,204.12	0.00
11/04/2024 SALE	24,407.7100	1.0000	0.00	24,407.71	24,407.71	0.00
11/26/2024 SALE	516.6700	1.0000	0.00	516.67	516.67	0.00
11/29/2024 PURCHASE	26,396.5000	1.0000	0.00	26,396.50	26,396.50	0.00

Jeff Bank Pension Plan
Schedule H, Line 4(j) - Schedule of Reportable Transactions EIN: 14-0779859, Plan Number: 001
Transactions by Security

DESCRIPTION OF ASSET/IDENTITY OF PARTIES INVOLVED	QUANTITY	PRICE	EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET	NET GAIN(LOSS)
BASED ON MARKET VALUE OF 23,496,497.68 AND 5% VALUE OF 1,174,824.88						
12/03/2024 SALE	24,407.7100	1.0000	0.00	24,407.71	24,407.71	0.00
12/18/2024 SALE	516.6700	1.0000	0.00	516.67	516.67	0.00
12/26/2024 SALE	716.8800	1.0000	0.00	716.88	716.88	0.00
12/31/2024 PURCHASE	26,410.6000	1.0000	0.00	26,410.60	26,410.60	0.00
01/03/2025 SALE	5,824,467.6100	1.0000	0.00	5,824,467.61	5,824,467.61	0.00
01/06/2025 SALE	3,979.4600	1.0000	0.00	3,979.46	3,979.46	0.00
01/24/2025 SALE	166.1900	1.0000	0.00	166.19	166.19	0.00
01/29/2025 SALE	75.5200	1.0000	0.00	75.52	75.52	0.00
01/31/2025 SALE	83.3300	1.0000	0.00	83.33	83.33	0.00
01/31/2025 PURCHASE	7,602.5500	1.0000	0.00	7,602.55	7,602.55	0.00
02/04/2025 SALE	3,622.0400	1.0000	0.00	3,622.04	3,622.04	0.00
02/19/2025 SALE	639.7300	1.0000	0.00	639.73	639.73	0.00
02/25/2025 SALE	290.8300	1.0000	0.00	290.83	290.83	0.00
02/28/2025 PURCHASE	3,731.6700	1.0000	0.00	3,731.67	3,731.67	0.00
03/04/2025 SALE	3,707.4100	1.0000	0.00	3,707.41	3,707.41	0.00
03/05/2025 SALE	85.3800	1.0000	0.00	85.38	85.38	0.00
03/28/2025 SALE	1,199.3700	1.0000	0.00	1,199.37	1,199.37	0.00
03/31/2025 PURCHASE	4,101.7900	1.0000	0.00	4,101.79	4,101.79	0.00
04/01/2025 SALE	83.3300	1.0000	0.00	83.33	83.33	0.00
04/02/2025 SALE	3,890.7100	1.0000	0.00	3,890.71	3,890.71	0.00
04/24/2025 SALE	196.4200	1.0000	0.00	196.42	196.42	0.00
04/28/2025 SALE	83.3300	1.0000	0.00	83.33	83.33	0.00
04/29/2025 SALE	450.0000	1.0000	0.00	450.00	450.00	0.00
04/30/2025 PURCHASE	3,960.8300	1.0000	0.00	3,960.83	3,960.83	0.00
05/02/2025 SALE	3,890.7100	1.0000	0.00	3,890.71	3,890.71	0.00
05/30/2025 PURCHASE	4,080.3600	1.0000	0.00	4,080.36	4,080.36	0.00
06/03/2025 SALE	3,974.0400	1.0000	0.00	3,974.04	3,974.04	0.00
06/27/2025 SALE	727.2000	1.0000	0.00	727.20	727.20	0.00
06/30/2025 SALE	83.3300	1.0000	0.00	83.33	83.33	0.00
06/30/2025 PURCHASE	3,944.4300	1.0000	0.00	3,944.43	3,944.43	0.00
07/01/2025 PURCHASE	503.4500	1.0000	0.00	503.45	503.45	0.00
07/02/2025 SALE	3,890.7100	1.0000	0.00	3,890.71	3,890.71	0.00

Jeff Bank Pension Plan
Schedule H, Line 4(j) - Schedule of Reportable Transactions EIN: 14-0779859, Plan Number: 001
Transactions by Security

DESCRIPTION OF ASSET/IDENTITY OF PARTIES INVOLVED	QUANTITY	PRICE	EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET	NET GAIN(LOSS)
BASED ON MARKET VALUE OF 23,496,497.68 AND 5% VALUE OF 1,174,824.88						
07/24/2025 SALE	165.0500	1.0000	0.00	165.05	165.05	0.00
07/31/2025 SALE	83.3300	1.0000	0.00	83.33	83.33	0.00
07/31/2025 PURCHASE	4,086.1200	1.0000	0.00	4,086.12	4,086.12	0.00
08/04/2025 SALE	3,890.7100	1.0000	0.00	3,890.71	3,890.71	0.00
08/22/2025 SALE	83.3300	1.0000	0.00	83.33	83.33	0.00
08/29/2025 PURCHASE	4,078.0900	1.0000	0.00	4,078.09	4,078.09	0.00
09/03/2025 SALE	3,890.7100	1.0000	0.00	3,890.71	3,890.71	0.00
09/12/2025 SALE	83.3300	1.0000	0.00	83.33	83.33	0.00
09/30/2025 PURCHASE	3,884.3400	1.0000	0.00	3,884.34	3,884.34	0.00
SECURITY TOTAL	**6,065,940.6300**		**0.00**	**6,065,940.63**	**6,065,940.63**	**0.00**

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 10/01/2024 and ending 09/30/2025

▶ **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
Jeff Bank Pension Plan

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Jeff Bank

D Employer Identification Number (EIN)
14-0779859

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 10 Day 1 Year 2024

2 Assets:

a Market value	**2a**	23,496,498
b Actuarial value	**2b**	23,496,498

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	92	8,783,714	8,783,714
b For terminated vested participants	13	306,503	306,503
c For active participants	39	5,297,474	5,297,474
d Total	144	14,387,691	14,387,691

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**	5.41 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	257,800
b Expected plan-related expenses	**6b**	75,104
c Target normal cost	**6c**	332,904

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

03/25/2026
Date

Nicholas Carnaval, FSA, EA
Type or print name of actuary

23-08226
Most recent enrollment number

Milliman, Inc.
Firm name

(646)473-3000
Telephone number (including area code)

463 7th Avenue
19th Floor
New York NY 10018
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)	1,946,834	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)	1,946,834	0
10	Interest on line 9 using prior year's actual return of 14.25%	277,424	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.30%		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	2,224,258	0

Part III Funding Percentages

14	Funding target attainment percentage	14	147.85%
15	Adjusted funding target attainment percentage	15	163.30%
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	145.81%
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:	
5.05 %	5.31 %	5.59 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	63

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**	332,904
b Excess assets, if applicable, but not greater than line 31a	**31b**	332,904

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

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**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

Jeff Bank Pension Plan

EIN 14-0779859 / 001

Schedule SB Attachment, Line 22 - Weighted Average Retirement Age

(1)	(2)	(3)	(4)	(5)
Age	Expected Active Headcount	Retirement Rate	Expected Retirements (2) x (3)	Weighted Age (1) x (4)
55	18.4079	0.0999	1.8394	101.1678
56	17.5424	0.0500	0.8764	49.0784
57	19.6380	0.0500	0.9810	55.9180
58	21.6226	0.0500	1.0801	62.6440
59	20.5012	0.0499	1.0240	60.4142
60	20.4347	0.0499	1.0206	61.2336
61	21.3683	0.0499	1.0671	65.0926
62	21.2496	0.3995	8.4886	526.2918
63	13.7160	0.0999	1.3697	86.2882
64	14.3094	0.0998	1.4288	91.4419
65	13.8396	1.0000	13.8396	899.5724
66	1.0000	1.0000	1.0000	66.0000
67	0.0000	1.0000	0.0000	0.0000
68	0.0000	1.0000	0.0000	0.0000
69	0.0000	1.0000	0.0000	0.0000
70	0.0000	1.0000	0.0000	0.0000
71	0.0000	1.0000	0.0000	0.0000
72	0.0000	1.0000	0.0000	0.0000
73	0.0000	1.0000	0.0000	0.0000
74	0.0000	1.0000	0.0000	0.0000
75	0.0000	1.0000	0.0000	0.0000
76	0.0000	1.0000	0.0000	0.0000
77	0.0000	1.0000	0.0000	0.0000
78	0.0000	1.0000	0.0000	0.0000
79	0.0000	1.0000	0.0000	0.0000
80	1.0000	1.0000	1.0000	80.0000
		Total:	35.0153	2,205.1429
		Average:		62.98

Jeff Bank Pension Plan
EIN 14-0779859 / PN 001
Schedule SB, Line 24 –
Change in Actuarial Assumptions

- Mortality was changed from Static tables to Generational tables

Jeff Bank Pension Plan
EIN 14-0779859 / PN 001
Schedule SB, Line 26a –
Schedule of Active Participant Data

The number of active participants summarized by attained age and years of credited service as of October 1, 2024 is shown below.

	Years of Credited Service										
Age	**< 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40+**	**Total**
0-24											
25-29											
30-34											
35-39				1	1						2
40-44				1	7						8
45-49				1	2	3	2				8
50-54						1	1	1			3
55-59					4		1	2	2		9
60-64				2	2	1		1	1		7
65-69						1					1
70+					1						1
Total				5	17	6	4	4	3		39

Jeff Bank Pension Plan
EIN 14-0779859 / PN 001
Schedule SB, Part V –
Statement of Actuarial Assumptions/Methods

1. Actuarial Cost Method – Unit Credit:

The valuation of retirement benefits is determined under the "Unit Credit Actuarial Cost Method", as prescribed by the Pension Protection Act of 2006 (PPA). In this method, the regular Plan cost arises from two sources: a Target Normal Cost and an Amortization Payment for the Funding Target Shortfall.

The Funding Target is determined as the actuarial present value of benefits as of the valuation date. The Shortfall is equal to the Funding Target less the Plan Assets.

The Normal Cost is the Actuarial Present Value of benefits expected to accrue during the valuation year.

2. Actuarial Assumptions:

Interest Rates:	
PPA Funding:	Segment Rate Stabilization rates with no lookback (5.05%, 5.31%, 5.59%).
Mortality:	
PPA Funding:	Generational tables as prescribed under IRC Section 430(h)
Salary Scale:	4.0% per year.
Provisions for Expenses:	$75,104
Incidence of Disability:	None assumed.
Form of Payment:	Active and terminated vested participants are assumed to elect a 5 Year Certain and Life Annuity.

Jeff Bank Pension Plan
EIN 14-0779859 / PN 001
Schedule SB, Part V –
Statement of Actuarial Assumptions/Methods

Withdrawal (vested and and non-vested):

Sample rates of withdrawal, depending on age, as follows:

Age	Rate
20	6.58%
25	5.27%
30	4.84%
35	4.48%
40	3.85%
45	3.23%
50	1.53%
55	0.34%
60 and over	0.00%

Rates of Retirement:

Rates of retirement for actives, depending on age, as follows:

Age	Rate
55	10.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	5.00%
61	5.00%
62	40.00%
63	10.00%
64	10.00%
65	100.00%

Multiplying each age by the overall probability of retiring at that age, and summing the products, results in a weighted average retirement age of 63.

Terminated vested participants are assumed to retire at their Normal Retirement Age.

Spouses:

For participants not in pay status: 100% of participants are assumed to be married to a spouse of the opposite sex. Males are assumed to be 3 years older than females.

For participants in pay status: Actual birth dates of spouses are included in the census data, where relevant.

3. Asset Valuation Method

Market Value of Assets

Jeff Bank Pension Plan
EIN 14-0779859 / PN 001
Schedule SB, Part V –
Summary of Plan Provisions

Basic Information

Plan Name: Jeff Bank Pension Plan

Effective Date of Plan: February 1, 1983.

EIN/PN: 14-0779859/001.

Effective Date of Last Amendment: November 12, 2024.

Plan Year: October 1 – September 30.

Fiscal Year: January 1 – December 31.

Employees: All employees who have worked 1,000 or more Hours of Service in a plan year.

Eligibility: First day of the month which coincides with or next follows the completion of 1 year of Eligibility Service and attainment of age 21.

The Plan is closed to new participants after September 29, 2011.

Eligibility Service: A year of Eligibility Service is credited for each Plan Year in which an Employee is credited with at least 1,000 Hours of Service.

Benefit Service: Elapsed Time from date of participation.

Vesting Service: A year of Vesting Service is credited for each Plan Year in which an Employee is credited with at least 1,000 Hours of Service.

Compensation: FICA wages without regard to the Social Security taxable wage base, excluding taxable fringe benefits such as group term life insurance, moving expenses, etc.

Compensation also includes any amounts which are treated as salary reduction contributions and used to purchase non-taxable benefits under Sections 125, 403(b) or 401(k) of the IRC.

The maximum salary used to determine Plan benefits is limited as required by IRC Section 401(a)(17).

Average Compensation: The 5 consecutive Calendar years for which Compensation was highest.

Final Average Compensation is the average of the 3 final complete consecutive years of compensation.

If the participant has less than 5 (or 3) consecutive Plan Years of service, Average (or Final) Compensation will be based on complete years only.

Employee Contribution: None. Plan is funded entirely by employer contributions.

Jeff Bank Pension Plan
EIN 14-0779859 / PN 001
Schedule SB, Part V –
Summary of Plan Provisions

Benefit Formulas and Eligibilities

Normal Retirement

Eligibility: First day of the month coinciding with or next following attainment of age 65.

Normal Retirement Benefit: 1.75% of Average Compensation as of December 31, 2010 times Years of Benefit Service earned prior to December 31, 2010 (not to exceed 35 years) minus 0.49% of Final Average Compensation as of December 31, 2010 times Years of Benefit Service earned prior to December 31, 2010; plus

1.00% of Average Compensation times Years of Benefit Service earned after December 31, 2010.

The total service in both portions is limited to 35 years.

Deferred Retirement

Benefit: Calculated in the same manner as described in Normal Retirement above, based on service at actual retirement date, however not less than the Actuarial Equivalent of the Participant's Normal Retirement Benefit.

Early Retirement

Early Retirement Date: First day of the month coinciding with or next following attainment of age 55.

Early Retirement Benefit: A monthly pension benefit equal to his Accrued Benefit determined as of December 31, 2010, reduced by 0.25% for the basic benefit and 0.5% for the offset benefit for each month that his Early Retirement Date precedes his Normal Retirement Date (if the Participant retires with 10 Years of Vesting Service, the benefit is reduced 0.25% for each month that his Early Retirement Date precedes age 62) plus the Accrued Benefit earned after December 31, 2010 reduced actuarially from his Normal Retirement Date to his Early Retirement Date.

Vested Termination

Vested Termination Date: Vested Percentage is determined in accordance with the following table:

Years of Vesting Service	Vested Percentage
Less than 5	0%
5 or more	100%

Participants are 100% vested at age 55.

Termination Benefit: Accrued benefit payable at Normal Retirement.

Jeff Bank Pension Plan
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Schedule SB, Part V –
Summary of Plan Provisions

Preretirement Surviving Spouse Coverage

Preretirement Surviving Spouse Benefit Eligibility: Surviving spouse will receive a monthly pension benefit commencing at the earliest retirement date equal to 50% of the monthly pension benefit that would have been payable had the participant retired on the day before death and elected a Joint and 50% Contingent Survivor pension. A non-married participant may designate a beneficiary to receive a 50% survivor annuity.

The surviving spouse of a participant who dies while employed by the company after age 55 is entitled to the greater of (1) the benefit previously described, and (2) 50% of the participant's accrued benefit on the date of death reduced by 1% for each full year in excess of five years that the surviving spouse is younger than the participant.

Effective November 12, 2024, a designated beneficiary will receive a monthly pension benefit commencing at the earliest retirement date equal to 100% of the monthly pension benefit (to the extent permissible under IRS regulations) that would have been payable had the participant retired on the day before death and elected a Joint and 100% Contingent Survivor pension.

Normal Form of Benefit

Normal Forms: 5 Year Certain and Life Annuity. A participant that is married must take the benefit in the form of a Joint and 50% Survivor benefit unless the spouse provides written consent to waive the Joint & 50% Survivor benefit.

Qualified Joint and Survivor Annuity: Unless elected otherwise in writing at retirement, a married participant will receive his/her benefits as an actuarially equivalent Joint and 50% Survivor Annuity with the spouse as contingent beneficiary.

Optional Forms of Benefits

- Joint and Contingent (50%, 50% with 5 yr. Certain, 75%, 100%, 100% with 5 yr. Certain)
- Single Life Annuity
- 5 yr. Certain and Life Annuity
- Lump Sum (if under $5,000)

Optional forms of benefits are equal to the Actuarial Equivalent of the Normal Benefit Form and Actuarial Equivalence is based on the following interest and mortality assumptions:

Interest:	7.00% per annum, compounded annually
Mortality:	1984 Unisex Pension Mortality Table

Lump Sum Window

A one-time lump sum window was offered to terminated vested participants as of April 30, 2024 with nonforfeitable accrued benefits having a present value exceeding $5,000. Distributions occurred during September 2024 and amounts were determined using the IRC Section 417(e) mortality table in effect for 2023 with segment interest rates in effect on October 1, 2023.

Maximum Benefit

The maximum Plan benefit is limited as required by IRC Section 415(b).

Jeff Bank Pension Plan

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)EIN: 14-0779859, Plan Number: 001

September 30, 2025

(a)	Identity of Issue (b)	Description of Investment (c)	Total Cost (d)	Market Value (e)
	Vanguard Federal Money Market Investor	Money market fund	$1,143,256	$1,143,256
			1,143,256	1,143,256
	American Funds New World R6	Registered investment company	663,772	810,984
	Cohen & Steers Global Infrastructure Z	Registered investment company	437,464	501,871
	Cohen & Steers Realty Shares Z	Registered investment company	432,154	468,526
	Fidelity® Capital & Income	Registered investment company	1,106,176	1,211,303
	JPMorgan Core Bond Ultra	Registered investment company	1,824,874	1,883,433
	Pimco Commoditypl Strat-Ins	Registered investment company	468,127	460,263
	PIMCO Long Duration Total Return Instl	Registered investment company	3,420,578	3,584,991
	PIMCO Low Duration Income Instl	Registered investment company	2,262,078	2,367,253
	Vanguard 500 Index Admiral	Registered investment company	3,567,400	4,832,104
	Vanguard Developed Markets Index Admiral	Registered investment company	1,358,154	1,700,709
	Vanguard Dur Treasury	Registered investment company	2,913,189	2,747,473
	Vanguard Inflation-Protected Secs Adm	Registered investment company	687,046	708,435
	Vanguard Mid Cap Index Admiral	Registered investment company	987,253	1,245,825
	Vanguard Small Cap Index Adm	Registered investment company	589,213	708,933
			20,717,478	23,232,105
			$21,860,734	$24,375,361

* A party in interest as defined by ERISA

Jeff Bank Pension Plan
Schedule H, Line 4(j) - Schedule of Reportable Transactions EIN: 14-0779859, Plan Number: 001
Single Transactions

DESCRIPTION OF ASSET/IDENTITY OF PARTIES INVOLVED	QUANTITY	PRICE	EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET	NET GAIN(LOSS)
BASED ON MARKET VALUE OF 23,496,497.68 AND 5% VALUE OF 1,174,824.88						
JPMorgan Core Bond Ultra (CUSIP 4812C0100) 01/03/2025 PURCHASE	180,826.5970	10.1100	0.00	1,828,156.90	1,828,156.90	0.00
Vanguard Federal Money Market Investor (CUSIP 922906300) 01/03/2025 SALE	5,824,467.6100	1.0000	0.00	5,824,467.61	5,824,467.61	0.00

Jeff Bank Pension Plan
Schedule H, Line 4(j) - Schedule of Reportable Transactions EIN: 14-0779859, Plan Number:001
Transactions by Security

DESCRIPTION OF ASSET/IDENTITY OF PARTIES INVOLVED	QUANTITY	PRICE	EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET	NET GAIN(LOSS)
BASED ON MARKET VALUE OF 23,496,497.68 AND 5% VALUE OF 1,174,824.88						
JPMorgan Core Bond Ultra (CUSIP 4812C0100)						
01/03/2025 PURCHASE	180,826.5970	10.1100	0.00	1,828,156.90	1,828,156.90	0.00
01/06/2025 SALE	630.4100	10.1000	0.00	6,373.45	6,367.14	(6.31)
01/24/2025 SALE	26.2490	10.1299	0.00	265.38	265.90	0.52
01/29/2025 SALE	11.9160	10.1401	0.00	120.47	120.83	0.36
01/29/2025 PURCHASE	616.3810	10.1400	0.00	6,250.10	6,250.10	0.00
01/31/2025 SALE	13.1360	10.1500	0.00	132.81	133.33	0.52
02/04/2025 SALE	569.8400	10.1700	0.00	5,761.14	5,795.27	34.13
02/19/2025 SALE	100.5460	10.1800	0.00	1,016.53	1,023.56	7.03
02/25/2025 SALE	45.0900	10.3200	0.00	455.86	465.33	9.47
02/26/2025 PURCHASE	570.6980	10.3100	0.00	5,883.90	5,883.90	0.00
03/04/2025 SALE	573.6800	10.3400	0.00	5,800.33	5,931.85	131.52
03/05/2025 SALE	13.2620	10.3001	0.00	134.09	136.60	2.51
03/27/2025 PURCHASE	613.1210	10.2300	0.00	6,272.23	6,272.23	0.00
03/28/2025 SALE	186.3110	10.3000	0.00	1,883.82	1,919.00	35.18
04/01/2025 SALE	12.8950	10.3397	0.00	130.38	133.33	2.95
04/02/2025 SALE	602.0440	10.3400	0.00	6,087.35	6,225.14	137.79
04/24/2025 SALE	30.6010	10.2699	0.00	309.41	314.27	4.86
04/28/2025 SALE	12.9450	10.2997	0.00	130.89	133.33	2.44
04/28/2025 PURCHASE	715.7510	10.3000	0.00	7,372.24	7,372.24	0.00
04/29/2025 SALE	69.7000	10.3300	0.00	704.80	720.00	15.20
05/02/2025 SALE	607.9240	10.2400	0.00	6,147.26	6,225.14	77.88
05/28/2025 PURCHASE	628.9830	10.1500	0.00	6,384.18	6,384.18	0.00
06/03/2025 SALE	624.6040	10.1800	0.00	6,316.01	6,358.47	42.46
06/26/2025 PURCHASE	609.2270	10.3200	0.00	6,287.22	6,287.22	0.00
06/27/2025 SALE	112.9630	10.3000	0.00	1,142.36	1,163.52	21.16
06/30/2025 SALE	12.8950	10.3397	0.00	130.40	133.33	2.93
07/01/2025 PURCHASE	77.9790	10.3300	0.00	805.52	805.52	0.00
07/02/2025 SALE	603.2110	10.3200	0.00	6,100.16	6,225.14	124.98
07/24/2025 SALE	25.7130	10.2699	0.00	260.03	264.07	4.04
07/29/2025 PURCHASE	627.8080	10.3000	0.00	6,466.43	6,466.43	0.00

Jeff Bank Pension Plan
Schedule H, Line 4(j) - Schedule of Reportable Transactions EIN: 14-0779859, Plan Number:001
Transactions by Security

DESCRIPTION OF ASSET/IDENTITY OF PARTIES INVOLVED	QUANTITY	PRICE	EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET	NET GAIN(LOSS)
BASED ON MARKET VALUE OF 23,496,497.68 AND 5% VALUE OF 1,174,824.88						
07/31/2025 SALE	12.9820	10.2704	0.00	131.29	133.33	2.04
08/04/2025 SALE	599.7240	10.3800	0.00	6,065.29	6,225.14	159.85
08/22/2025 SALE	12.8330	10.3896	0.00	129.79	133.33	3.54
08/27/2025 PURCHASE	623.0590	10.3700	0.00	6,461.12	6,461.12	0.00
09/03/2025 SALE	599.7240	10.3800	0.00	6,065.82	6,225.14	159.32
09/12/2025 SALE	12.6860	10.5100	0.00	128.31	133.33	5.02
09/26/2025 PURCHASE	619.7600	10.4200	0.00	6,457.90	6,457.90	0.00
SECURITY TOTAL	**192,653.2480**		**0.00**	**1,948,721.17**	**1,949,702.56**	**981.39**
Vanguard Dur Treasury (CUSIP 921910709)						
10/02/2024 SALE	80.0050	78.7296	0.00	6,113.50	6,298.76	185.26
10/04/2024 PURCHASE	239.3040	76.4798	0.00	18,301.93	18,301.93	0.00
10/23/2024 PURCHASE	20.2020	72.5913	0.00	1,466.49	1,466.49	0.00
10/28/2024 SALE	1.8420	72.3833	0.00	140.75	133.33	(7.42)
11/04/2024 SALE	85.9430	73.2900	0.00	6,567.02	6,298.76	(268.26)
11/26/2024 SALE	1.8160	73.4196	0.00	138.76	133.33	(5.43)
12/03/2024 SALE	84.5130	74.5301	0.00	6,457.76	6,298.76	(159.00)
12/18/2024 SALE	1.8860	70.6946	0.00	144.11	133.33	(10.78)
12/26/2024 SALE	2.7190	68.0397	0.00	207.76	185.00	(22.76)
12/30/2024 PURCHASE	292.8860	68.0100	0.00	19,919.18	19,919.18	0.00
01/03/2025 PURCHASE	16,510.2720	67.4000	0.00	1,112,792.34	1,112,792.34	0.00
01/06/2025 SALE	142.6330	66.9600	0.00	10,367.18	9,550.71	(816.47)
01/24/2025 SALE	5.9580	66.9453	0.00	433.05	398.86	(34.19)
01/29/2025 SALE	2.6740	67.7786	0.00	194.36	181.24	(13.12)
01/31/2025 SALE	2.9570	67.6361	0.00	214.93	200.00	(14.93)
02/04/2025 SALE	126.7370	68.5902	0.00	9,211.79	8,692.91	(518.88)
02/19/2025 SALE	22.4960	68.2499	0.00	1,635.11	1,535.35	(99.76)
02/25/2025 SALE	9.7280	71.7516	0.00	707.07	698.00	(9.07)
03/04/2025 SALE	123.6660	71.9501	0.00	8,988.58	8,897.78	(90.80)
03/05/2025 SALE	2.8800	71.1493	0.00	209.33	204.91	(4.42)

Jeff Bank Pension Plan
Schedule H, Line 4(j) - Schedule of Reportable Transactions EIN: 14-0779859, Plan Number: 001
Transactions by Security

DESCRIPTION OF ASSET/IDENTITY OF PARTIES INVOLVED	QUANTITY	PRICE	EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET	NET GAIN(LOSS)
BASED ON MARKET VALUE OF 23,496,497.68 AND 5% VALUE OF 1,174,824.88						
03/28/2025 SALE	41.0860	70.0601	0.00	2,986.31	2,878.49	(107.82)
04/01/2025 SALE	2.8080	71.2251	0.00	204.10	200.00	(4.10)
04/02/2025 SALE	131.1480	71.1998	0.00	9,532.40	9,337.71	(194.69)
04/04/2025 PURCHASE	439.2740	72.4601	0.00	31,829.82	31,829.82	0.00
04/24/2025 SALE	7.0210	67.1429	0.00	510.30	471.41	(38.89)
04/28/2025 SALE	2.9230	68.4229	0.00	212.45	200.00	(12.45)
04/29/2025 SALE	15.5870	69.2885	0.00	1,132.89	1,080.00	(52.89)
05/02/2025 SALE	139.8280	66.7800	0.00	10,162.96	9,337.71	(825.25)
06/03/2025 SALE	149.4700	63.8102	0.00	10,863.76	9,537.71	(1,326.05)
06/27/2025 SALE	26.3560	66.2195	0.00	1,915.60	1,745.28	(170.32)
06/30/2025 SALE	2.9720	67.2948	0.00	216.01	200.00	(16.01)
07/01/2025 PURCHASE	18.0930	66.7816	0.00	1,208.28	1,208.28	0.00
07/02/2025 SALE	141.0320	66.2099	0.00	10,250.09	9,337.71	(912.38)
07/07/2025 PURCHASE	501.0500	64.5600	0.00	32,347.80	32,347.80	0.00
07/24/2025 SALE	6.1770	64.1266	0.00	448.32	396.11	(52.21)
07/31/2025 SALE	3.0610	65.3381	0.00	222.16	200.00	(22.16)
08/04/2025 SALE	139.9960	66.6998	0.00	10,160.71	9,337.71	(823.00)
08/22/2025 SALE	3.0590	65.3808	0.00	222.02	200.00	(22.02)
09/03/2025 SALE	143.7230	64.9702	0.00	10,431.21	9,337.71	(1,093.50)
09/12/2025 SALE	2.8960	69.0608	0.00	210.19	200.00	(10.19)
SECURITY TOTAL	**19,678.6770**		**0.00**	**1,339,278.38**	**1,331,704.42**	**(7,573.96)**
Vanguard Federal Money Market Investor (CUSIP 922906300)						
10/02/2024 SALE	24,407.7100	1.0000	0.00	24,407.71	24,407.71	0.00
10/23/2024 PURCHASE	5,682.6500	1.0000	0.00	5,682.65	5,682.65	0.00
10/28/2024 SALE	516.6700	1.0000	0.00	516.67	516.67	0.00
10/31/2024 PURCHASE	28,204.1200	1.0000	0.00	28,204.12	28,204.12	0.00
11/04/2024 SALE	24,407.7100	1.0000	0.00	24,407.71	24,407.71	0.00
11/26/2024 SALE	516.6700	1.0000	0.00	516.67	516.67	0.00
11/29/2024 PURCHASE	26,396.5000	1.0000	0.00	26,396.50	26,396.50	0.00

Jeff Bank Pension Plan
Schedule H, Line 4(j) - Schedule of Reportable Transactions EIN: 14-0779859, Plan Number: 001
Transactions by Security

DESCRIPTION OF ASSET/IDENTITY OF PARTIES INVOLVED	QUANTITY	PRICE	EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET	NET GAIN(LOSS)
BASED ON MARKET VALUE OF 23,496,497.68 AND 5% VALUE OF 1,174,824.88						
12/03/2024 SALE	24,407.7100	1.0000	0.00	24,407.71	24,407.71	0.00
12/18/2024 SALE	516.6700	1.0000	0.00	516.67	516.67	0.00
12/26/2024 SALE	716.8800	1.0000	0.00	716.88	716.88	0.00
12/31/2024 PURCHASE	26,410.6000	1.0000	0.00	26,410.60	26,410.60	0.00
01/03/2025 SALE	5,824,467.6100	1.0000	0.00	5,824,467.61	5,824,467.61	0.00
01/06/2025 SALE	3,979.4600	1.0000	0.00	3,979.46	3,979.46	0.00
01/24/2025 SALE	166.1900	1.0000	0.00	166.19	166.19	0.00
01/29/2025 SALE	75.5200	1.0000	0.00	75.52	75.52	0.00
01/31/2025 SALE	83.3300	1.0000	0.00	83.33	83.33	0.00
01/31/2025 PURCHASE	7,602.5500	1.0000	0.00	7,602.55	7,602.55	0.00
02/04/2025 SALE	3,622.0400	1.0000	0.00	3,622.04	3,622.04	0.00
02/19/2025 SALE	639.7300	1.0000	0.00	639.73	639.73	0.00
02/25/2025 SALE	290.8300	1.0000	0.00	290.83	290.83	0.00
02/28/2025 PURCHASE	3,731.6700	1.0000	0.00	3,731.67	3,731.67	0.00
03/04/2025 SALE	3,707.4100	1.0000	0.00	3,707.41	3,707.41	0.00
03/05/2025 SALE	85.3800	1.0000	0.00	85.38	85.38	0.00
03/28/2025 SALE	1,199.3700	1.0000	0.00	1,199.37	1,199.37	0.00
03/31/2025 PURCHASE	4,101.7900	1.0000	0.00	4,101.79	4,101.79	0.00
04/01/2025 SALE	83.3300	1.0000	0.00	83.33	83.33	0.00
04/02/2025 SALE	3,890.7100	1.0000	0.00	3,890.71	3,890.71	0.00
04/24/2025 SALE	196.4200	1.0000	0.00	196.42	196.42	0.00
04/28/2025 SALE	83.3300	1.0000	0.00	83.33	83.33	0.00
04/29/2025 SALE	450.0000	1.0000	0.00	450.00	450.00	0.00
04/30/2025 PURCHASE	3,960.8300	1.0000	0.00	3,960.83	3,960.83	0.00
05/02/2025 SALE	3,890.7100	1.0000	0.00	3,890.71	3,890.71	0.00
05/30/2025 PURCHASE	4,080.3600	1.0000	0.00	4,080.36	4,080.36	0.00
06/03/2025 SALE	3,974.0400	1.0000	0.00	3,974.04	3,974.04	0.00
06/27/2025 SALE	727.2000	1.0000	0.00	727.20	727.20	0.00
06/30/2025 SALE	83.3300	1.0000	0.00	83.33	83.33	0.00
06/30/2025 PURCHASE	3,944.4300	1.0000	0.00	3,944.43	3,944.43	0.00
07/01/2025 PURCHASE	503.4500	1.0000	0.00	503.45	503.45	0.00
07/02/2025 SALE	3,890.7100	1.0000	0.00	3,890.71	3,890.71	0.00

Jeff Bank Pension Plan
Schedule H, Line 4(j) - Schedule of Reportable Transactions EIN: 14-0779859, Plan Number: 001
Transactions by Security

DESCRIPTION OF ASSET/IDENTITY OF PARTIES INVOLVED	QUANTITY	PRICE	EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET	NET GAIN(LOSS)
BASED ON MARKET VALUE OF 23,496,497.68 AND 5% VALUE OF 1,174,824.88						
07/24/2025 SALE	165.0500	1.0000	0.00	165.05	165.05	0.00
07/31/2025 SALE	83.3300	1.0000	0.00	83.33	83.33	0.00
07/31/2025 PURCHASE	4,086.1200	1.0000	0.00	4,086.12	4,086.12	0.00
08/04/2025 SALE	3,890.7100	1.0000	0.00	3,890.71	3,890.71	0.00
08/22/2025 SALE	83.3300	1.0000	0.00	83.33	83.33	0.00
08/29/2025 PURCHASE	4,078.0900	1.0000	0.00	4,078.09	4,078.09	0.00
09/03/2025 SALE	3,890.7100	1.0000	0.00	3,890.71	3,890.71	0.00
09/12/2025 SALE	83.3300	1.0000	0.00	83.33	83.33	0.00
09/30/2025 PURCHASE	3,884.3400	1.0000	0.00	3,884.34	3,884.34	0.00
SECURITY TOTAL	**6,065,940.6300**		**0.00**	**6,065,940.63**	**6,065,940.63**	**0.00**